

Summary of Guidance from the Ohio Department of Health regarding the repurposing of Ambulatory Surgical Facilities

- Ambulatory Surgical Facilities (ASF) can temporarily close to help in the hospital surge.
- If an ASF wishes to enroll as a hospital/alternate care site they should notify CMS. In turn, CMS will notify the appropriate Ohio Department of Health personnel and hospital teams.
- Highly recommended that the ASF/ACS partners with a current hospital.

For the ASF:

In light of the recent events that are occurring around the state, and taking into consideration the myriad Governor's, CMS, and CDC orders and guidance, circumstances could occur where an ambulatory surgical facility in Ohio would need to close for a period of time. In concert with Director Acton's March 17, 2020 order, facilities that choose to voluntarily and temporarily close, will need to notify the Department of Health of this action in writing. Additionally, ODH asks that the facility notify the department, again in writing, when they are preparing to reopen, regardless of when that occurs. A facility's licensure status will not be affected by this notification; however, depending on the timeframes, a facility will still continue to renew their license by the date listed on the license.

Renewal can be done online at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-care-facilities/resources/hcf%2Brenewal%2Blicense%2Bpacket> .

Facilities can find their license expiration period at:

http://publicapps.odh.ohio.gov/eid/Provider_Search.aspx

Please send temporary closure notifications to:

Bureau of Regulatory Operations
Attention – Temporary Closure

Email: LICCERT@ODH.OHIO.GOV

Or by fax at (614) 564-2426.

For the Hospital that wants to use an ASF or other facility:

At this time, the Ohio Department of Health's Hospital Registration Program is requesting the following information for temporary hospital locations:

- Location of the temporary hospital (address, city, zip, county). Include the name of the location if applicable (ex. Columbus Convention Center).
- Sponsoring hospital name and registration number (xxxxAHR).
 - If more than one sponsoring hospital is utilizing the location, the name and hospital registration number of each sponsoring hospital.
- The number and category of bed proposed for service (for each sponsoring hospital) at the temporary location.
- A contact person name, e-mail, and phone number for each sponsoring hospital located at the temporary location.
- Any facility that is licensed as a health care facility or regulated by another state entity needs to work with that regulating authority prior to submission.