

COPN Request No. VA-8894

COMMONWEALTH OF VIRGINIA

APPLICATION FOR A

MEDICAL CARE FACILITIES CERTIFICATE OF PUBLIC NEED

(CHAPTER 4, ARTICLE 1:1 OF TITLE 32.1,

SECTIONS 32.1-102.1 THROUGH 32.1-102.11 OF

THE CODE OF VIRGINIA OF 1950, AS AMENDED)

HOSPITALS

COPN Request No. VA-8894

Expansion of Radiation Therapy Services at Inova Fairfax Hospital

June 1, 2026

SECTION I

FACILITY ORGANIZATION AND IDENTIFICATION

- A. Inova Fairfax Hospital
Official Name of Facility

3300 Gallows Road
Address

<u>Falls Church</u>	<u>Virginia</u>	<u>22042</u>
City	State	Zip

(703) 776-1110
Telephone

- B. Inova Health Care Services
Legal Name of Applicant

8095 Innovation Park Drive
Address

<u>Fairfax</u>	<u>Virginia</u>	<u>22031</u>
City	State	Zip

- C. **Chief Administrative Officer**
Steve Narang, MD, President, Inova Fairfax Hospital and President, Inova Pediatric Service Line
Name

3300 Gallows Road
Address

<u>Falls Church</u>	<u>Virginia</u>	<u>22042</u>
City	State	Zip

- D. **Person(s) to whom questions regarding application should be directed.**

Paul Dreyer, Sr. Director, Strategic Planning, Inova Health System
Name

8095 Innovation Park Drive
Address

<u>Fairfax</u>	<u>Virginia</u>	<u>22031</u>
City	State	Zip

<u>(703) 403-7598</u>	<u>None</u>
Telephone	Facsimile

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)

Will the facility be operated by the owner? X Yes No

Owner of Facility
(Check one)

Proprietary

Operator of Facility
(Check one)

- | | | | |
|------------------|-----|--|------------------|
| (1) <u> </u> | (1) | Individual | (1) <u> </u> |
| (2) <u> </u> | (2) | Partnership - attach copy of Partnership Agreement and receipt showing that agreement has been recorded | (2) <u> </u> |
| (3) <u> </u> | (3) | Corporate - attach copy of Articles of Incorporation and Certificate of Incorporation | (3) <u> </u> |
| (4) <u> </u> | (4) | Other _____ (Identify) | (4) <u> </u> |
| (5) <u> X </u> | (5) | <u>Non-Profit</u>
Corporation - attach copy of Articles of Incorporation and Certification of Incorporation | (5) <u> X </u> |

Please see **Attachment A.**

- | | | | |
|----------------|------|---|----------------|
| (6) <u> </u> | (6) | Other _____ (Identify)
<u>Governmental</u> | (6) <u> </u> |
| (7) <u> </u> | (7) | State | (7) <u> </u> |
| (8) <u> </u> | (8) | County | (8) <u> </u> |
| (9) <u> </u> | (9) | City | (9) <u> </u> |
| (10) <u> </u> | (10) | City/County | (10) <u> </u> |
| (11) <u> </u> | (11) | Hospital Authority or Commission | (11) <u> </u> |
| (12) <u> </u> | (12) | Other _____ (Identify) | (12) <u> </u> |

F. Ownership of the Site (Check one and attach copy of document).

- (1) Fee simple title held by applicant
 (2) Option to purchase held by the applicant
 (3) X Leasehold interest for not less than 97 years Please see **Attachment B.**
 (4) Renewable lease, renewable every years
 (5) Other (Identify).

G. Attach a list of names and addresses of all owners or persons having a financial interest of five percent (5%) or more in the medical care facility.

Inova Health Care Services.

(a) In the case of a proprietary corporation also attach:

- (1) A list of the names and addresses of the board of directors of the corporation.**
- (2) A list of the officers of the corporation.**
- (3) The name and address of the registered agent for the corporation.**

(b) In the case of a non-profit corporation also attach:

- (1) A list of the names and addresses of the board of directors of the corporation.**

Please see **Attachment C** for the names of the board members. Please direct any questions to board members at the following address:

c/o Nena Jaspers
8095 Innovation Park Drive
Fairfax, VA 22031

- (2) A list of the officers of the corporation.**

The Inova Health Care Services Board is charged with governance of the Inova hospitals.

The names and officers are attached in **Attachment C**.

- (3) The name and address of the registered agent for the corporation.**

CT Corporation System
4701 Cox Road, Suite 285
Glen Allen, VA 23060

(c) In the case of a partnership also attach:

- (1) A list of names and addresses of all partners.**
- (2) The name and address of the general or managing partner.**

Not Applicable

(d) In the case of other types of ownership, also attach such documents as will clearly identify the owner.

Not Applicable

H. List all subsidiaries wholly or partially owned by the applicant.

Please see **Attachment D** for a comprehensive corporate organizational chart.

I. List all organizations of which the applicant is a wholly or partially owned subsidiary.

Inova Health System Foundation (d/b/a Inova Health System).

J. If the operator is other than the owner, attach a list of the name(s) and address(es) of the operator(s) of the medical care facility project. In the case of a corporate operator, specify the name and address of the Registered Agent. In the case of partnership operator, specify the name and address of the general or managing partner.

Not Applicable

(1) A list of the names and addresses of the board of directors of the corporation.

(2) A list of the officers of the corporation.

(3) The name and address of the registered agent for the corporation

K. If the operator is other than the owner, attach an executed copy of the contract or agreement between the owner and the operator of the medical care facility.

Not Applicable

SECTION II

ARCHITECTURE AND DESIGN

A. Location of the Proposed Project

1. **Size of site:** 116.84 acres
2. **Located in** Fairfax County / PD8 **City/County/Planning District**
3. **Address or directions** 8081 Innovation Park Dr, Fairfax, VA 22031
4. **Has site been zoned for type of use proposed?:**

☒ **Yes** (attach a copy of zoning or use permit)

Please see **Attachment E**. The property is zoned to the “PDC” district under which outpatient medical office use, including radiation therapy, is permitted.

☐ **No**

If no, explain status

B. Type of project for which Certificate of Need is requested. (Check one)

- (1) ☐ **New construction**
- (2) ☐ **Remodeling/modernization of an existing facility**
- (3) ☐ **No construction or remodeling/modernization**
- (4) ☒ **Other**

This project proposes to expand Inova Fairfax Hospital’s (IFH) existing radiation therapy services through the addition of a linear accelerator with SRS/SRT capabilities. The new linear accelerator would be installed in existing shell space.

C. Design of the facility

1. **Does the facility have a long range plan? If yes, attach a copy.**

Long range planning is guided by the mission, vision, beliefs and commitments of Inova Health System, set forth in **Attachment F**.

2. **Briefly describe the proposed project with respect to location, style and major design features, and the relationship of the current proposal to the long range plan.**

IFH’s radiation therapy services are located at the Inova Schar Cancer Institute (ISCI) on the expanded IFH campus at 8081 Innovation Park Drive, Fairfax, VA 22031.

IFH has centralized all cancer treatment services, including radiation therapy services, in the ISCI. The ISCI is located in an existing twelve story building (Building B), which includes ambulatory clinic, infusion, and administrative space, and in an adjacent 75,000 SF building

that houses linear accelerators, proton beam therapy equipment, simulator equipment, and other ancillary equipment. IFH will utilize shell space within the adjacent building for the proposed expansion of radiation therapy services.

3. Describe the relationship of the facility to public transportation and highway access.

ISCI is located 1/4 mile west of the Capital Beltway (Interstate 495) on Gallows Road in Falls Church, Virginia. It is accessible from the north and south via Interstates 495 and 95 and from the east and west via Route 50 and Interstate 66. Public bus transportation is available at the main entrance of the hospital and Metro-rail with shuttle service is available within three miles at the Dunn Loring Metro station.

4. Relate the size, shape, contour, and location of the site to such problems as future expansion, parking, zoning, and the provision of water, sewer, and solid waste services.

The existing site conforms to all current applicable land development ordinances, regulations, and standards. The site is already well-served by water, sewer, and waste services, and there is ample parking adjacent to campus buildings. No zoning or utility changes are required for this project.

5. If this proposal is to replace an existing facility, specify what use will be made of the existing facility after the new facility is completed.

Not Applicable

6. Describe any design features which will make the proposed project more efficient in terms of construction costs, operating costs, or energy conservation.

The proposed project involves the renovation of existing shell space rather than new construction. The space is located within the existing Radiation Oncology Department, which will be renovated to add a new linear accelerator room and control area.

D. Describe and document in detail how the facility will be provided with water, sewer, and solid waste services. Also describe power source to be used for heating and cooling purposes. Documentation should include, but is not limited to:

- (1) Letters from appropriate governmental agencies verifying the availability and adequacy of utilities,**
- (2) National Pollution Discharge Elimination System permits,**
- (3) Septic tank permits, or**
- (4) Receipts for water and sewer connection fees.**

Adequate public utilities currently exist on site, including water, sewer and solid waste services, in addition to heating and cooling equipment. The project does not require additional utility services.

Please see **Attachments G.1** and **G.2** for existing utility invoices.

E. Space tabulation - (show in tabular form)

1. If Item #1 was checked in II-B, specify:

- a. The total number of square feet (both gross and net) in the proposed facility.**
- b. The total number of square feet (both gross and net) by department and each type of patient room (the sum of the square footage in this part should equal the sum of the square footage in (a) above and should be consistent with any preliminary drawings, if available).**

Please see **Attachment H.**

2. If Item #2 was checked in II-B, specify:

- a. The total number of square feet (both gross and net) by department and each type of patient room in the existing facility.**
- b. The total number of square feet (both gross and net) to be added to the facility.**
- c. The total number of square feet (both gross and net) to be remodeled, modernized, or converted to another use.**
- d. The total number of square feet (both gross and net) by department and each type of patient room in the facility upon completion. (The sum of the square footage in this part should equal the sum of the square footages in parts (a) and (b) above and should be consistent with any preliminary drawings, if available). (The department breakdown should be the same as in (a) above.)**

Not Applicable

3. Specify design criteria used or rationale for determining the size of the total facility and each department within the facility.

Space design criteria and rationale for determining the size of the total facility and each department within the facility is based on application of the 2022 FGI Guidelines for the Design and Construction of Hospitals.

F. Attach a plot plan of the site which includes at least the following:

Please see **Attachment I.**

- 1. The courses and distances of the property line.**
- 2. Dimensions and location of any buildings, structures, roads, parking areas, walkways, easements, right-of-way or encroachments on the site.**

G. Attach a preliminary design drawing drawn to scale of not less than 1/16"=1'0" showing the functional layout of the proposed project which indicates at least the following:

- 1. The layout of each typical functional unit.**
- 2. The spatial relationship of separate functional components to each other.**
- 3. Circulatory spaces (halls, stairwells, elevators, etc.) and mechanical spaces.**

Please see **Attachment J.**

H. **Construction Time Estimates**

- | | | | |
|-----------|--------------------------------|---------------------|---------------|
| 1. | Date of Drawings: | Preliminary: | 04/24/2026 |
| | | Final: | November 2026 |
| 2. | Date of Construction: | Begin: | January 2027 |
| | | Completion: | July 2027 |
| 3. | Target Date of Opening: | September 2027 | |

SECTION III

SERVICE DATA

- A. **In brief narrative form describe the kind of services now provided and (and/or) the kind of services to be available after completion of the proposed construction or equipment installation.**

Inova Fairfax Hospital (IFH) is the largest and busiest hospital in the Commonwealth of Virginia. Since opening in 1961, it has become a premier medical center in the mid-Atlantic region and is a leader in healthcare services delivery in the Washington, D.C. metropolitan area.

- IFH is Northern Virginia's only tertiary/ quaternary hospital for adults and children, with a Level I Trauma Center for treating the most critically ill and injured patients;
- IFH maintains one of the nation's largest Obstetrical programs, including a dedicated high risk pregnancy unit and one of the country's largest Neonatal Intensive Care Units (Level III);
- IFH maintains a comprehensive organ transplantation program;
- IFH provides comprehensive pediatric services at its Children's Hospital; and
- IFH maintains the largest cancer program in the Commonwealth.

IFH's primary Centers of Excellence include the Inova Heart and Vascular Institute, Neurosciences (including a Joint Commission accredited Primary Stroke Center), Cancer, Minimally Invasive Surgery, Women's Health, and Pediatrics.

IFH Cancer Treatment Services

IFH's Inova Schar Cancer Institute (ISCI) offers a full range of cancer treatment services, including infusion services, surgical, medical, and radiation oncology services, interventional radiology, prostate seed implants, endoscopic ultrasounds, stereotactic radiosurgery (SRS/SRT), proton beam therapy, and bone marrow transplantation services. It serves as the major comprehensive referral center for cancer treatment in Northern Virginia. In mid-2018, the ISCI services at IFH were centralized at the Inova Center for Personalized Health (ICPH) on the expanded IFH campus.

Radiation Oncology Program – Inova Fairfax Hospital

The radiation oncology program at IFH delivers comprehensive, technologically advanced cancer treatment within an integrated, multidisciplinary care model. Radiation oncologists work in close coordination with medical and surgical oncology to develop individualized treatment plans based on tumor type, disease stage, and patient specific clinical considerations.

The program supports a full spectrum of external beam radiation therapy services using advanced linear accelerator platforms and contemporary treatment planning systems. Available technologies and treatment modalities include:

- Linear accelerator based external beam radiation therapy
- High Dose and Low Dose Brachytherapy
- Intensity modulated radiation therapy (IMRT)
- Image guided radiation therapy (IGRT)
- Volumetric modulated arc therapy (VMAT)
- Stereotactic body radiation therapy (SBRT)
- Stereotactic radiosurgery (SRS)
- Online adaptive radiation therapy with the ability to modify treatment plans during the course of therapy
- Proton beam therapy, including intensity modulated proton therapy (IMPT)

- Total Body Irradiation (TBI)
- Total Skin Electron Therapy (TSET)
- GammaTile
- Radioisotope Therapy
- Intraoperative Radiation Therapy (IORT)
- CT and MRI simulation and advanced treatment planning supported by dedicated medical physics and dosimetry teams

These technologies enable precise dose delivery, real time image guidance, and adaptive planning to account for anatomical or tumor changes over time, supporting optimal tumor control while minimizing radiation exposure to surrounding normal tissue.

Radiation oncology services at IFH are fully integrated within the ISCI, enabling coordinated care across diagnosis, treatment planning, supportive services, and survivorship. This integrated infrastructure supports high volume clinical demand, operational efficiency, and timely patient access to care.

Expansion of Traditional Radiation Therapy Services

IFH currently operates three (3) “traditional” linear accelerators, one Cyberknife (SRS/SRT dedicated machine), and a proton therapy unit with two vaults.

The traditional linear accelerators have expanded hours of operation and two of the linear accelerators operate 11.5 hours per day (7am to 6:30pm) and the third operates 8.5 hours per day (8am to 4:30pm) Monday through Friday. These linear accelerators have reached operating capacity, limiting future growth. Based on existing utilization of its three (3) “traditional” linear accelerators, IFH has an institution-specific need to expand radiation therapy services.

Both Cyberknife and Proton Therapy are specialized radiation therapy that differ significantly from the traditional linear accelerators that the current SMFP is based on. The SRS/SRT treatments can take an hour or more time per patient and Proton Therapy treatments generally take 30 minutes, so the 8,000 treatment threshold is not applicable to either type of radiation therapy equipment.

This application proposes the expansion of radiation therapy services through the addition of one “traditional” linear accelerator, with SRS/SRT capabilities, to allow patients to access their care at IFH in a timely manner.

B. Specify the historical and projected utilization of the facility

IFH Inpatient historic and projected utilization

	Past Three Years			Projected First Two Years	
	2023	2024	2025	2028	2029
1. Inpatient Data					
Total Licensed Beds	928	928	928	976	976
Total Patient Days	279,669	292,823	312,863	324,262	328,153
Total Occupancy %	82.6%	86.4%	92.4%	91.0%	92.1%
Total Discharges	52,013	53,484	57,388	59,479	60,193
Average Length of Stay	5.4	5.5	5.5	5.5	5.5
2. By Major Inpatient Service					
Medical/Surgical Licensed Beds	506	506	506	554	554
Medical/Surgical Patient Days	164,032	172,910	192,233	199,237	201,628
Medical/Surgical Occupancy %	88.8%	93.6%	104.1%	98.5%	99.7%
Medical/Surgical Discharges	30,170	30,999	35,267	36,552	36,991
Average Length of Stay	5.4	5.6	5.5	5.5	5.5
Pediatric Licensed Beds	92	92	92	92	92
Pediatric Patient Days	20,763	21,391	22,063	22,867	23,141
Pediatric Occupancy %	61.8%	63.7%	65.7%	68.1%	68.9%
Pediatric Discharges	5,736	5,905	5,849	6,062	6,135
Average Length of Stay	3.6	3.6	3.8	3.8	3.8
Pediatric ICU Licensed Beds	26	26	26	26	26
Pediatric ICU Patient Days	6,238	5,996	5,594	5,798	5,867
Pediatric ICU Occupancy %	65.7%	63.0%	58.9%	61.1%	61.8%
Pediatric ICU Discharges	465	396	515	534	540
Average Length of Stay	13.4	15.1	10.9	10.9	10.9
Adult ICU Licensed Beds	102	102	102	102	102
Adult ICU Patient Days	30,435	31,658	31,286	32,426	32,815

Adult ICU Occupancy %	81.7%	84.8%	84.0%	87.1%	88.1%
Adult ICU Discharges	1,340	1,335	1,336	1,385	1,401
Average Length of Stay	22.7	23.7	23.4	23.4	23.4
Obstetric Licensed Beds	96	96	96	96	96
Obstetric Patient Days	24,746	27,538	28,253	29,282	29,634
Obstetric Occupancy %	70.6%	78.4%	80.6%	83.6%	84.6%
Obstetric Discharges	9,847	10,531	10,172	10,543	10,669
Average Length of Stay	2.5	2.6	2.8	2.8	2.8
Psychiatric Adult Licensed Beds	41	41	41	41	41
Psychiatric Adult Patient Days	14,301	14,326	14,456	14,983	15,162
Psychiatric Adult Occupancy %	95.6%	95.5%	96.6%	100.1%	101.3%
Psychiatric Adult Discharges	1,119	1,115	1,042	1,080	1,093
Average Length of Stay	12.8	12.8	13.9	13.9	13.9
Psychiatric Peds Licensed Beds	15	15	15	15	15
Psychiatric Peds Patient Days	3,852	4,092	4,130	4,280	4,332
Psychiatric Peds Occupancy %	70.4%	74.5%	75.4%	78.2%	79.1%
Psychiatric Peds Discharges	562	560	566	587	594
Average Length of Stay	6.9	7.3	7.3	7.3	7.3
Medical Rehab Beds	25	25	25	25	25
Medical Rehab Patient Days	8,389	8,516	8,698	9,015	9,123
Medical Rehab Occupancy %	91.9%	93.1%	95.3%	98.8%	100.0%
Medical Rehab Discharges	605	714	764	792	801
Average Length of Stay	13.9	11.9	11.4	11.4	11.4
Alcohol/Drug Licensed Beds	25	25	25	25	25
Alcohol/Drug Patient Days	6,913	6,396	6,150	6,374	6,451
Alcohol/Drug Occupancy %	75.8%	69.9%	67.4%	69.9%	70.7%
Alcohol/Drug Discharges	2,169	1,929	1,877	1,945	1,969
Average Length of Stay	3.2	3.3	3.3	3.3	3.3

Note – patient day counts include inpatients admitted to the hospital and waiting for an available bed in the emergency, post-surgical, and observation beds

Below is the historical and projected utilization of the IFH / ISCI radiation therapy services. Treatment volumes grew 8.2% between 2022 and 2025 and are expected to grow at a similar rate through the first two years of this project's operation (2028 and 2029). Although the traditional linear accelerator utilization is relevant to this project, which proposes to expand IFH's radiation therapy services through the addition of a fourth (4th) traditional linear accelerator, IFH also is providing utilization data for its Cyberknife and proton beam therapy units to demonstrate the utilization and growth among all related cancer therapy services.

Inova Fairfax Hospital – Historical and Projected Treatment Counts

			Treatment Counts – Historical & Projected					
Facility	Type	Units	2022	2023	2024	2025	2028	2029
IFH / ISCI	Traditional Linear Accelerator (w/ and w/out SR capability)	3 / *4 in 2028+2029	20,141	19,903	22,197	24,149	25,195	25,553
	Cyberknife (SRS/SRT only)	1	1,178	1,352	1,679	1,461	1,561	1,596
	Proton Therapy (1 unit, 2 vaults)	1	9,796	9,566	9,729	8,052	8,763	9,014
IFH / ISCI Total			31,115	30,821	33,605	33,662	35,519	36,163

Inova Fairfax Hospital – Historical and Projected SMFP Utilization

				SMFP Utilization % – Historical & Projected					
Facility	Type	Units	SMFP Target	2022	2023	2024	2025	2028	2029
IFH / ISCI	Traditional Linear Accelerator (w/ and w/out SR capability)	3 / *4 in 2028+2029	8,000 per machine per year	84%	83%	92%	101%	79%*	80%*
	Cyberknife (SRS/SRT only)	1	350 per machine per year	337%	386%	480%	417%	446%	456%
	Proton Therapy (1 unit, 2 vaults)	1	No Standard	n/a	n/a	n/a	n/a	n/a	n/a

C. State assumptions and show methodology used to calculate projections for two years following completion of the proposed project.

Projections are based on Sg2's market forecast for Planning District 8 (PD 8), which assumes that radiation therapy treatments, including traditional linear accelerator treatments, will grow at 1.4% per year, Cyberknife treatments will grow at 2.2% per year, and proton therapy will grow at 2.9% per year.

This projected growth is largely due to the rapid growth in the population in PD 8 aged 65 and over. This population accounts for more than 60% of IFH's radiation therapy patients.

D. Existing and/or Proposed Bed Complement This project will not impact the IFH bed complement.

Inova Fairfax Hospital	Distribution of Existing Licensed Beds	Total Beds to be Built, Remodeled	Total Beds to be Lost or Removed from Service	Total Beds After Construction (Should equal sum of Columns 1, 2 and 3)
Adult Medical/Surgical	506			506
Adult Critical Care	102			102
Obstetrical	96			96
Pediatric Medical/Surgical	92			92
Pediatric Critical Care	26			26
Psychiatric	81			81
Long-Term/Extended Care	N/A			N/A
Self-Care	N/A			N/A
Acute Rehabilitation	25			25
Total Beds	928			928
Neonatal Intensive Care	108			108
Other Newborn Bassinets	114			114

E. Facilities and Services to be Provided

Inova Fairfax Hospital	Existing	This Project to be Added	This Project to be Discontinued	This Project to be Expanded or Renovated
1. Post-Operative Recovery Room	X			
2. Intensive Care Unit Cardiac	X			
Mixed	X			
3. Open Heart Surgery Facilities	X			
4. Pharmacy with full-time pharmacists	X			
with part-time pharmacists	X			
5. Diagnostic Radiological Services x-ray	X			
ultrasonography	X			
radioisotope	X			
CT scanning	X			
MRI scanning	X			
6. Therapeutic Radiological Services	X			X
Specify Source(s) Used				
Specify Source(s) or				
Type(s) of Equipment Used				
7. Clinical Pathology Laboratory	X			
8. Organ Bank	X			
9. Blood Bank	X			
10. Electroencephalography	X			
11. Electrocardiography	X			
12. Respiratory Therapy	X			
13. Premature Nursery	X			
14. Self-Care Unit	X			
15. Skilled Nursing or Long-Term Nursing				
16. Renal Dialysis acute	X			
Chronic	X			
Inpatient	X			
Outpatient	X			
home dialysis training	X			
17. Burn Care Unit				
18. Physical Therapy Department	X			

Inova Fairfax Hospital	Existing	This Project to be Added	This Project to be Discontinued	This Project to be Expanded or Renovated
19. Occupational Therapy	X			
20. Medical Rehabilitation Inpatient	X			
Outpatient	X			
21. Tuberculosis Unit				
22. Psychiatric Services inpatient	X			
Outpatient	X			
partial hospitalization program	X			
emergency services	X			
foster and/or home care				
Consultation	X			
23. Clinical Psychology	X			
24. Organized Outpatient Department	X			
25. Outpatient Surgery	X			
26. Social Work Department	X			
27. Family Planning Service				
28. Genetic Counseling Service	X			
29. Abortion Services inpatient	X			
Outpatient	X			
30. Pediatric Department	X			
31. Obstetric Unit	X			
32. Alcoholic & Detoxification Department	X			
33. Home Care Department				
34. Speech Pathology Services	X			
35. Audiology Services	X			
36. Hospital Auxiliary	X			
37. Volunteer Service Department	X			
38. Paramedical Training Program				
39. Emergency Department	X			
40. Dental Services (oral surgery)	X			
41. Podiatric Services	X			
42. Pre-Admission Testing	X			
43. Pre-Discharge Planning	X			
44. Multiphasic Screening	X			
45. Other (Identify)				

F. Staffing of Existing and/or Proposed Facility

In the following categories, indicate the number of full time equivalent personnel (at least 35 hours per week).

Inova Fairfax Hospital – Radiation Therapy Department	Current Staffing		Additional	Needed
	Full-Time	Vacant Positions	Full-Time	TOTAL
Total number of Full-Time staff	97.0	4.0	19.0	23.0
Radiation Therapist	22.0	3.0	5.0	8.0
Radiation Therapist Assistant	4.0	-	2.0	2.0
Staff RN	12.5	-	1.0	1.0
Clin Tech	6.0	-	1.0	1.0
Physicist	17.0	1.0	4.0	5.0
Dosimetrist	19.5	-	4.0	4.0
Physicist Assistant	4.0	-	1.0	1.0
Other (OPS)	12.0	-	1.0	1.0

G. Present a plan for obtaining all additional personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

Inova's Radiation Oncology program serves as a critical clinical partner to local and regional radiation therapy education programs, including Northern Virginia Community College (in partnership with Virginia Wesleyan University) and Virginia Commonwealth University. As the largest clinical training site in the region, Inova provides hands-on learning opportunities for radiation therapist students at all Inova hospital locations, offering students unparalleled exposure to the full spectrum of radiation oncology care. This includes exposure and training in advanced treatment modalities such as IMRT, SBRT, adaptive therapy, and proton therapy, as well as experience with diverse patient populations spanning both common and complex oncologic diagnoses. These education programs serve as an essential pipeline for developing highly skilled, practice-ready radiation therapists.

Inova actively supports the radiation oncology workforce through innovative initiatives, including the introduction and expansion of the Radiation Therapist Assistant role. This position provides an entry point into the field of radiation oncology, allowing individuals to gain meaningful clinical exposure while supporting licensed radiation therapists in delivering high-quality patient care. Radiation Therapists Assistants support scheduling, patient communication, room preparation, patient flow and more.

Inova maintains a strong and sustainable pipeline for medical physicist recruitment. An accredited medical physics residency program is located at Inova Fairfax Hospital that graduates one resident annually. In addition, Inova has established partnerships with multiple residency programs, including University of Virginia, University of North Carolina, and Novant Health. Residents from these programs routinely complete proton therapy rotations at Inova Fairfax Hospital.

Similarly, Inova maintains a dedicated dosimetry training pipeline through a collaboration with the University of Wisconsin medical dosimetry program, which graduates approximately two students

per year. A significant proportion of these graduates have historically joined Inova. In addition, team members are recruited nationally through established academic and clinical training programs, ensuring a consistent pool of qualified candidates.

Inova utilizes all of these approaches to ensure a stable workforce that can provide high-quality radiation oncology services.

H. Describe the anticipated impact that the project will have on the staffing of other facilities in the service area.

The expansion of radiation therapy services at IFH through the addition of a fourth (4th) linear accelerator is not expected to impact staffing of other facilities.

1. Attach the following information or documents

- 1. Roster of medical staff (existing facilities). Indicate their specialty, Board Certification, Board eligibility, and staff privileges (active, associate, etc.).**

Please see **Attachment K**.

- 2. Existing Facilities – Attach copy(ies) of letter of endorsement from the medical staff organization indicating the medical need for the proposed project.**

Please see **Attachment L**.

- 3. Copy of most recent licensing report from State Agency (existing facilities).**

Please see **Attachments M.1 and M.2**.

- 4. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities).**

Please see **Attachments N.1 and N.2**.

SECTION IV: PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED**A. Please provide a comprehensive narrative description of the proposed project.**

Please refer to Section III.A.

B. Identification of Community Need

1. Describe the geographic boundaries of the facility's primary service area. (Note: Primary service area may be considered to be geographic area from which 75% of patients are expected to originate.)

Please see Attachment O.1 for a map of Inova Fairfax Hospital's radiation therapy primary service area, as calculated from 2025 patient origin.

2. Provide patient origin, discharge diagnosis or utilization data appropriate for the type of project being proposed.

Please see Attachment O.2 for patient origin by zip code of Inova Fairfax Hospital's 2025 radiation therapy patients (traditional, Cyberknife, and Proton).

- C. 1. Is (are) the service(s) to be offered presently being offered by any other existing facility(ies) in the Health Planning Region?

Yes.

2. If yes,

- a. Identify the facility(ies)

PD 8 COPN Authorized Linear Accelerator as of May 2026	
Facility	Authorized Units
Inova Alexandria Hospital	2
Inova Fair Oaks Hospital	2
Inova Fairfax Medical Campus	4
Inova Loudoun Hospital	2
Novant Health UVA Cancer Center - Lake Manassas	1
Potomac Radiation Oncology Center	1
Reston Hospital Center	3
Virginia Cancer Specialists	2
Virginia Hospital Center	3
Total	20

- b. Discuss the extent to which the facility(ies) satisfy(ies) the current demand for the service(s).

Based on the utilization of IFH's existing three (3) linear accelerators, IFH has an institution-specific need to expand radiation therapy services. As discussed in further detail in Section IV.E below, IFH's three existing linear accelerators experienced utilization equivalent to 101% of the State Medical Facilities Plan (SMFP) standard

in 2025. While the units exceed the SMFP utilization standard, 101% utilization does not accurately reflect how busy the three linear accelerators actually are because the standard assumes per-patient treatment time of 15 minutes. As discussed in greater detail in Section IV.E, due to clinical advancements in cancer treatment, treatment times are considerably greater than 15 minutes for patients receiving SRS/SRT, pediatric patients (who require anesthesia) and patients receiving full body irradiation. Although IFH has expanded hours of operation for its linear accelerators to meet its patient population's needs, capacity constraints are such that IFH must add linear accelerator capacity to ensure timely access to radiation therapy services for its patients. Existing capacity constraints at IFH at times require IFH to refer patients to other radiation therapy services treatment sites.

c. Discuss the extent to which the facility(ies) will satisfy the demand for services in five years.

Between 2025 and 2030, the PD 8 population is projected to grow by 4%. The most significant population growth is expected among those 65 years of age and older, who comprise more than 60% of IFH's radiation therapy patient population. Per the Weldon Cooper Center for Public Service, the age 65 years and older population is projected to grow by 17% in PD 8 from 2025 to 2030. The addition of a fourth (4th) linear accelerator at IFH is necessary to ensure that the hospital has adequate capacity to meet its patient population's existing need for radiation therapy services and to meet the projected increased need for radiation therapy services based on population growth, particularly the population age 65 and older.

D. Discuss how the project will fill an unmet need in the delivery of health care in the service area including, where applicable, geographic barriers to access.

The proposed project will address IFH's institution-specific need to expand radiation therapy services and improve access to radiation therapy services and continuity of care for IFH cancer patients.

E. Discuss the consistency of the proposed project with applicable Regional Health Plan, State Health Plan, State Medical Facilities Plan, or other plans promulgated by State agencies.

12VAC5-230-280. Travel time.

Radiation therapy services should be available within 60 minutes driving time one way under normal conditions of 95% of the population of a health planning region using a mapping software as determined by the commissioner.

IFH's project is consistent with this provision. Radiation therapy services are available within 60 minutes driving time one way under normal conditions for 95% of the PD 8 population. However, the drive time from various points within PD 8 varies greatly depending upon traffic.

12VAC5-230-290. Need for new service.

A. No new radiation therapy service should be approved unless:

1. *Existing radiation therapy machines located in the health planning district performed an average of 8,000 procedure per existing and approved radiation therapy machine in the relevant reporting period; and*
2. *The new service will perform at least 5,000 procedures in the second year of operation without significantly reducing the utilization of existing providers in the health planning district.*

Not applicable. IFH is an existing provider of radiation therapy services. This COPN Request No. VA-8894 proposes to expand IFH's existing radiation therapy services through the addition of a fourth (4th) linear accelerator.

B. The number of radiation therapy machines needed in a health planning district will be determined as follows (Population X Cancer Incidence Rate X 60%)/320 where:

1. *The population is projected to be at least 150,000 people three years from the current year as reported in the most current projections of a demographic entity as determined by the commissioner;*
2. *The cancer incidence rate as determined by data from the Statewide Cancer Registry;*
3. *60% is the estimated number of new cancer cases in a health planning district that are treatable with radiation therapy; and*
4. *320 is 100% utilization of a radiation therapy machine based upon an anticipated average 25 procedures per case.*

Although IFH is proposing to expand its existing radiation therapy services and this provision applies only to the establishment of new radiation therapy services, IFH calculates the number of radiation therapy machines for 2028 under the methodology established by 12VAC5-230-290.B as follows:

Health District	PD8 Population 2028	2018-2022 Cancer Incidence/100,000 Population*	2028 Projected Cancer Cases	New Cancer Cases Requiring RT	Linear Accelerators Needed 2028
Arlington	253,679	331.4	841	504	2
Alexandria	164,676	357.5	589	353	1
Fairfax	1,197,908	346.0	4,145	2,487	8
Loudoun	476,122	369.4	1,759	1,055	3
Prince William	584,367	360.6	2,107	1,264	4
Planning District 8 Total	2,676,752	352.7	9,440	5,664	18

The SMFP computational methodology established by 12VAC5-230-290.B reflects that PD 8 will have a need for 18 linear accelerators by 2028. PD 8 is currently authorized for 20 linear accelerators.

Irrespective of the SMFP calculation methodology for assessing planning district-wide need, IFH has an institutional need to expand its existing radiation therapy services through the addition of a

fourth (4th) linear accelerator. The additional linear accelerator is needed at IFH to address existing capacity constraints at the hospital and to ensure continued timely access to radiation therapy services for the patient population served by the hospital.

C. Proposals for new radiation therapy services located less than 60 minutes driving time one way, under normal conditions, from any site that radiation therapy services are available shall demonstrate that the proposed new services will perform an average of 4,500 procedures annually by the second year of operation, without significantly reducing the utilization of existing service in the health planning district.

Not applicable. IFH is an existing provider of radiation therapy services. It is proposing to expand its existing radiation therapy services, not to establish new radiation therapy services.

12VAC5 -230-300. Expansion of service.

Proposals to expand radiation therapy services should be approved only when all existing radiation therapy services operated by the applicant in the health planning district have performed an average of 8,000 procedures for the relevant reporting period and the proposed expansion would not significantly reduce utilization of existing providers.

IFH's project is consistent with this provision. IFH currently maintains COPN authorization for three (3) traditional linear accelerators. In 2025, IFH's three (3) linear accelerators performed 24,149 procedures, placing utilization at 101% of the SMFP standard for radiation therapy services expansion (an average of 8,000 procedures per unit). Accordingly, IFH seeks COPN approval to expand its radiation therapy services through the addition of a fourth (4th) traditional linear accelerator based on institution-specific need.

Importantly, the 8,000 treatments per machine per year utilization standard established by 12VAC 5-230-300 is outdated as it assumes that every patient treatment is accomplished within a 15-minute time block across an 8-hour day. Radiation therapy treatments, however, have advanced significantly over the past decade, and there are increasing numbers of patients receiving SRS/SRT on traditional linear accelerators. SRS/SRT treatments, as well as other types of treatments (e.g., pediatric treatments requiring anesthesia and patients receiving total body irradiation) require treatment times that substantially exceed the 15-minute time block utilized by the SMFP.

SRS/SRT treatments are scheduled for 30-minute time blocks, pediatric treatments requiring anesthesia are scheduled for up to 60 minutes, and total body irradiation treatments are scheduled for 60 minutes or more. Two of IFH's traditional linear accelerators perform SRS/SRT treatments along with conventional radiation treatments. The proposed unit would have the same capability to perform SRS/SRT treatments and conventional radiation treatments.

This is important because it demonstrates that at 101% of an SMPF utilization standard that assumes each patient treatment is completed with 15 minutes, IFH's three (3) existing linear accelerators are very heavily utilized.

Set forth below is historical and projected utilization data for IFH's three (3) traditional linear accelerators, one (1) Cyberknife unit and proton beam therapy service (one (1) unit with two (2) vaults). IFH is providing utilization data for its Cyberknife and proton beam therapy services in addition to utilization data for its traditional linear accelerators to demonstrate how heavily all three services are utilized for the provision of cancer treatment.

Inova Fairfax Hospital – Historical and Projected Treatment Counts

			Treatment Counts – Historical & Projected					
Facility	Type	Units	2022	2023	2024	2025	2028	2029
IFH / ISCI	Traditional Linear Accelerator (w/ and w/out SR capability)	3 / *4 in 2028+2029	20,141	19,903	22,197	24,149	25,195	25,553
	Cyberknife (SRS/SRT only)	1	1,178	1,352	1,679	1,461	1,561	1,596
	Proton Therapy (1 unit, 2 vaults)	1	9,796	9,566	9,729	8,052	8,763	9,014
IFH / ISCI Total			31,115	30,821	33,605	33,662	35,519	36,163

Inova Fairfax Hospital – Historical and Projected SMFP Utilization

				SMFP Utilization % – Historical & Projected					
Facility	Type	Units	SMFP Target	2022	2023	2024	2025	2028	2029
IFH / ISCI	Traditional Linear Accelerator (w/ and w/out SR capability)	3 / *4 in 2028+2029	8,000 per machine per year	84%	83%	92%	101%	79%*	80%*
	Cyberknife (SRS/SRT only)	1	350 per machine per year	337%	386%	480%	417%	446%	456%
	Proton Therapy (1 unit, 2 vaults)	1	No Standard	n/a	n/a	n/a	n/a	n/a	n/a

12VAC5-230-310. Statewide Cancer Registry.

Facilities with radiation therapy services shall participate in the Statewide Cancer Registry as required by the Code of Virginia.

IFH's project is consistent with this provision. Inova maintains an active cancer registry in which all Inova hospitals, including IFH, participate. In addition, all Inova hospitals, including IFH, participate in the Virginia Cancer Registry.

12VAC5-230-320. Staffing.

Radiation therapy services should be under the direction or supervision of one or more qualified physician designated or authorized by the Nuclear Regulatory Commission or the Division of Radiologic Health of the Virginia Department of Health, as applicable.

IFH's project is consistent with this provision. IFH's radiation therapy services are under the direction and supervision of board-certified radiation oncologists. The radiation oncologists are authorized by the Nuclear Regulatory Commission or the Division of Radiologic Health of the Virginia Department of Health.

- F. Show the method and assumptions used in determining the need for additional beds, new services or deletion of service of the proposed project's service area.**

Please refer to Section III.C.

- G. Coordination and Affiliation with Other Facilities.**

Describe any existing or proposed formal agreements or affiliations to share personnel, facilities, services or equipment. (Attach copies of any formal agreements with another health or medical care facility.)

Inova Health System is a broad-based regional healthcare system and provides a comprehensive and coordinated range of acute, ambulatory, and tertiary services.

- H. Attach copies of the following documents:**

- 1. A map of the service area indicating:**
 - a. Location of the proposed project.**
 - b. Location of other existing medical facilities (by name, type (hospital, nursing home, outpatient clinic, etc.) and number of beds in each inpatient facility).**

Please see **Attachment P**.

- 2. Any material which indicates community and professional support for this project; i.e. letter of endorsement from physicians, community organizations, local government, Chamber of Commerce, medical society, etc.**

Please see **Attachments Q.1 through Q.3**.

- 3. Letters to other area facilities advising of the scope of the proposed project.**

Please see **Attachment R**.

SECTION V**FINANCIAL DATA**

It will be the responsibility of the applicant to show sufficient evidence of adequate financial resources to complete construction of the proposed project and provide sufficient working capital and operating income for a period of not less than one (1) year after the date of opening:

- A. Specify the per diem rate for all existing negotiated reimbursement contracts and proposed contracts for patient care and state and federal governmental agencies, Blue Cross/Blue Shield Plans, labor organizations such as health and welfare funds and membership associations.

This question requires the disclosure of confidential and proprietary information.

- B. Does the facility participate in a regional program which provides a means for facilities to compare its costs and operations with similar institutions?

 X Yes No

If yes, specify program and provide a copy of report(s) which provide(s) the basis for comparison.

All Inova Health System facilities participate in VHI. See **Attachment S** for a copy of IFH's EPICS submission for 2024 and 2025.

- C. **Estimated Capital Costs**

Please see "Instructions for Completing Estimated Capital Costs" Section for the Certificate of Need application for detailed instructions for completing this question (attached).

Part I - Direct Construction Costs

1.	Cost of materials	\$ <u>1,663,569</u>
2.	Cost of labor	\$ <u>548,978</u>
3.	Equipment included in construction contract	\$ <u>205,000</u>
4.	Builder's overhead	\$ <u>277,060</u>
5.	Builder's profit	\$ <u>74,381</u>
6.	Allocation for contingencies	\$ <u>197,287</u>
7.	Sub-total (add lines 1 thru 6)	\$ <u>2,966,275</u>

Part II - Equipment Not Included in Construction Contract

(List each separately)

8.	a.	Major Equipment	\$ <u>5,654,255</u>
	b.	Furnishings	\$ <u>12,010</u>
	c.	Signage	\$ <u>7,448</u>
	d.	Data & Telecommunications	\$ <u>84,721</u>
	e.	Contingency	\$ <u>287,223</u>

9. Sub-total (add lines 8a thru 8e) **\$ 6,045,657**

Part III - Site Acquisition Costs - (Not Applicable)

10.	Full purchase price	\$ <u>0</u>	
11.	For sites with standing structures	\$ <u>0</u>	
	a. purchase price allocable to structures	\$ <u>0</u>	
	b. purchase price allocable to land	\$ <u>0</u>	
12.	Closing costs	\$ <u>0</u>	
13.	If leasehold, annual rent	\$ <u>0</u>	
14.	Additional expenses paid or accrued:		
	a. _____	\$ <u>0</u>	
	b. _____	\$ <u>0</u>	
	c. _____	\$ <u>0</u>	
15.	Sub-total (add lines 10 thru 14c)		\$ <u>0</u>

Part IV - Site Preparation Costs - (Not Applicable)

16.	Earth work	\$ <u>0</u>	
17.	Inspections/Tests/Permits/Fees, including Utility connection (Building Permit)	\$ <u>38,212</u>	
18.	Roads and walks	\$ <u>0</u>	
19.	Lawns and planting	\$ <u>0</u>	
20.	Unusual site conditions		
	a. _____	\$ <u>0</u>	
	b. _____	\$ <u>0</u>	
21.	Accessory structures	\$ <u>0</u>	
22.	Demolition costs (site related)	\$ <u>0</u>	
23.	Sub-total (add lines 16 thru 22)		\$ <u>38,212</u>

Part V - Off-site Costs (List each separately) - (Not Applicable)

24.	_____	\$ <u>0</u>	
25.	_____	\$ <u>0</u>	
26.	_____	\$ <u>0</u>	
27.	_____	\$ <u>0</u>	
28.	Sub-total (add lines 24 thru 27)		\$ <u>0</u>

Part VI - Architectural and Engineering Fees

- | | | |
|-----|----------------------------------|-------------------|
| 29. | Architect's design fee | \$ <u>230,035</u> |
| 30. | Architect's supervision fee | \$ <u>23,003</u> |
| 31. | Engineering fees | \$ <u>241,371</u> |
| 32. | Consultant's fees | \$ <u>12,737</u> |
| 33. | Sub-total (add lines 29 thru 32) | \$ <u>507,146</u> |

Part VII - Other Consultant Fees (List each separately)

- | | | | |
|-----|------------------------------------|----------------------------|-------------|
| 34. | a. | <u>Commissioning Agent</u> | \$ <u>0</u> |
| | b. | _____ | \$ <u>0</u> |
| | c. | _____ | \$ <u>0</u> |
| 35. | Sub-total (add lines 34a thru 34c) | | \$ <u>0</u> |

Part VIII - Taxes During Construction - (Not Applicable)

- | | | |
|-----|------------------------------------|-------------------|
| 36. | Property taxes during construction | \$ <u>0</u> |
| 37. | List other taxes | |
| | a. | _____ \$ <u>0</u> |
| | b. | _____ \$ <u>0</u> |
| 38. | Sub-total (add lines 36 thru 37b) | \$ <u>0</u> |

Part IX-A - HUD Section 232 Financing - (Not Applicable)

- | | | |
|-----|---|-------------|
| 39. | Estimated construction time (in months) | |
| 40. | Dollar amount of construction loan | \$ <u>0</u> |
| 41. | Construction loan interest rate | ____% |
| 42. | Estimated construction loan interest cost | \$ <u>0</u> |
| 43. | Term of permanent financing (in years) | |
| 44. | Interest rate on permanent loan | ____% |
| 45. | FHA mortgage insurance premium | \$ <u>0</u> |
| 46. | FHA mortgage fees | \$ <u>0</u> |
| 47. | Financing fees | \$ <u>0</u> |

48. Placement fees \$ 0
49. AMPO (non-profit only) \$ 0
50. Title and recording fees \$ 0
51. Legal fees \$ 0
52. Total interest expense on permanent mortgage loan \$ 0
53. Sub-total Part IX-A HUD Section 232 Financing (add lines 42, 45, 46, 48, 49, 50, 51) \$ 0

Part IX-B - Industrial Development Authority Revenue and General Obligation Bond Financing - (Not Applicable)

(Circle selected method of financing)

54. Method of construction financing (construction loan, proceeds of bond sales, if other, specify)

The project will be funded through accumulated reserves of Inova Health System.

If construction is to be financed from any source other than bond sale proceeds, answer question 56 through 58. Otherwise, proceed to question 59.

55. Estimated construction time (in months)
56. Dollar amount of construction loan \$ 0
57. Construction loan interest rate
58. Estimated construction loan interest cost \$ 0
59. Nature of bond placement (direct, underwriter, if other specify)
60. Will bonds be issued prior to the beginning of construction? ☐ Yes ☐ No
61. If the answer to question 60 is yes, how long before (in months)?
62. Dollar amount of bonds expected to be sold prior to the beginning of construction \$ 0
63. Will principal and interest be paid during construction or only interest?
64. Bond interest expense prior to the beginning of construction (in dollars)

- | | | |
|-----|--|---------------------|
| 65. | How many months after construction begins will last bond be sold? | |
| 66. | Bond interest expense during construction | |
| 67. | What percent of total construction will be financed from bond issue? | |
| 68. | Expected bond interest rate | |
| 69. | Anticipated term of bond issued (in years) | |
| 70. | Anticipated bond discount (in dollars) | |
| 71. | Legal costs | \$ <u> 0 </u> |
| 72. | Printing costs | \$ <u> 0 </u> |
| 73. | Placement fee | \$ <u> 0 </u> |
| 74. | Feasibility study | \$ <u> 0 </u> |
| 75. | Insurance | \$ <u> 0 </u> |
| 76. | Title and recording fees | \$ <u> 0 </u> |
| 77. | Other fees (List each separately) | |
| | a. _____ | \$ <u> 0 </u> |
| | b. _____ | \$ <u> 0 </u> |
| 78. | Sinking fund reserve account
(Debt Service Reserve) | \$ <u> 0 </u> |
| 79. | Total bond interest expense (in dollars) | \$ <u> 0 </u> |
| 80. | Sub-total Part IX-B (add lines 58, 64, 66
72, 73, 74, 75, 76, 77a, b and c, and 78) | \$ <u> 0 </u> |

Part IX-C - Conventional Mortgage Loan Financing - (Not Applicable)

81. Estimated construction time (in months)
82. Dollar amount of construction loan \$ 0
83. Construction loan interest rate %
84. Estimated construction loan interest cost \$ 0

(in dollars)—Capitalized Interest

85. Term of long term financing (in years)
86. Interest rate on long term loan ___%
87. Anticipated mortgage discount \$ ___ 0
(in dollars)
88. Feasibility study \$ ___ 0
89. Finder's fee \$ ___ 0
90. Legal fees \$ ___ 0
91. Insurance \$ ___ 0
92. Other fees (list each separately)
- _____ \$ ___ 0
93. _____ \$ ___ 0
94. Total permanent mortgage loan
interest expense (in dollars) \$
95. Sub-total Part IX-C (add lines 84 & 88 thru 93) \$ ___ 0

Financial Data Summary Sheet

96. Sub-total Part I Direct Construction Costs **\$ 2,966,275**
(line 7)
97. Sub-total Part II Equipment not included **\$ 6,045,657**
in construction contract
(line 9)
98. Sub-total Part III Site Acquisition Costs \$ ___ 0
(line 15)
99. Sub-total Part IV Site Preparation Costs (line 23) **\$ 38,212**
100. Sub-total Part V Off-Site Costs (line 28) \$ ___ 0
101. Sub-total Part VI Architectural and Engi- **\$ 507,146**
neering Fees (line 33)
102. Sub-total Part VII Other Consultant Fees \$ ___ 0
(line 35)
103. Sub-total Part VIII Taxes During \$ ___ 0
Construction (line 38)
104. Sub-total Part IX-A HUD-232 Financing \$ ___ 0
(line 53)

105.	Sub-total Part IX-B Industrial Development Authority Revenue & General Revenue Bond Financing (line 80)	\$ <u> 0 </u>
106.	Sub-total Part IX-C Conventional Loan Financing (line 95)	\$ <u> 0 </u>
107.	TOTAL CAPITAL COSTS (LINES 96 THRU 106)	<u>\$ 9,557,290</u>
108.	Percent of total capital costs to be financed	
109.	Dollar amount of long-term mortgage (line 107 x line 108)	\$ <u> 0 </u>
110.	Total Interest Cost on Long-Term Financing	\$ <u> 0 </u>
a.	HUD-232 Financing (line 53)	\$ <u> 0 </u>
b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 79)	\$ <u> 0 </u>
	Less interest included in total capital cost	\$ <u> 0 </u>
		\$ <u> 0 </u>
c.	Conventional Loan Financing (line 94)	\$ <u> 0 </u>
111.	Anticipated Bond discount	
a.	HUD-232 Financing (line 53)	\$ <u> 0 </u>
b.	Industrial Development Authority Revenue & General Revenue Bond Financing (line 70)	\$ <u> 0 </u>
c.	Conventional Loan Financing (line 87)	\$ <u> 0 </u>
112.	TOTAL CAPITAL AND FINANCING COSTS (ADD LINES 107, 110A, B OR C AND 111A, B OR C)	<u>\$ 9,557,290</u>
D.		
1.	Estimated costs for new construction (excluding site acquisition costs)	\$ <u> 0 </u>
2.	Estimated costs of modernization and renovation (excluding site acquisition costs)	<u>\$ 9,557,290</u>

E. Anticipated Sources of Funds for Proposed Project	<u>Amount</u>
1. Public Campaign	\$ <u>0</u>
2. Bond Issue (Specify Type) – fixed rate tax exempt)	\$ <u>0</u>
3. Commercial Loans	\$ <u>0</u>
4. Government Loans (Specify Type) _____	\$ <u>0</u>
5. Grants (Specify Type) _____	\$ <u>0</u>
6. Bequests	\$ <u>0</u>
7. Private Foundations	\$ <u>0</u>
8. Endowment Income	\$ <u>0</u>
9. Accumulated Reserves	<u>\$ 9,557,290</u>
10. Other (Identify) _____	\$ <u>0</u>

F. Describe in detail the proposed method of financing the proposed project, including the various alternatives considered. Attach any documents which indicate the financial feasibility of the project.

The proposed project will be funded through accumulated reserves of Inova Health System.

G. Describe the impact of the proposed capital expenditure will have on the cost of providing care in the facility. Specify total debt service cost and estimated debt service cost per patient day for the first two (2) years of operation. (Total debt service cost is defined as total interest to be paid during the life of the loan(s). Estimate debt service cost per patient day by dividing estimated total patient days for year one into amount of debt service for the year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.

The proposed project will be funded through accumulated reserves and, as such, there are no debt service costs associated with the project. Inova does not expect the capital costs associated with the project to impact the cost of care at IFH.

H. Attach a copy of the following information or documents.

1. The existing and/or proposed room rate schedule, by type of accommodation.

This project will not impact the Inova Fairfax Hospital room rate schedule.

See **Attachment T**

2. **The audited annual financial statements for the past two (2) years of the existing facility or if a new facility without operating experience, the financial state of the owner(s). Audited financial statements are required, if available.**

See **Attachment U** for the most recent audited financial statements for Inova Health System.

3. **Copy of the proposed facility's estimated income, expense and capital budget for the first two years of operation after the proposed project is completed.**

See **Attachment V**

SECTION VI

ASSURANCES

I hereby assure and certify that:

- (a) the work on the proposed project will be initiated within the period of time set forth in the Certificate of Public Need; and
- (b) completion of the proposed project will be pursued with reasonable diligence; and
- (c) The proposed project will be constructed, operated and maintained in full compliance with all applicable local, State and Federal laws, rules, regulations, and ordinances.

I hereby certify that the information included in this application and all attachments are correct to the best of my knowledge and belief and that it is my intent to carry out the proposed project as described.



Signature of Authorizing Officer

Inova Health System

Address – Line 1

Paul Dreyer

Type/Print Name of Authorizing Officer

8095 Innovation Park Drive

Address – Line 2

Senior Director, Strategy and Planning

Title of Authorizing Officer

Fairfax, VA, 22301

City/State/Zip

June 1, 2026

Date

(703) 403-7598

Telephone Number

Copies of the request should be sent to:

**A. Virginia Department of Health
Division of Certificate of Public Need
3600 West Broad Street, Suite 216
Richmond, VA 23230**

B. The Regional Health Planning Agency which serves the area where the project will be located.

**Inova Fairfax Hospital
Additional LINAC**

	IFMC OP Radiation Oncology Baseline		Project Only (Incremental)		IFMC OP Radiation Oncology + Incremental	
	2028	2029	2028	2029	2028	2029
Financial Projections						
Amounts in \$000's						
Statement of Revenue and Expenses						
Gross Patient Revenue	\$ 352,174	\$ 355,055	\$ 10,665	\$ 14,342	\$ 362,839	\$ 369,397
Deductions from Patient Revenue						
Contractual/Other Discounts	\$ 245,173	\$ 247,179	\$ 7,424	\$ 9,984	\$ 252,597	\$ 257,163
Charity Deductions	\$ 12,806	\$ 12,910	\$ 388	\$ 522	\$ 13,194	\$ 13,432
Bad Debt	\$ 2,165	\$ 2,182	\$ 66	\$ 88	\$ 2,230	\$ 2,270
Total Deductions from Revenue	\$ 260,143	\$ 262,271	\$ 7,878	\$ 10,594	\$ 268,021	\$ 272,865
Net Patient Revenue	\$ 92,031	\$ 92,784	\$ 2,787	\$ 3,748	\$ 94,818	\$ 96,532
Operating Expenses						
Salaries, Wages and Benefits	\$ 26,665	\$ 27,465	\$ 807	\$ 832	\$ 27,473	\$ 28,297
Supplies	\$ 11,548	\$ 12,010	\$ 350	\$ 364	\$ 11,898	\$ 12,373
Purchased Services	\$ 13,123	\$ 13,648	\$ 397	\$ 413	\$ 13,521	\$ 14,061
Depreciation & Amortization	\$ 3,068	\$ 3,068	\$ -	\$ -	\$ 3,068	\$ 3,068
Indirect Expenses - Occupancy	\$ 16,583	\$ 17,130	\$ -	\$ -	\$ 16,583	\$ 17,130
Other Expense	\$ 872	\$ 907	\$ 26	\$ 27	\$ 899	\$ 935
Depreciation - NEW ITEM			\$ 1,098	\$ 1,098	\$ 1,098	\$ 1,098
Total Operating Expenses	\$ 71,860	\$ 74,228	\$ 2,679	\$ 2,734	\$ 74,539	\$ 76,962
Excess of Revenue Over Expenses	\$ 20,171	\$ 18,555	\$ 108	\$ 1,014	\$ 20,279	\$ 19,569
<i>Inpatient Encounters</i>						
<i>Outpatient Encounters</i>	5,746	5,793	174	234	5,920	6,027
Total Encounters	5,746	5,793	174	234	5,920	6,027
<i>Inpatient Treatments</i>						
<i>Outpatient Treatments</i>	34,473	34,759	1,046	1,404	35,519	36,163
Total Treatments	34,473	34,759	1,046	1,404	35,519	36,163

Expected Payor Mix ¹	
Medicare	49.6%
Medicaid	4.5%
Commercial	42.2%
Self-Pay	0.6%
Charity	3.1%
TOTAL	100.0%

*Expected payor mix equals Rad Onc patient population for 2025, as no change is expected as the result of adding additional LINAC

Pro Forma Assumptions:

- Profitability based on YTD December 2025 actuals per case - OP-Radiation Oncology SL
- Payor mix reimbursement is based on internal Inova information
- Annual inflation estimates: gross charge per case = 0%, net revenue per case = 0%, salaries and benefits = 3%, medical supplies per case = 4%, other expenses = 4%.
- Equipment depreciation straight-lined for seven (7) years
- Construction depreciation straight-lined for fifteen (15) years
- Incremental volume provided by Strategic Planning