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 – 102.12 OF

THE CODE OF VIRGINIA OF 1950, AS AMENDED)

OUTPATIENT FACILITIES

COPN Request No. VA-8756

IFRC, LLC

Establishment of a Specialized Center for MRI Services Through the Relocation of Capacity

April 1, 2024

SECTION I **FACILITY ORGANIZATION AND IDENTIFICATION**

A. **IFRC, LLC (proposed d/b/a: FRC at Inova Health Center -- Woodbridge)**
Official Name of Facility

14349 Gideon Drive, Suite 101
Address

Woodbridge	**Virginia**	**22192**
City	State	Zip

To be determined
Telephone

B. **IFRC, LLC**
Legal Name of Applicant

8260 Willow Oaks Corporate Drive, Suite 750
Address

Fairfax	**Virginia**	**22031**
City	State	Zip

C. Chief Administrative Officer
Lance Boyd, CEO
Name

8260 Willow Oaks Corporate Drive, Suite 750
Address

Fairfax	**Virginia**	**22031**
City	State	Zip

(703) 698-4444

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

Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers, LLC
Name

8260 Willow Oaks Corporate Drive, Suite 750
Address

Fairfax	**Virginia**	**22031**
City	State	Zip

(703) 698-4444	**N/A**
Telephone	Facsimile

E. Type of Control and Ownership (Complete appropriate section for both owner and operator.)
Will the facility be operated by the owner? Yes_____ No___X___

Owner of the Facility (Check one)	Proprietary	Operator of Facility (Check one)
(1) _____	(1) Individual	(1) _____
(2) _____	(2) Partnership-attach copy of Partnership Agreement and receipt showing that agreement has been recorded	(2) _____
(3) _____	(3) Corporate-attach copy of Articles of Incorporation and Certificate of Incorporation	(3) _____
(4) ____X_____	(4) Other_____Identify	(4) _____X_____

The owner is IFRC, LLC ("IFRC"). Please see Attachment A for a copy of IFRC's articles of organization.

The operator will be Fairfax Radiology Centers, LLC ("FRC, LLC"). Please see Attachment B for a copy of FRC, LLC's articles of organization.

Non-Profit

(5) _____	(5) Corporation-attach copy of Articles of Incorporation and Certificate of Incorporation	(5) _____
(6) _____	(6) Other_____Identify	(6) _____

Governmental

(7) _____	(7) State	(7) _____
(8) _____	(8) County	(8) _____
(9) _____	(9) City	(9) _____
(10) _____	(10) City/County	(10) _____
(11) _____	(11) Hospital Authority or Commission	(11) _____

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

(1) _____ Fee simple title held by the applicant
(2) _____ Option to purchase held by the applicant
(3) _____X_____ leasehold interest for not less than __11_____ years
(4) _____ Renewable lease, renewable every _____ years

IFRC will sublease space from Inova Health Care Services if this COPN is approved. The sublease will commence approximately March 1, 2025, and end February 28, 2036. See Attachment C for Sublease Proposal.

(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.

IFRC is a Virginia limited liability company with two members (i.e., owners):

Inova Health Care Services (Majority Owner)
8095 Innovation Park Drive
Fairfax, Virginia 22031

Fairfax Radiological Consultants, PLLC (Minority Owner)
8260 Willow Oaks Corporate Drive, Suite 750
Fairfax, Virginia 22031

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

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

IFRC is a Virginia limited liability company. Its board members are set forth below. Board members appointed by Inova Health Care Services may be reached at the Inova Health Care Services address set forth above and board members appointed by Fairfax Radiological Consultants, PLLC may be reached at the Fairfax Radiological Consultants, PLLC address set forth above.

Toni Ardabell, MSN, Chief of Clinical Enterprise Operations, Inova
Alice Pope, MBA, CPA, Chief Financial Officer, Inova
Susan Carroll, President of Inova Loudoun Hospital and Senior VP, Inova
David Spinosa, MD, Fairfax Radiological Consultants, PLLC
Patrick Oliverio, MD, Fairfax Radiological Consultants, PLLC (Chair)
Sean McCleary, Administrator, Clinical Platforms and VP, Professional Services, Inova
Edward Greenberg, MD, Fairfax Radiological Consultants, PLLC

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

As reflected above, IFRC is a Virginia limited liability company. Its officers are as follows:

Lance Boyd, Chief Executive Officer
Kim Masters, Chief Operating Officer
Anna Toth, Chief Financial Officer
Alice Pope, Secretary/Treasurer

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

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

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

(c) In the case of a partnership also attach: **Not Applicable.**

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

(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.

Not Applicable. IFRC has no subsidiaries.

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

IFRC is owned by Inova Health Care Services and Fairfax Radiological Consultants, PLLC, each of which are members.

If the operator is other than the owner, attach a list of the names(s) and addresses 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 the partnership operator, specify the name and address of the general or managing partner.

The operator of the Woodbridge imaging facility will be FRC, LLC.
Its address is as follows:

Fairfax Radiology Centers, LLC
8260 Willow Oaks Corporate Drive
Suite 750
Fairfax, VA 22031
Attention: Lance Boyd

FRC, LLC's registered agent is CT Corporation System:

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

J. 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.

Pursuant to this COPN application, IFRC proposes to establish MRI services at a new imaging facility to be located at 14349 Gideon Drive, Suite 101 in Woodbridge through the relocation and replacement of IFRC's existing MRI unit currently located at 4 Pidgeon Hill Drive, Sterling, VA 20165. If approved, the MRI unit would be operational at the new Woodbridge imaging facility by April 2025.

The existing imaging facility where the MRI unit is currently located is under the management/operation of FRC, LLC, which will continue management/operation at the Woodbridge imaging facility. Please see Attachment D for a copy of the Administrative Services Agreement between IFRC, LLC and FRC, LLC. Note: Some items were redacted as they are confidential in nature but do not affect compliance with this item.

SECTION II **ARCHITECTURE AND DESIGN**

A. Location of the Proposed Project

1. Size of site: ___ 2.7671_____ acres

2. Located in **Prince William County / PD 8** City/County/Planning District

3. Address or directions: 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192

4. Has site been zoned for type of use proposed:

X Yes **The property/complex is zoned for General Business, which includes medical office use. See Attachment E – Zoning Map.**
_____ No

If no, explain status _____

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

(1) _____ New construction

(2) _____ Remodeling/modernization of an existing facility

(3) _____ No construction or remodeling/modernization

(4) **_____** X**_____** Other **The establishment of a specialized center for MRI services in Woodbridge through the relocation and replacement of an existing MRI unit currently located at an imaging center in Sterling.**

C. Design of the facility

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

IFRC's plans are guided by FRC, LLC's mission, vision and values as set forth in Attachment F.

FRC, LLC's mission is:
FRC, LLC exists to provide exceptional access to world-class, patient-centered radiological care, for every patient, every time.

FRC, LLC's vision is:
To be the first choice of every patient and referring physician in our growing community.

FRC, LLC's values are:
Respect, Trust, Compassion, and Innovation.

(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.

The proposed project involves the relocation and replacement of one (1) COPN-authorized MRI unit from IFRC of Sterling, an imaging center located at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility to be located at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192. In addition to the MRI unit, IFRC also intends to provide CT services at the new Woodbridge imaging facility subject to approval of the separately pending COPN Request No. VA-8757, and x-ray, which is not subject to COPN regulation. The building where the Woodbridge imaging facility will be located, including the imaging suite itself, will be updated and modernized with a thoughtful layout and wayfinding and include the latest ADA-compliant features.

If approved, this MRI unit will be co-located in the same building as the future Inova Health Center--Woodbridge. The new facility will be located approximately 3.5 miles from an existing IFRC of Woodbridge site located at 4001 Prince William Parkway, which currently offers x-ray, DEXA, ultrasound, and mammography.

The establishment of MRI services at the new Woodbridge imaging facility is intended to serve existing IFRC patients who currently receive diagnostic imaging services at IFRC of Woodbridge and other IFRC facilities and improve the continuum of care for such patients, particularly IFRC patients who will benefit from the breast MRI capabilities of the proposed MRI unit. The establishment of MRI services at the new Woodbridge imaging facility is also intended to serve patients who will receive care at the future Inova Health Center--Woodbridge and improve patient access to advanced imaging services in an area where traffic congestion is significant and can be a barrier to efficient travel, allowing IFRC's and Inova Health Center--Woodbridge's patients to receive care closer to home.

In addition, the proposed project will take an aged MRI unit at end of its useful life and replace it with an upgraded MRI unit in a newer, more modern imaging facility to meet the imaging needs of patients being served at that facility without adding to the regional capacity of MRI services in PD 8. Moreover, relocation and replacement of the Sterling MRI to Woodbridge will improve the overall geographic distribution of IFRC's existing COPN-authorized MRI resources within PD 8 without adding to the inventory of COPN-authorized MRI capacity in the planning district. At present, most IFRC MRI service sites are located in the northern areas of PD 8. IFRC does not presently have any MRI service sites in the southern or eastern areas of PD 8, which means that its patient population residing in Woodbridge and the surrounding areas must travel to obtain MRI services from IFRC.

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

IFRC's proposed Woodbridge imaging facility will be conveniently located at 14349 Gideon Dr. Woodbridge, VA 22912 near Interstate 95, the major north-south transportation corridor in Prince William County. The building where the facility will be located is a 3-story, Class A office building at a site zoned to include medical use. The nearest cross street is Telegraph Rd. An Omniride bus stop is a four-minute walk from the facility. Virginia Railway also offers a stop in Woodbridge which allows patients to conveniently travel from areas south of Woodbridge.

(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.

IFRC's proposed Woodbridge imaging facility will be located in a 3-story building built in 2009. It is a Class A office building totaling 42,000 square feet with an average floor size of 14,000 square feet. The development zoning district is General Business, and the property subtype is medical. The location of the facility offers easy access to Interstate 95 and the greater Washington, D.C. area. See Attachment G for Site Plan.

IFRC's proposed Woodbridge imaging facility will be located on the ground floor of the office building. There are two entrances to the suite, one from the front of the building directly off the lobby ground floor with the other around the back of the building with a private entrance that goes directly into the suite from outside. The property has ample parking available for patients, visitors, and staff, including handicapped parking optimally adjacent to the entrance door. In addition, there is an additional parking garage. Adequate public utilities currently exist on site, including water, sewer, and solid waste services.

(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.

The proposed project involves the relocation and replacement of an existing MRI unit from IFRC of Sterling, an imaging center located at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility to be located at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192.

The MRI unit at the Sterling site is at the end of its useful life and must be replaced and, as the lease of the Sterling site ends in February 2027, IFRC views the relocation and replacement of the MRI unit to the new Woodbridge imaging facility as the most efficient use of IFRC's resources.

The Sterling imaging facility will continue to operate all other imaging modalities that are currently offered at that site, including CT, x-ray, mammography, DEXA and ultrasound.

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

The suite that will house the Woodbridge imaging facility will utilize energy saving features consistent with local building ordinances, including occupancy sensor-controlled lighting in support areas, and will be compliant with local energy calculation requirements and specifications for high efficiency mechanical equipment. Windows will have high efficiency glass.

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 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. The water/sewer service and electrical capacity have been evaluated by the professional engineer responsible for determining the adequacy of the mechanical, electrical, and plumbing (MEP) systems as part of the due diligence at the proposed site. Please see Attachment H.

E. Space tabulation – (show in tabular form)

1. If Item #1 was checked in II-B, specify: **Not Applicable.**

   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).

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 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 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.)

Item #2 was not checked; however, space that will be dedicated to the MRI unit consists of 1,439.7 gross square feet (1,385.7 net square feet) as well as an additional 800.5 gross square feet (784.1 net square feet) attributable to common areas related to the MRI unit. The total square footage leased by IFRC for the Woodbridge facility is 4,728.4 gross square feet (4,601.5 net square feet). No additional square footage will be added. In addition to the MRI services that are the subject of this COPN Request No. VA-8756, the Woodbridge imaging facility also will offer CT services subject to approval of the separately pending COPN Request No. VA-8757 and x-ray, which is not subject to COPN regulation.

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

The MRI will be located in a 4,728.4 gross square foot suite with co-located services. A test fit was completed and the MRI dedicated space itself will be 1,439.7 square feet in compliance with the vendor specifications and all Facility Guidelines Institute (FGI) and other regulatory requirements.

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

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.

Please see Attachment G.

G. Attach a preliminary design drawing drawn to a 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 I.

H. Construction Time Estimates

1. Date of Drawings: **Preliminary __3/1/24_ Final _8/1/24**

2. Date of Construction: Begin **_COPN approval +1 month__**
Completion **__COPN approval + 6 months__**

3. Target Date of Opening: **__COPN approval + 7 months_____**

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.

Magnetic resonance imaging (MRI) is an advanced imaging technology that produces high-resolution images of multiple organ systems to diagnose a variety of conditions, such as brain aneurysms, stroke, tumors, joint abnormalities caused by trauma or repetitive injuries, disk abnormalities in the spine, and bone infections, among others.

MRI is frequently ordered and used for the detection, staging and follow-up treatment of cancer. It is also used to detect and monitor chronic diseases, including autoimmune and inflammatory conditions, and to plan medical, surgical or radiation treatment. MRI angiography also may be used to assess a person's risk of heart disease or detect damage to blood vessels in the form of aneurysms, inflammatory conditions or blockages. During some MRI exams, the blood vessels are injected with contrast to make the flow of blood through the body more visible. Especially for cancer, autoimmune, and neurological disorders, being able to schedule timely diagnostic imaging is very important. MRI is frequently requested and used in addition to mammography to detect breast cancer, particularly in women who have dense breast tissue or who may be at high risk for breast cancer. The MRI unit proposed for the Woodbridge imaging facility will have breast imaging capability.

The proposed project involves the relocation and replacement of an existing MRI unit within PD 8 located at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility to be located at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192. The establishment of MRI services at the new Woodbridge imaging facility is intended to serve existing IFRC patients who currently receive diagnostic imaging services at IFRC of Woodbridge and other IFRC facilities. The existing IFRC of Woodbridge facility, which is located approximately 3.5 miles from the proposed new Woodbridge imaging facility, offers the following services not subject to COPN regulation: mammography, DEXA, ultrasound, and x-ray. Establishment of MRI services at the new Woodbridge facility will provide an advanced imaging complement to the existing IFRC services in Woodbridge and will greatly improve patient convenience, improve efficiency and coordination of care, particularly for IFRC patients who will benefit from additional breast MRI capability. The proposed project will also alleviate potential travel stress for existing IFRC MRI patients in an area where traffic congestion is significant and can be a barrier to efficient travel, allowing IFRC patients to receive care closer to home instead of having to travel outside of their own community for MRI services at another IFRC site. Moreover, many imaging patients are elderly and assuring ease of access to imaging services is a high priority.

In addition, the establishment of MRI services at the new Woodbridge imaging facility also will support the imaging needs of the future Inova Health Center – Woodbridge, a multi-specialty ambulatory care site totaling 42,000 square feet and opening in 2025. The proposed MRI (and CT which is concurrently requested pursuant to COPN Request No. VA-8757) will be part of a larger imaging suite

including X-Ray (not subject to COPN review) on the ground floor of the Inova Health Center occupying 4,728 square feet. The proposed diagnostic imaging services will offer improved access to patients and a seamless experience to support co-located Inova primary and specialty care providers that would commonly use imaging services. Having advanced imaging services at the same site as the Inova Health Center--Woodbridge and close to other existing Inova Medical Group offices will provide greater convenience and access for Inova's and IFRC's patients.

As previously discussed, this project proposes the relocation and replacement of the one (1) COPN-authorized MRI unit from IFRC of Sterling to Woodbridge. The Sterling MRI unit must be replaced because of its advanced age (purchased in 2005) and operational limitations. Modern MRI units are more robust, with faster and more powerful gradients and with enhanced computer performance. As a result, for many diseases such as multiple sclerosis, cancer, vascular disease, and pelvic or abdominal structure imaging (including prostate), modern technology is paramount for diagnosis. The Sterling MRI unit is at the end of its useful life and, as such, is limited in its capability and cannot perform state-of-the art MRI examinations, particularly in the areas of neuro, breast, and musculoskeletal imaging, and cannot be used for MR enterography or MR neurography. Such limitations create inefficiency at the Sterling imaging facility and limit the MRI services available to IFRC patients. In addition to such operational limitations, the lease of the Sterling site expires in February 2027 and may not be renewed. Therefore, IFRC views the relocation and replacement of the MRI unit to the new Woodbridge imaging facility as the most efficient use of IFRC's resources.

IFRC does not anticipate the relocation and replacement of the Sterling MRI unit to negatively impact current IFRC patients. The same imaging service modalities that are currently offered at the Sterling imaging facility (x-ray, DEXA, ultrasound, mammography, CT, and MRI) are also offered at two facilities close to Sterling – Lansdowne (owned by IFRC) and Reston-Herndon (owned by IRMC). Although the imaging facilities in Lansdowne and Reston-Herndon historically have experienced heavy MRI utilization, the Commissioner recently approved COPNs to expand MRI services at those two sites based on institutional need. The Lansdowne facility was approved in February 2024 for a third (3rd) MRI unit. The Reston-Herndon facility was approved in February 2023 for a second (2nd) MRI unit and began operations on its second MRI unit in January 2024. Given the proximity of the Lansdowne and Reston-Herndon imaging facilities to the Sterling site, coupled with the recent expansion of MRI services at each of those locations, the Sterling patient population will continue to have ready access to MRI services.

B. Describe measures used or steps taken to assure continuity of care.

Continuity of care has always been, and remains, a priority for Inova Health Care Services and Fairfax Radiology Consultants, PLLC, which own IFRC. IFRC employs several mechanisms and technologies that facilitate the inclusion of patients, referring physicians and other care providers in IFRC's processes making IFRC staff and radiologists valuable members of the patient care team.

Measures and steps to assure continuity of care include, without limitation, the following:

Record Continuity

IFRC maintains a physician portal connecting to the EMR which provides all members of the patient care teams access to pertinent patient information such as diagnostic images, radiologist reports and other pertinent information from past visits. That portal is accessible 24/7.

IFRC has the ability to securely send images and reports electronically to external EMRs.

Clinician/Patient Continuity

In addition to the physician portal, IFRC patients have access to a patient portal where they can securely view their images and the radiologist's reports.

The radiologist uses a "call center" that facilitates connecting the referring physicians to the radiologist for patient consultation.

C. What procedures are utilized in quality care assessment?

IFRC has adopted protocols and procedures used across IFRC facilities which will remain in place upon relocation and replacement of the MRI services proposed by this COPN application. These protocols and procedures are designed to ensure quality of care and incorporate the concepts and functions of continuous quality improvements. Examples are as follows:

Patient Safety

All MRI units are inspected annually by a physicist and receive regularly scheduled preventative maintenance several times per year. In addition, IFRC employs 2 certified MRI Safety Officers ("MRSO"). The MRSO's receive specialized training in MRI safety, risk factors and emergency response and work with staff and site managers to develop and implement safety protocols. Any deficiencies are handled by equipment vendor for correction and reported to the Patient Safety Committee.

The Patient Safety Committee is composed of a multidisciplinary team. The Committee is headed by the Chief Operating Officer and is comprised of clinical directors, site managers and technology specialists. This crossover of departments ensures that everyone who could be involved in an MRI's four safety zones is represented (i.e., Zone I: Freely Accessible All areas freely accessible to the general public without supervision.. Zone II: Notice: Still a public area, but the interface between unregulated Zone I and the strictly controlled Zones III and IV. MR safety screening typically occurs here under supervision. Zone III: Caution: An area near the magnet room where the fringe, gradient, or RF magnetic fields are sufficiently strong to present a physical hazard to unscreened patients and personnel. Zone IV:

Danger: Synonymous with the MR magnet room itself. Has the highest field (and greatest risk) and from which all ferromagnetic objects must be excluded.)

In addition, the FRC, LLC Patient Safety Committee reports up to the Quality and Safety Committee of the Board of Directors, which is chaired by an FRC, PLLC radiology physician leader.

Quality of Radiologist and Technologist

Fairfax Radiological Consultants, PLLC, staffs existing IFRC facilities and will staff the new IFRC location in Woodbridge as well. The practice is comprised of a diversified group of radiologists who are board certified in many areas of expertise. The technologists are certified by their governing organization and annual competency assessments ensure their ability to perform procedures and carry out safe patient care.

D. Describe the plan for obtaining additional medical, nursing and paramedical personnel required to staff the project following completion and identify the sources from which such personnel are expected to be obtained.

FRC, LLC, which manages/operates IFRC's imaging services, recruits for all positions internally and has two recruiters dedicated to clinical recruitment and recently hired a highly experienced professional recruitment manager. Additionally, FRC, LLC:

- **Has a formal in-house MRI Tech training program**
- **Partners with outside educational institutions**
- **Maintains a float pool of Technologists to cover vacancies and employee absences.**

Additional components of FRC, LLC's recruitment program include:

- **Post open positions internally**
- **Place special advertisements strategically in Indeed and other national job search engines**
- **Employee referral bonus program**

Given the significant nationwide tech staffing shortage, recruitment and retention initiatives are a significant focus of the organization's operational and human resources leadership and related key performance indicators are part of the organization's strategic plan.

E. Facilities and Services to be Provided (Check)

The response set forth below reflects the relocation and replacement of an existing MRI unit to the proposed site. Approval will not add to the existing inventory of COPN-approved MRI units in PD 8.

		Existing	This Project To be Added	This Project to to be Discontinued
1.	Outpatient Surgery	_____	_____	_____
2.	Post Operative Recovery Room	_____	_____	_____
3.	Pharmacy with full-time pharmacists part-time pharmacists	_____ _____	_____ _____	_____ _____
4.	Diagnostic Radio-logical Services x-ray radioisotope MRI scanning	_____ _____ _____	_____**X**_____ _____ _____**X**_____	_____ _____ _____
5.	Therapeutic Radio-logical Services Specify Source(s) or Type(s) or Equipment Used	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
6.	Clinical Pathology Laboratory	_____	_____	_____
7.	Blood Bank	_____	_____	_____
8.	Electroencephalo-graphy	_____	_____	_____
9.	Electrocardiography	_____	_____	_____
10.	Ultrasonography	_____	_____	_____
11.	Respiratory Therapy	_____	_____	_____
12.	Renal Dialysis chronic outpatient	_____	_____	_____

	home dialysis training	_____	_____	_____
13.	Alcoholism Service	_____	_____	_____
14.	Drug Addiction Service	_____	_____	_____
15.	Physical Therapy Department	_____	_____	_____
16.	Occupational Therapy Department	_____	_____	_____
17.	Medical Rehabilitation outpatient	_____	_____	_____
18.	Psychiatric Service	_____	_____	_____
	outpatient	_____	_____	_____
	emergency service	_____	_____	_____
19.	Clinical Psychology	_____	_____	_____
20.	Outpatient Emergency Service	_____	_____	_____
21.	Social Service	_____	_____	_____
22.	Family Planning Service	_____	_____	_____
23.	Genetic Counseling Service	_____	_____	_____
24.	Abortion Service	_____	_____	_____
25.	Pediatric Service	_____	_____	_____
26.	Obstetric Service	_____	_____	_____
27.	Gynecological Service	_____	_____	_____
28.	Home Care Service	_____	_____	_____
29.	Speech Pathology Service	_____	_____	_____
30.	Audiology Service	_____	_____	_____

31.	Paramedical Training Program	_____	_____	_____
32.	Dental Service	_____	_____	_____
33.	Podiatric Service	_____	_____	_____
34.	Pre-Admission Testing	_____	_____	_____
35.	Pre-Discharge Planning	_____	_____	_____
36.	Multiphasic Screening	_____	_____	_____
37.	Other (Identify)	_____	_____	_____
		_____	_____	_____
		_____	_____	_____

F. Program

1. Is (will) this outpatient facility (be) a department, unit or satellite of a hospital?

   _____ Yes (Give name of hospital) _____

   ___**X**_____ No

2. Is this outpatient facility affiliated with or does it have a transfer agreement with a hospital?

   ____**X**_____ Yes (Give name of hospital)

   Inova Fairfax Hospital, Inova Fair Oaks Hospital, Inova Alexandria Hospital, Inova Mount Vernon Hospital, and Inova Loudoun Hospital

   _____ No

3. Is (will) there (be) an arrangement whereby medical records can readily be transferred between this outpatient facility and an inpatient facility (ies)?

   ____**X**____ Yes (give name of facility)

   Medical records can be shared with any Inova hospital

   _____ No

4. Outpatient services are (will be) available from: **Monday through Friday 7 AM to 11 PM, and Saturday 8 AM to 4 PM.**

5. Does (will) the facility operate scheduled clinics?

   _____ Yes (Attach clinic schedule list)

   ___**X**___ No

6. Are there other organized outpatient services in your primary service area?

   ___**X**___ Yes _____ No

7. The outpatient facility is (will be) staffed:

   (a) Only by physicians on call: _____ Yes ___**X**___ No

   (b) By full time physicians: ___**X**___ Yes _____ No

   (c) By physicians who limit their practice to this outpatient service? _____ Yes __**X**____ No

8. State specifically any limitations or restrictions for participation in the services of the facility. **Not applicable; any appropriately licensed physician can refer a patient to any IFRC imaging facility.**

G. Please provide historical and/or project utilization statistics for the facility including number of patients, number of patient visits and number of patient services.

Historical Utilization

The proposed project involves the relocation and replacement of MRI capacity from an aged and inefficient, and as a result, underutilized MRI unit at an imaging facility in Sterling to a new imaging facility to be located in Woodbridge. MRI utilization projections for the proposed Woodbridge imaging facility are included below under "Projected Utilization." Historical utilization of IFRC MRI imaging sites, with the exception of IFRC's Sterling imaging facility, is high, with all such facilities experiencing historical utilization in excess of the SMFP utilization standard of 5,000 MRI procedures per year. These IFRC facilities have MRI wait times to appointment of 17 to 25 days, depending on the type of MRI.

The table below reflects the MRI procedure volume for IFRC's Lansdowne, Sterling and Ballston imaging facilities for years 2021-2023. In evaluating MRI volume for purposes of a prior COPN application (COPN Request No. VA-8632), it was discovered that MRI procedure volume had been underreported to VHI for multiple years. Following the discovery, VHI was contacted and 2021 volumes were corrected. However, per VHI rules, VHI was unable to accept corrected MRI procedure volumes for years prior to 2021.

Facility	# MRIs	Procedures			% of SMFP		
		2021	2022	2023	2021	2022	2023
LANSDOWNE IMAGING CENTER	2	7,754	11,421	13,470	78%	114%	135%
STERLING IMAGING CENTER	1	4,057	3,794	3,587	81%	76%	72%
BALLSTON IMAGING CENTER	1	3,386	4,500	5,402	68%	90%	108%
TOTAL	4	15,197	19,715	22,459	76%	99%	112%

Note: Lansdowne was recently COPN-approved for a third (3rd) MRI unit via VA-04877.

Projected Utilization

In projecting utilization of the new Woodbridge imaging center, IFRC considered the following factors:

- **IFRC's existing high MRI utilization and historical MRI demand**
- **Anticipated referrals from Woodbridge Health Center primary care and specialty physicians**
- **Existing IFRC patients (including, without limitation, IFRC patients who receive imaging services at the existing IFRC of Woodbridge facility) in the applicable service area and patient origin data**
- **Patient choice and scheduling preferences**
- **Population growth and aging in PD8**

Projected MRI Utilization	Units	Year 1	Year 2
MRI Scans	1	3,611	3,828
MRI Utilization	1	72.2%	76.6%

H. 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).

	Current Full Time	Additional Needed Vacant Positions	Additional Needed Full Time	TOTAL
Total number of Full-time staff	**0**		**6.6**	**6.6**
Administration-Business Office	**0**		**2.2**	**2.2**
Registered Nurses				
Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants				

Registered Medical Records Librarian	_____	_____	_____	_____
Registered Pharmacists	_____	_____	_____	_____
Laboratory Medical Technologists	_____	_____	_____	_____
ADA Dieticians	_____	_____	_____	_____
Radiologic Technologists	**0**	_____	**4.4**	**4.4**
Occupational Therapists	_____	_____	_____	_____
Physical Therapists	_____	_____	_____	_____
Psychologists	_____	_____	_____	_____
Psychiatric Social Workers	_____	_____	_____	_____
Recreational Therapists	_____	_____	_____	_____
Inhalation Therapists	_____	_____	_____	_____
Medical Social Workers	_____	_____	_____	_____
Other Health Professionals, Identify	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

FRC, LLC, which manages/operates IFRC's imaging services, recruits for all positions internally and has two recruiters dedicated to clinical recruitment and recently hired a highly experienced professional recruitment manager. Additionally, FRC, LLC:

- **Has a formal in-house MRI Tech training program**
- **Partners with outside educational institutions**

- **Maintains a float pool of Technologists to cover vacancies and employee absences.**

Additional components of FRC, LLC's recruitment program include:

- **Post open positions internally**
- **Place special advertisements strategically in Indeed and other national job search engines**
- **Employee referral bonus program**

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

The applicant does not anticipate any impact on other facilities in the service area as MRI Technologist continues to be a desirable career advancement opportunity internally from X-ray and other technologist positions. IFRC anticipates that the relocation and replacement of MRI services to Woodbridge will likely utilize some existing personnel from other IFRC sites.

K. Attach the following information or documents:

1. Copy of most recent licensing report from State Agency (existing facilities, excluding public health centers). **Not Applicable.**

2. Current accreditation status and copy of latest accreditation report from Joint Commission on Accreditation of Hospitals (existing facilities excluding public health centers. **Not Applicable.**

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

   See attached medical roster at Attachment Q. Fairfax Radiological Consultants, PLLC is contracted to provide professional interpretation of MRI scans at all IFRC facilities equipped with MRI including the Sterling imaging facility and will provide professional interpretation for the Woodbridge imaging facility as well.

4. Copies of letters of commitment or statement of intent from physicians indicating they will staff the proposed new facility or service upon completion (existing and proposed facilities).

   Please see Attachment J.

SECTION IV PROJECT JUSTIFICATION AND IDENTIFICATION OF COMMUNITY NEED

A. Please provide a comprehensive narrative description of the proposed project.

IFRC proposes to relocate and replace an existing underutilized MRI unit within PD 8 from the current IFRC of Sterling imaging facility located at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility to be located at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192. Relocation and replacement of the MRI unit as proposed will address the need for imaging services at the under-development Inova Health Center--Woodbridge, which will be co-located with the new imaging facility and is scheduled to become operational in April 2025. In addition to the MRI services proposed by this COPN Request No. VA-8756, the Woodbridge imaging facility also will offer CT services and x-ray. A separate COPN application for the CT unit has been simultaneously submitted for approval (COPN Request No. VA-8757). Approximately thirty primary care and specialty physicians from the Inova Medical Group (IMG) will practice out of the Inova Health Center--Woodbridge and provide care to existing Inova and IFRC patients. The relocation and replacement of the MRI unit at the Sterling imaging facility to Woodbridge will improve access to MRI services, as well as continuity of care, for patients served at both the IFRC of Woodbridge facility at 4001 Prince William Parkway and the future Inova Health Center--Woodbridge.

The proposed relocation and replacement of the MRI unit located at the Sterling imaging facility to Woodbridge will provide seamless access to imaging services for Inova and IFRC patients at that site and place advanced imaging services closer to home for IFRC patients who already receive diagnostic imaging services at the IFRC of Woodbridge site located 3.5 miles away at 4001 Prince William Parkway. It will improve the patient experience and alleviate potential travel stress for those IFRC MRI patients in that geography who currently travel outside of their own community to obtain MRI services at another IFRC site.

Because of the advanced age of the MRI unit at Sterling (purchased in 2005), there are significant limitations on the type of MRIs that can be performed by the Sterling unit, creating inefficiency at the current site as described in Section III.A. Moreover the Sterling facility lease expires in February 2027; therefore, relocation and replacement of the unit to Woodbridge where IFRC has a separate, existing diagnostic imaging site (IFRC of Woodbridge), but does not currently have an advanced diagnostic imaging capability, better meets the public need given the close proximity of the Sterling site to the Lansdowne and Reston-Herndon facilities described above. This project also will improve the geographic distribution of IFRC's existing COPN-authorized MRI resources.

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 L for a map outlining the primary service area for the MRI service which includes select zip codes of Prince William County, Fairfax County, and other areas where patients in migrate such as Stafford County. It also factors in the patients who in conjunction with choosing between several IFRC facilities, have close enough proximity that they may choose an appointment at the new Woodbridge imaging center rather than wait for an appointment at an existing IFRC facility that may be slightly closer to where they live.

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

Please see Attachment L for 2023 MRI patient origin data for IFRC based on the primary service area.

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, MRI services are currently offered at other facilities in PD 8.

2. If Yes,

a. Identify the facility(ies)

The facilities that provide MRI services in PD 8 are listed in Attachment K and in the table that follows below. Please note in 2021 we discovered that our VHI data submissions had been understated for years due to an error in the internal report used to identify procedures for reporting to VHI which had qualifiers that caused an omitting of relevant CPT procedure-based codes from the count. Both the VHI table and the one that follows reflect the corrected volume for IFRC MRI procedures. However, as discussed above, 2021 is the last year for which VHI accepted corrections.

PD8 MRI Diagnostic Scanner Utilization - VHI Data

Hospital	Location	Units	Total MRI Procedures 2021	Total MRI Procedures 2022	2022 Utilization (as % of SMFP)
Inova Alexandria Hospital[1]	Alexandria City	3	11,828	12,148	81%
Inova Fair Oaks Hospital	Fairfax County	2	7,259	7,395	74%
Inova Fairfax Hospital & MRI Center[2]	Fairfax County	9	49,863	52,445	117%
Inova HealthPlex - Lorton[3]	Fairfax County	1	2,360	3,415	68%
Inova HealthPlex - Springfield	Fairfax County	1	3,745	3,584	72%
Inova Loudoun Hospital Center[4]	Loudoun County	2	8,126	7,798	78%
Inova Mount Vernon Hospital	Fairfax County	1	5,116	5,233	105%
UVA Health System[5]	Prince William County	3	10,775	5,401	36%
Reston Hospital Center	Fairfax County	1	3,959	4,058	81%
Sentara Northern Virginia Medical Center (NVCH)[6]	Prince William County	1	3,867	4,262	85%
StoneSprings Hospital Center	Loudoun County	1	1,831	1,723	34%
Virginia Hospital Center	Arlington County	3	15,746	16,811	112%
Hospital Subtotal	**PD8**	**28**	**124,475**	**124,273**	**89%**
FRC of Ballston	Arlington County	1	3,372	4,500	90%
IRMC Tysons MRI and Imaging Center	Fairfax County	2	9,937	10,217	102%
IRMC Reston-Herndon MRI	Fairfax County	1	6,161	6,336	127%
FRC (Radiology Imaging Associates) of Lansdowne	Loudoun County	2	7,727	11,421	114%
Kaiser Permanente - Fairfax/Tysons Corner	Fairfax County	1	13,726	12,922	258%
Kaiser Permanente - Reston	Fairfax County	1	5,844	5,153	103%
Kaiser Permanente - Woodbridge	Prince William County	1	5,587	5,552	111%
Medical Imaging Center of Arlington (InSight)	Arlington County	2	7,451	9,938	99%
Medical Imaging Center of Fairfax (InSight)	Fairfax County	1	4,236	4,640	93%
Medical Imaging Center of Woodbridge (InSight)	Prince William County	2	8,349	10,436	104%
MRI of Reston (Reston Radiology Consultants)	Fairfax County	4	20,128	18,408	92%
FRC of Sterling	Loudoun County	1	4,040	3,794	76%
NV Doctors MRI (now Virginia MRI)[7]	Arlington County	0	0	0	-
Sentara Advanced Imaging - Lake Ridge	Prince William County	1	2,351	2,172	43%
Tysons Diagnostic Imaging (Novant)	Fairfax County	2	6,381	14,369	144%
Vienna Diagnostic Imaging (Novant)[8]	Fairfax County	1	5,866		0%
Washington Radiology Associates - Fairfax	Fairfax County	1	-	4,706	94%
UVA OP Imaging Centreville	Fairfax County	1	-	6,531	131%
Outpatient Imaging Center Subtotal	**PD8**	**25**	**111,156**	**131,095**	**105%**
Total MRI Scanners	**PD8**	**53**	**235,631**	**255,368**	**96%**

[1] Includes two (2) MRI units at Inova Alexandria Hospital and one (1) unit listed as Inova Imaging Center - Mark Center
[2] Includes five (5) MRI units at Outpatient MRI Center and three (3) units on the Inova Fairfax Hospital campus
[3] Authorized in 2016; not operational in 2017.
[4] Includes one MRI unit at the Inova Loudoun Hospital campus and one MRI unit at the Cornwall campus
[5] Includes Manassas and Haymarket
[6] Predecessor hospital (NVCH) closed in 2006; SHCC opened December 7, 2015
[7] Bought out of bankruptcy in 2012; acquired by Inova Health Services in 2016; not operational in 2017, being moved to Ballston
[8] Now doing business as MRI Imaging of Virginia

Both the table above and the table below reflect corrected 2021 MRI procedure volume for IFRC's imaging sites.

Facility	# MRIs	Procedures 2021	Procedures 2022	Procedures 2023	% of SMFP 2021	% of SMFP 2022	% of SMFP 2023
LANSDOWNE IMAGING CENTER	**2**	7,754	11,421	13,470	78%	114%	135%
STERLING IMAGING CENTER	**1**	4,057	3,794	3,587	81%	76%	72%
BALLSTON IMAGING CENTER	**1**	3,386	4,500	5,402	68%	90%	108%
TOTAL	**4**	15,197	19,715	22,459	76%	99%	112%

Note: Lansdowne was recently COPN approved for a third (3rd) MRI unit via VA-04877.

The table above illustrates the limitations of the Sterling MRI unit relative to the MRI units at other IFRC imaging facilities. Utilization of the Sterling MRI unit has decreased over time due to the age and associated limitations of the unit. The IFRC Lansdowne imaging facility, which received COPN approval for a third (3rd) MRI unit in February 2024 (which unit should be operational by Q1 2025), should experience some decompression of utilization and be able to accommodate some of the MRI volume from the Sterling location along with the IRMC Reston-Herndon imaging facility, which received COPN approval for a second (2nd) MRI unit that began operations in January 2024.

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

The proposed project is inventory-neutral and proposes the relocation and replacement of an existing MRI unit within PD 8. The proposed project will enhance access to, and continuity of care through co-location of IFRC services with Inova to serve the patients of the Inova Woodbridge Heath Center and the IFRC of Woodbridge facility 3.5 miles away. According to the Healthcare Advisory Board's Imaging Market Estimator, the annual expected growth rate for outpatient MRI in PD 8 for 2024-2029 is 2.4%.

MRI volume is growing in musculoskeletal, brain MRI and MR angiography, and head/neck MRI and head/neck MR angiography consistent with the joint and neurological diseases inherent in an aging population.

Magnetic resonance imaging (MRI) is an advanced imaging technology that produces high-resolution images of multiple organ systems that in an effort to diagnose a variety of conditions, such as brain aneurysms, stroke, malignancies of all types, joint abnormalities caused by trauma or repetitive injuries, disk abnormalities in the spine, or bone infections among others.

MRI is frequently ordered and used for the detection, staging and follow-up treatment of cancer as well as evaluation of clinical trials. It is also used to detect and monitor other chronic disease including autoimmune and inflammatory conditions as well as to plan medical, surgical or radiation treatment. MRI angiography also may be used to assess diseases of blood vessels in the form of aneurysms, inflammatory conditions or blockages. During some MRI exams, the blood vessels are injected with contrast to make the flow of blood through the

body more visible. Especially for cancer, autoimmune, and neurological disorders, being able to schedule timely diagnostic imaging is very important. MRI is frequently requested and used in addition to mammography to detect breast cancer, particularly in women who have dense breast tissue or who may be at high risk for breast cancer.

Because the proposed project involves IFRC's and Inova's existing patient population and the inventory-neutral relocation and replacement of IFRC MRI capacity, IFRC does not expect the project to negatively impact other existing MRI providers in PD 8.

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

IFRC proposes this project to better meet the needs of its patient population residing in the Woodbridge imaging facility's service area and to improve continuity and access to care for IFRC patients utilizing IFRC of Woodbridge as well as those Inova patients to be served by the future Inova Health Center--Woodbridge.

IFRC projects the demand for MRI services will continue to grow, exceeding population growth. Growth in MRI service is expected to exceed population growth as described in Section IV.C.2.b above.

The table below (sourced from Table 4 of the DCOPN Staff Report on COPN Request No. VA-8632) reflects projected population growth in PD 8 through 2030. As DCOPN noted in its DCOPN Staff Report on COPN Request No. VA-8632, *"the population of PD 8 as a whole was expected to increase approximately 16% for the period ending in 2020 and approximately 14% for the period ending in 2030, rates nearly double that of the statewide average.*

With regard to the 65 and older age cohort, Weldon-Cooper projects a much more rapid increase (Table 4). Specifically, Weldon-Cooper projects an increase of approximately 56% for the period ending in 2020 and approximately 38% for the period ending in 2030. This is significant, as this age group uses medical care resources, including diagnostic services, at a rate much higher than the rest of the population."

Table 4. Population Projections for PD 8, 2010-2030

Locality	2010	2020	% Change 2010-2020	Avg Ann % Change 2010-2020	2030	% Change 2020-2030	Avg Ann % Change 2020-2030
Arlington	139,966	166,261	18.79%	1.69%	182,067	9.51%	0.91%
Fairfax County	207,627	249,298	20.07%	1.80%	274,339	10.04%	0.96%
Loudoun	22,565	25,047	11.00%	1.02%	26,397	5.39%	0.53%
Prince William	1,081,726	1,162,504	7.47%	0.71%	1,244,025	7.01%	0.68%
Alexandria City	12,332	14,988	21.54%	1.92%	17,032	13.64%	1.29%
Fairfax City	312,311	430,584	37.87%	3.18%	554,808	28.85%	2.57%
Falls Church City	37,821	43,099	13.96%	1.28%	46,332	7.50%	0.73%
Manassas City	14,273	17,086	19.71%	1.77%	20,284	18.72%	1.73%
Manassas Park City	402,002	478,134	18.94%	1.71%	571,844	19.60%	1.81%
Total PD 8	**2,230,623**	**2,587,000**	**15.98%**	**1.46%**	**2,937,128**	**13.53%**	**1.28%**
PD 8 65+	**192,589**	**300,491**	**56.03%**	**4.44%**	**413,269**	**37.53%**	**3.24%**
Virginia	8,001,024	8,655,021	8.17%	0.77%	9,331,666	7.82%	0.76%
Virginia 65+	976,937	1,352,448	38.44%	3.22%	1,723,382	27.43%	2.45%

Source: U.S. Census, Weldon Cooper Center Projections (August 2019) and DCOPN (interpolations)

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

IFRC, owned by Inova and Fairfax Radiological Consultants, is committed to supporting Inova's initiative at the future Inova Health Center--Woodbridge and alleviating the considerable travel stress of IFRC and Inova patients living in outer PD 8 regions such as Prince William County. IFRC is committed to ensuring continuity of care for patients by placing services closer to the communities in which IFRC and Inova patients live and who otherwise would have to drive outside their community in traffic-congested Northern Virginia, particularly along the I-95 corridor.

The proposed project is inventory-neutral, involving the relocation of existing MRI capacity within PD 8 from an existing site in Sterling. As previously discussed in Section III.A, given the recent MRI expansions at nearby centers, i.e., at the IFRC Lansdowne site (a 10-minute drive from the Sterling facility) and the Inova Reston MRI Center Reston-Herndon (an 18-minute drive from the Sterling facility), the relocation and replacement of the Sterling MRI to the proposed Woodbridge site is not expected to impact the Sterling patient population's access to MRI services.

Rather, relocation and replacement of the Sterling MRI to Woodbridge will improve the overall geographic distribution of IFRC's existing COPN-authorized MRI resources within PD 8 without adding to the inventory of COPN-authorized MRI capacity in the planning district.

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.

12VAC5-230-140. Travel time.

MRI services should be within 30 minutes driving time one way under normal conditions of 95% of the population of the health planning district using a mapping software as determined by the commissioner

MRI services are generally available within 30 minutes driving time one way under normal conditions of 95% of the population in PD8; however, traffic patterns, road construction and congestion can significantly affect patients living in the high-density areas of Northern Virginia. The proposed project involves the relocation and replacement of existing MRI capacity from a site in Sterling that is well-served by surrounding IFRC facilities to a new imaging facility location in Woodbridge with a need for outpatient imaging services to be available within the same building as the under-development Inova Health Center--Woodbridge. This project should have little to no impact on travel time in the Sterling service area for most patients, which is also serviced by IFRC Lansdowne and IRMC Reston-Herndon for MRI services. Instead this will have a favorable impact on travel time for Inova and IFRC patients in the Woodbridge and Prince William areas of PD 8 who currently must travel north for IFRC or IRMC imaging services.

The relocation is expected to improve patient experience and enhance efficiency, accessibility, and care continuum by providing advanced imaging capability in a convenient outpatient setting for IFRC and Inova patients in the relevant service area.

12VAC5-230-150. Need for new fixed site service.

No new fixed site MRI services should be approved unless fixed site MRI services in the health planning district performed an average of 5,000 procedures per existing and approved fixed site MRI scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing fixed site MRI providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of MRI scanners in such health planning district.

Not Applicable. Establishment of a specialized center for MRI services will be accomplished through the inventory neutral relocation of COPN-authorized capacity and therefore, approval of the project will not result in an increase in COPN-authorized MRI units in PD 8.

12VAC5-230-160. Expansion of fixed site service.

Proposals to expand an existing medical care facility's MRI services through the addition of an MRI scanner may be approved when the existing service performed an average of 5,000 MRI procedures per scanner during the relevant reporting

period. The commissioner may authorize placement of the new unit at the applicant's existing medical care facility, or at a separate location within the applicant's primary service area for MRI services, provided the proposed expansion is not likely to significantly reduce the utilization of existing providers in the health planning district.

Not Applicable. The proposed project does not involve the expansion of an existing MRI service.

12VAC5-230-180. Staffing.

MRI services should be under the direct supervision of one or more qualified physicians.

IFRC's MRI services are and will remain under the direct supervision of certified and trained radiologists.

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

Approval will not add any new MRI inventory to PD 8. This is an inventory-neutral request to relocate and replace an existing, COPN-approved MRI unit from the current location at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192.

G. Coordination and Affiliation with Other Facilities. **Not Applicable**

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.)

H. Attach copies of the following documents:

1. A map of the service area indicating:

   a. Location of 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 K for the locations of other existing providers of MRI services in PD 8.

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 P-1 through P-3.

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

Please see Attachment N.

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 with 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 **All of IFRC's facilities participate in VHI** _____

Provide a copy of report(s) which provide(s) the basis for comparison.

The proposed project involves the relocation and replacement of the an existing COPN-authorized MRI unit from an imaging center located at 4 Pidgeon Hill Drive, Sterling, VA 20165 to a new imaging facility to be located at 14349 Gideon Drive, Suite 101, Woodbridge, VA 22192. IFRC will report on MRI utilization for the Woodbridge imaging facility (once operational) to VHI consistent IFRC's reporting on MRI utilization at other IFRC sites.

C. Estimated Capital Costs

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

Part I – Direct Construction Costs

1.	**Cost of materials**	**$ 558,000**
2.	**Cost of labor**	**$ 372,000**
3.	**Equipment included in construction contract**	**$ N/A**
4.	**Builder's overhead**	**$ 72,500**
5.	**Builder's profit**	**$ 96,608**

6.	**Allocation for contingencies**	**$ 0**
7.	**Sub-total (add lines 1 thru 6)**	**$1,099,108**

Part II – Equipment Not Included in Construction Contract
(List each separately) If leasehold, lease expense for the entire term of the initial lease

8. a.	**MRI Unit – 3 Tesla See Attachment T**	**$2,149,604**
b.	**Furnishings**	**$ 5,000**
c.	**Signage**	**$ 4,000**
d.	**Capital lease interest expense**	**$ 415,434**
e.	**IT**	**$ 33,710**
9.	**Sub-total (add lines 8a thru 8e)**	**$2,607,748**

Part III – Site Acquisition Costs

10.	Full purchase price	$ 0
11.	For sites with standing structures	$ 0
	a. purchase price allocable to structures	$ 0
	b. purchase price allocable to land	$ 0
12.	Closing costs	$ 0
13.	If leasehold, lease expense for the entire term of the initial lease[1]	$ **652,834**
14.	Additional expenses paid or accrued:	
	a. _____	$ 0
	b. _____	$ 0
	c. _____	$ 0
15.	Sub-total (add lines 10 thru 14c)	$ **652,834**

[1] This amount represents lease expense for the MRI square footage.

Part IV – Site Preparation Costs

16.	Earth work	$_____0_____
17.	Site utilities	$_____0_____
18.	Roads and walks	$_____0_____
19.	Lawns and planting	$_____0_____
20.	Unusual site conditions:	
	a. _____	$_____0_____
	b. _____	$_____0_____
21.	Accessory structures	$_____0_____
22.	Demolition costs	$_____ 0_____
23.	Sub-total (add lines 16 thru 22)	$_____0_____

Part V – Off-site Costs (List each separately)

24.	_____	$_____0_____
25.	_____	$_____0_____
26.	_____	$_____0_____
27.	_____	$_____0_____
28.	Sub-total (add lines 24 thru 27)	$_____0_____

Part VI – Architectural and Engineering Fees

29.	Architect's design fee	$ **24,000**
30.	Architect's supervision fee	$ included in 29.
31.	Engineering fees	$ included in 29.
32.	Consultant's fees	$ including in 29.
33.	Sub-total (add lines 29 thru 32)	$ **24,000**

Part VII – Other Consultant Fees (List each separately)

34.	a. _	$___

b. _____ $_____0_____

c. _____ $_____0_____

35. Sub-total (add lines 34a thru 34c) $____

Part VIII – Taxes During Construction

36. Property taxes during construction $_____0_____

37. List other taxes:

a. _____ $_____0_____

b. _____ $_____0_____

38. Sub-total (add lines 36 thru 37b) $_____0_____

Part IX-A – HUD Section 232 Financing

39. Estimated construction time (in months) _____0_____

40. Dollar amount of construction loan $_____0_____

41. Construction loan interest rate _____%

42. Estimated construction loan interest costs $_____0_____

43. Term of financing (in years) _____0_____
0

44. Interest rate on permanent loan _____%

45. FHA mortgage insurance premium $_____0_____

46. FHA mortgage fees $_____0_____

47. Financing fees $_____0_____

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, 47, 48, 49, 50 and 51) $_____0_____

Part IX-B – Industrial Development Authority Revenue and General Obligation Bond Financing (Circle selected method of financing)

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

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 ___x____ 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) $_____0_____

65. How many months after construction begins will last bond be sold? _____

66. Bond interest expense during construction $_____0_____

67. What percent of total construction will be Financed from bond issue? $_____0_____

68. Expected bond interest rate _____%

69. Anticipated term of bond issued (in years) _____

70. Anticipated bond discount (in dollars) _____0_____

71. Legal costs $_____0_____

72. Printing costs $_____0_____

73. Placement fee $_____0_____

74. Feasibility study $

75. Insurance $_____0_____

76. Title and recording fees $_____0_____

77. Other fees (list each separately)

a. _____ $_____

b. _____ $_____

c. _____ $_____

78. Sinking fund reserve account (Debt Service Reserve) $_____0_____

79. Total bond interest expenses (in dollars) $_____0_____

80. Sub-total Part IX_B (add lines 58, 64, 66, 71, 72, 73, 74, 75, 76, 77a, b, c and 78) $_____0____

Part IX_C – Conventional Mortgage Loan Financing

81. Estimated construction time (in months) _____0_____

82. Dollar amount of construction loan $_____0_____

83. Construction loan interest rate _____%

84. Estimated construction loan interest cost (in dollars) $_____NA_____

85. Term of long term financing (in years) _____

86. Interest rate on long term loan ___%

87.	Anticipated mortgage discount (in dollars)	$_____0_____
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)	$_____0_____
95.	Sub-total Part IX_C (add lines 84 & 88 thru 93)	$_____0_____

Financial Data Summary Sheet

96.	Sub-total Part I	Direct Construction Cost (line 7)	**$ 1,099,108**
97.	Sub-total Part II	Equipment not included in construction contract (line 9)	**$ 2,607,748**
98.	Sub-total Part III	Site Acquisition Costs (line 15)	$ **652,834**
99.	Sub-total Part IV	Site Preparation Cost (line 23)	$_____0_____
100.	Sub-total Part V	Off-Site Costs (line 28)	$_____ 0_____
101.	Sub-total Part VI	Architectural and Engineering fees (line 33)	**$ 24,000**
102.	Sub-total Part VII	Other Consultant fees (line 35)	**$**
103.	Sub-total Part VIII	Taxes During Construction (line 38)	$_____0_____
104.	Sub-total Part IX-A	HUD-232 Financing (line 53)	$_____0_____
105.	Sub-total Part IX-B	Industrial Development Authority Revenue & General Revenue Bond Financing (line 80)	$_____0_____

106. Sub-total Part IX-C Conventional Loan Financing (line 95) $_____0_____

107. TOTAL CAPITAL COST (lines 96 thru 106) **$4,383,690**

108. Percent of total capital costs to be financed ____49_%

Note: IFRC intends to acquire the MRI unit through a capital lease with the vendor. This percentage reflects that portion of capital costs related to the capital lease for the MRI unit.

109. Dollar amount of long term mortgage (line 107 x 108) $ 0

110. Total Interest Cost on Long Term Financing $_____0_____

a. HUD-232 Financing (line 53) $_____0_____

b. Industrial Development Authority Revenue & General Revenue Bond Financing (line 79) $____0_____

c. Conventional Loan Financing (line 94) $_____0_____

111. Anticipated Bond discount

a. HUD-232 Financing (line 53) $_____0____

b. Industrial Development Authority Revenue & General Revenue Bond Financing (line 70) $_____0_____

c. Conventional Loan Financing (line 87) $_____0_____

112. TOTAL CAPITAL AND FINANCING COST (ADD LINES 107, 110a, b or c AND 111a, b or c) $ 4,383,690

D. 1. Estimated costs for new construction (excluding site acquisition costs) $_____0____

2. Estimated costs of modernization and renovation (excluding site acquisition costs) $_____0____

E. Anticipated Sources of Funds for Proposed Project Amount

1. Public Campaign $_____0_____

2. Bond Issue (Specify Type) _____ $_____0_____

3. Commercial Loans for MRI unit $**2,149,604**__

4. Government Loans (Specify Type)_____ $_____0_____

5. Grants (Specify Type)_____ $_____0_____

6.	Bequests	$_____0___
7.	Private Foundations	$_____0_____
8.	Endowment Income	$_____0_____
9.	Accumulated Reserves	$ **0**
10.	Other (funding via operating cashflow)	$**2,234,086**

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 construction/renovation costs associated with this project will be funded from the operations of IFRC. The MRI equipment will be leased from the vendor pursuant to a capital lease whereby, at the end of the lease term, IFRC will own the MRI unit.

G. Describe the impact 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 that year. Repeat for year two.) Please attach an amortization schedule showing how the proposed debt will be repaid.

The construction/renovation costs associated with this project will be funded from operations of IFRC. The MRI equipment will be leased from the vendor pursuant to a capital lease whereby, at the end of the lease term, IFRC will own the MRI unit. IFRC does not expect this project to impact the cost of providing care. See Attachment T for MRI equipment quote.

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

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

   Not Applicable. The Woodbridge imaging facility will be an outpatient facility and will not provide inpatient services.

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.

   Please see Attachment R for the audited financial statements for the most recent two (2) years for IFRC, LLC.

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.

Please see Attachment S for the pro forma.

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 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.

_____	Inova Health System_____
Signature of Authorizing Officer	Address – Line1
Paul Dreyer_____	8095 Innovation Park Drive_
Type/Print Name of Authorizing Officer	Address – Line 2
Senior Director, Strategic Planning____	Fairfax, Virginia 22031__
Title of Authorizing Officer	City/State/Zip
April 1, 2024_____	(703) 403-7598_____
Date	Telephone Number

Copies of this request should be sent to:

A. Virginia Department of Health
Division of Certificate of Public Need
9960 Mayland Drive – Suite 401
Henrico, Virginia 23233

B. The Regional Health Planning Agency if one is currently designated by the Board of Health to serve the area where the project would be located.

IFRC at Inova Health Center -- Woodbridge 1 MRI	
Financial Projections **Amounts in $000's** **Statement of Revenues and Expenses**	**Projected** Year 1 Year 2
Total CT Scans	3,611 3,828
Gross Patient Revenue	5,884 6,425
Deductions from Patient Revenue	
Contractual/Other Discounts	(3,876) (4,253)
Charity Discounts	(75) (75)
Total Deductions from Revenu	(3,951) (4,328)
Total Operating Revenue	1,933 2,096
Operating Expenses	
Salaries, Wages and Benefits	737 781
Supplies	92 102
Purchased Services	- -
Bad Debt (above in Op Rev)	- -
Depreciation and Amortizations	413 413
Indirect Expense- Occupancy	79 81
Other Expense	573 578
Debt (Financing Expense)	102 105
Total Operating Expenses	1,893 2,008
Excess of Revenue Over Expenses	39 88

Note that IFRC is subject to Inova's Charity Care Policies.