

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-8889

IFRC, LLC

**Establishment of a Specialized Center for CT Services
Through the Relocation of Existing Capacity**

March 31, 2026

SECTION I FACILITY ORGANIZATION AND IDENTIFICATION

- A. **IFRC, LLC (to be known as Fairfax Radiology Center of Riverside)**
Official Name of Facility

44084 Riverside Parkway, Suite 125

Address

Leesburg Virginia 20176

City

State

Zip

(703) 698-4444

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

Telephone

- D. Person(s) to whom questions regarding application should be directed
Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers, LLC

8260 Willow Oaks Corporate Drive, Suite 750

Address

Fairfax Virginia 22031

City

State

Zip

(703) 698-4444

Telephone

N/A

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 is 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 10 years, **10 months**
 (4) _____ Renewable lease, renewable every _____ years
 (5) _____ Other

IFRC will lease the imaging suite space from a third-party landlord. See Attachment C-1 for a signed letter agreement to lease space at 44084 Riverside Parkway, Leesburg, Virginia 20176, which sets forth a ten-year, ten-month lease term beginning September 1, 2026, and ending June 30, 2037. As discussed in the separately pending COPN Request No. VA-8890 filed by Inova Reston MRI Center, LLC ("IRMC") to establish PET/CT services at the same location, IFRC will sublease to IRMC the space within the imaging suite to be utilized for IRMC's proposed PET/CT services. See signed proposal letter for sublease between IFRC (sublandlord) and IRMC (subtenant) at Attachment C-2. IFRC and IRMC are under common ownership.

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 Office 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.

Patrick Oliverio, MD, Fairfax Radiological Consultants, PLLC (chair)
John Deeken, MD, President of Inova Schar Cancer Center
Susan Carroll, President of Inova Loudoun Hospital and Senior VP, Inova

Rina Bansal, MD, MBA, President of Inova Alexandria Hospital and Senior VP, Inova
Sean McCleary, Administrator, Clinical Platforms and VP, Professional Services, Inova
Nakul Jerath, MD, MPH, Fairfax Radiological Consultants, PLLC
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

- (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.

- J. 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 is FRC, LLC. Its address is as follows:

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

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

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

- 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.

Pursuant to this COPN application, IFRC proposes to establish a specialized center for CT services ("FRC CT Center at Riverside") at an existing medical office building located at 44084 Riverside Parkway in Lansdowne through the relocation and replacement of IFRC's existing CT unit at Fairfax Radiology Center of Fairfax City ("IFRC Fairfax City") located at 3801 University Drive, Fairfax, Virginia 22030. Subject to COPN approval, the CT unit would be operational at FRC CT Center at Riverside by December 2027.

FRC, LLC manages/operates IFRC Fairfax City and will manage/operate FRC CT Center at Riverside. 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: 5.63 acres
- (2) Located in **Loudoun County / PD 8** City/County/Planning District
- (3) Address or directions: **44084 Riverside Parkway, Suite 125, Leesburg, Virginia 20176**
- (4) Has site been zoned for type of use proposed:

 X Yes The property consists of medical office space and is zoned as PDOP (Planned Development – Office Park). Under Sections 3.01 (Uses Generally) and 3.02.05-1 (Principal Use Table for Office and Industrial Zoning Districts) of the Loudoun County Zoning Ordinance, “Office Park” is expressly listed as a permitted use, and this designation includes medical office uses. Relevant mapping and ordinance excerpts supporting the PDOP zoning classification and permitted uses are provided in Attachment E-1 (Zoning Map) and Attachment E-2 (Zoning Ordinance Excerpts).

 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 **Establishment of a specialized center for CT services at FRC CT Center at Riverside through the relocation and replacement of an existing CT unit currently located at IFRC Fairfax City.**

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.

As part of its long-range planning efforts, IFRC has taken a comprehensive and disciplined approach to evaluating its facility portfolio. Prior to each lease renewal, IFRC assesses whether aging or outdated buildings can feasibly be brought up to current code and operational standards or whether relocation is the more prudent course.

Because relocating imaging equipment is costly and can disrupt patient care if not carefully timed, IFRC has worked to synchronize end-of-life equipment replacement with lease expirations whenever possible. This approach allows outdated units to be replaced with more modern technology in purpose-designed clinical environments that have the infrastructure and energy capacity to support advanced imaging systems, all while minimizing interruptions to patient service.

In parallel, IFRC has focused on rebalancing its service footprint to ensure imaging resources align with the evolving needs of the communities it serves. This includes relocating and/or replacing COPN-regulated assets into contemporary medical spaces capable of supporting state-of-the-art equipment, adding capacity where needed based on high utilization, and establishing new sites where such sites would meaningfully improve access to services for IFRC's patients.

Establishing a specialized center for CT services at the new FRC CT Center at Riverside is a direct reflection of IFRC's long-range plan. Co-locating CT services with IRMC's proposed PET/CT services, which are the subject of the separately pending COPN Request No. VA-8890, will facilitate advanced diagnostic capabilities in an area where patient demand is well-documented and growing. Furthermore, the relocation of CT services from IFRC Fairfax City to FRC CT Center at Riverside supports network-wide efficiency by ensuring that CT capacity is available conveniently for patients residing in northern Loudoun County – consistent with IFRC's broader objectives of improving geographic access, strengthening care coordination, and enhancing operational responsiveness across its service area.

At the same time, the proposed project responds to the practical need to relocate CT services from IFRC Fairfax City to a contemporary medical space capable of supporting state-of-the-art imaging equipment. The current IFRC Fairfax City facility was not originally designed to accommodate the

electrical, mechanical, and HVAC demands of modern imaging equipment. As imaging technology has advanced, the infrastructure requirements have grown beyond what the existing space can feasibly support. These infrastructure limitations have caused IFRC to transition certain services previously offered at IFRC Fairfax City, such as X-ray, mammography, and DEXA, to other IFRC sites to ensure consistent performance and uninterrupted patient access to imaging services. IFRC currently provides only ultrasound and CT services at IFRC Fairfax City. The space lease for IFRC Fairfax City is scheduled to end on April 30, 2028, but the landlord has indicated a willingness to permit IFRC to terminate the lease prior to the expiration date. Relocating CT services to a more modern setting ensures that IFRC can continue delivering high-quality, reliable imaging services with the appropriate building systems needed for today's imaging equipment.

Furthermore, the IFRC Fairfax City CT unit is in need of replacement. Based on the need to replace the IFRC Fairfax City CT unit and the infrastructure limitations of the IFRC Fairfax City site, IFRC views the relocation and replacement of the IFRC Fairfax City CT unit to FRC CT Center at Riverside to be the most efficient and responsible use of IFRC's existing COPN-authorized resources.

- (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 establishment of a specialized center for CT services ("FRC CT Center at Riverside") at an existing medical office building located at 44084 Riverside Parkway in Lansdowne (the "Riverside Parkway Facility") through the relocation and replacement of the CT unit from IFRC Fairfax City, located at 3801 University Drive, Fairfax, Virginia 22030. The Riverside Parkway Facility, which will house FRC CT Center at Riverside, is conveniently positioned approximately one (1) mile from Route 7, immediately off of the Route 7-Lansdowne Boulevard interchange, with direct access via Route 7 to Lansdowne Boulevard and then to Riverside Parkway. The Riverside Parkway Facility currently houses a primary care practice, a cardiology practice, a dialysis center, and a clinical laboratory. IRMC does not currently offer imaging services at the Riverside Parkway Facility. The suite will be updated and modernized with a thoughtful layout and wayfinding and include the latest ADA-compliant features.

The establishment of CT services at FRC CT Center at Riverside is intended to serve existing IFRC patients who currently obtain diagnostic imaging at other nearby IFRC locations and strengthen CT capacity and continuity of care across IFRC's broader service area, including Loudoun County and the surrounding communities. The CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890. IFRC will own the CT unit, while the proposed PET/CT unit will be owned by IRMC. Consistent with arrangements at similar IFRC

locations, IRMC will sublease the space to be utilized for the proposed PET/CT services from IFRC. This configuration ensures operational alignment between the modalities while supporting efficient use of shared clinical space.

The establishment of CT services at the new FRC CT Center at Riverside will complement the services offered at two existing IFRC sites, the Fairfax Radiology Breast Center of Fairfax (the “Breast Center of Fairfax”), located at 19465 Deerfield Avenue in Lansdowne, and the Fairfax Radiology Center of Lansdowne, located at 19455 Deerfield Avenue in Lansdowne (“IFRC Lansdowne”), which are located approximately 0.6 miles from the Riverside Parkway Facility. The Breast Center of Fairfax offers comprehensive breast imaging and diagnostic services supporting oncology and women’s health. IFRC Lansdowne offers a range of diagnostic imaging services, including MRI and CT, as well as other imaging services that are not subject to COPN regulation, including X-ray, ultrasound, mammography, and DEXA. As the IFRC Lansdowne facility is space constrained, any expansion of imaging services at the facility is infeasible.

The CT unit at IFRC Lansdowne is operating well above the State Medical Facilities Plan (“SMFP”) utilization standard for CT services (average of 7,400 procedures per CT unit per year). In 2024, the IFRC Lansdowne CT unit performed 10,064 CT procedures, placing utilization at 136% of the SMFP standard and, in 2025, performed 10,281 CT procedures, placing utilization at 139% of the SMFP standard. This sustained heavy utilization reflects strong local demand for CT services. The IFRC Lansdowne CT unit is cardiac-equipped, meaning that the CT unit performs both routine CT procedures and specialized cardiac CT procedures. In 2025, cardiac CT procedures represented approximately 15% of the IFRC Lansdowne CT unit’s volume. The current wait time for a cardiac CT procedure at IFRC Lansdowne is 20 days. This dual-purpose utilization places operational constraints on scheduling, limits throughput for both routine and cardiac CT procedures, and restricts IFRC’s ability to meet rising CT demand driven by significant population growth in Loudoun County.

Establishing CT services at the new FRC CT Center at Riverside will enable the existing CT unit at IFRC Lansdowne to dedicate more time to cardiac CT procedures, with the new CT unit at FRC CT Center at Riverside absorbing some of IFRC Lansdowne’s non-cardiac CT volume. This configuration will improve access to timely diagnostic imaging services for the community, reduce bottlenecks, support appropriate specialization of imaging equipment, expand available capacity for IFRC patients, and strengthen operational alignment across IFRC’s imaging network.

Establishing CT services at the new FRC CT Center at Riverside also will strengthen continuity of care and enhance the overall experience for IFRC patients, all without adding to the inventory of COPN-authorized CT

capacity in the planning district. This project directly supports IFRC's mission to deliver exceptional, patient-centered radiological care.

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

The Riverside Parkway Facility at 44084 Riverside Parkway in Lansdowne, which will house FRC CT Center at Riverside, is conveniently located within a highly connected medical and commercial hub that benefits from strong roadway access and proximity to established public transit services. The Riverside Parkway Facility is located immediately off of the Route 7-Lansdowne Boulevard interchange, with direct access via Route 7 to Lansdowne Boulevard and then to Riverside Parkway. This provides efficient ingress and egress for patients traveling from throughout Loudoun County and the broader Northern Virginia region.

The Riverside Parkway Facility also offers direct connections to two major regional transportation routes – Route 28 (Sully Road) and the Dulles Toll Road (VA-267). Access to both routes is achieved via Route 7 East, which links to the established interchanges for Route 28 and VA-267, supporting seamless north-south and east-west travel throughout the Dulles Technology Corridor and to Dulles International Airport.

The Riverside Parkway Facility is also situated in close proximity to Inova Loudoun Hospital, located at 44045 Riverside Parkway, just 0.3-0.4 miles (a 7-10 minute walk) from the Riverside Parkway Facility. This adjacency places the Riverside Parkway Facility within one of the county's highest-density healthcare hubs, thereby making it accessible to patients receiving care at the Inova Loudoun Hospital or elsewhere on the medical campus.

Public transit access is also available within this area. The nearest bus stop serving the area is located on the Inova Loudoun Hospital campus, which is served by multiple Loudoun County Transit fixed-route lines, including Routes 70, 181, 581, 341, and 342. This transit stop provides an accessible connection point for both patients and staff who rely on county transit services and links the Riverside Parkway Facility to broader regional transit pathways, including connections to the Silver Line Metro corridor via county-operated routes.

- (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.

FRC CT Center at Riverside will be located in the Riverside Parkway Facility, an existing Class A medical office building with existing parking and site facilities suited for the proposed medical use. The Riverside Parkway

Facility is comprised of 72,091 square feet. See Attachment G for the Plot Plan.

FRC CT Center at Riverside will be in a 1st floor suite, directly off of the lobby. If approved, the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890. There is easy access to entrances to the property from Riverside Parkway with adequate parking available to patients, visitors and staff, including nearby handicapped parking. The building was constructed in 1990, so a full complement of 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.

This project proposes the relocation and replacement of the CT unit currently operating at IFRC Fairfax City, located at 3801 University Drive in Fairfax, Virginia. The current IFRC Fairfax City facility was not originally designed to accommodate the electrical, mechanical, and HVAC demands of modern imaging equipment. As imaging technology has advanced, the infrastructure requirements have grown beyond what the existing space can feasibly support. These infrastructure limitations have caused IFRC to transition certain services previously offered at IFRC Fairfax City, such as X-ray, mammography, and DEXA, to other IFRC sites to ensure consistent performance and uninterrupted patient access to imaging services. IFRC currently provides only ultrasound and CT services at IFRC Fairfax City. The space lease for IFRC Fairfax City is scheduled to end on April 30, 2028, but the landlord has indicated a willingness to permit IFRC to terminate the lease prior to the expiration date. Relocating CT services to a more modern setting ensures that IFRC can continue delivering high-quality, reliable imaging services with the appropriate building systems needed for today's imaging equipment.

Furthermore, the IFRC Fairfax City CT unit, which was placed into service in 2014, is in need of replacement. Based on the need to replace the IFRC Fairfax City CT unit and the infrastructure limitations of the IFRC Fairfax City site, IFRC views the relocation and replacement of the IFRC Fairfax City CT unit to FRC CT Center at Riverside to be the most efficient and responsible use of IFRC's existing COPN-authorized resources.

Subject to COPN approval of the proposed project, IFRC will relocate and replace the IFRC Fairfax City CT unit and provide CT services at the new FRC CT Center at Riverside, where the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890.

- (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 FRC CT Center at Riverside will comply with the 2021 International Energy Code and utilize energy saving features, including LED light fixtures, occupancy sensor-controlled lighting and power receptacles and efficient HVAC equipment.

- 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 electricity, water, sewer and solid waste services. The space will be served with a dedicated heating and cooling condenser water system, new water source heat pumps, energy management system and dry cooler adjacent to the space. 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 for the Utility Letter describing the construction and utilities evaluations and proposed suite build-out.

- 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).

Not Applicable.

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.

Item #2 was not checked; however, the space within FRC CT Center at Riverside that will be dedicated to the CT unit consists of 1,345 gross square feet (1,156.7 net square feet).

- b. The total number of square feet (both gross and net) to be added to the facility.

If approved, the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890, and common area space, which includes a waiting area, offices, and storage. The total square footage of the suite that will house FRC CT Center at Riverside is approximately 5,200 gross square feet (4,483.2 net square feet).

The space that will be dedicated to an IRMC PET/CT unit consists of 1,920 gross square feet (1,651.4 net square feet) and the space that will be dedicated to the CT unit consists of 1,345 gross square feet (1,156.7 net square feet). The waiting area, offices, and storage area consists of 1,947 gross square feet (1,675.1 net square feet). Please refer to Attachment I for the preliminary design drawing.

- c. The total number square feet (both gross and net) to be remodeled, modernized, or converted to another use.

Not Applicable.

- 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.)

Not Applicable.

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

Schematic plans were developed with FRC leadership and staff and the project architect to determine the most efficient, functional configuration of the space for the proposed CT unit and co-located services. A test fit of the space was completed. As reflected above in the response to Section II.E.2.b, the dedicated space for the CT unit will be 1,345 gross square feet (1,156.7 net square feet), in compliance with the equipment manufacturer (Siemens) 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 for the plot plan.

- 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 9/2026 Final 12/2026**
2. Date of Construction: **Begin 6/2027 Completion 11/2027**
3. Target Date of Opening: **12/2027**

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.

CT Services

CT is a widely utilized, essential diagnostic imaging modality. A CT produces high-resolution images of the inside of the body that can help diagnose a variety of conditions and injuries, such as brain aneurysms, stroke, tumors, joint abnormalities caused by trauma or repetitive injuries, disk abnormalities in the spine, or bone infections. It combines a series of x-ray images taken from different angles around the body and uses computer processing to create cross-sectional images (i.e., slices) of the bones, blood vessels and soft tissues inside the body providing more detailed information than plain x-rays do. CT is frequently ordered and used for the detection, staging and follow-up treatment of cancer and to monitor the effectiveness of treatment. It is also used to detect and monitor heart disease, lung nodules, and liver masses and to plan medical, surgical or radiation treatment.

The Proposed Project

The proposed project involves the establishment of a specialized center for CT services (“FRC CT Center at Riverside”) at an existing medical office building located at 44084 Riverside Parkway in Lansdowne (the “Riverside Parkway Facility”) through the inventory-neutral relocation and replacement of the CT unit operating at IFRC Fairfax City, located at 3801 University Drive, Fairfax, Virginia 22030.

The establishment of CT services at FRC CT Center at Riverside is intended to serve existing IFRC patients who currently obtain diagnostic imaging at other nearby IFRC locations and strengthen CT capacity and continuity of care across IFRC’s broader service area, including Loudoun County and the surrounding communities. FRC CT Center at Riverside represents a new access point for IFRC. Subject to COPN approval, the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890. IFRC will own the CT unit, while the proposed PET/CT unit under the pending COPN Request No. VA-8890 will be owned by IRMC. Consistent with established arrangements at similar IFRC locations, IRMC will sublease the space to be utilized for IRMC’s proposed PET/CT services from IFRC. This configuration ensures operational alignment between the modalities while supporting efficient use of shared clinical space.

Relationship to IFRC Lansdowne

The establishment of CT services at the new FRC CT Center at Riverside will complement the services offered at two existing IFRC sites, the Fairfax Radiology

Breast Center of Fairfax (the “Breast Center of Fairfax”), located at 19465 Deerfield Avenue in Lansdowne, and the Fairfax Radiology Center of Lansdowne, located at 19455 Deerfield Avenue in Lansdowne (“IFRC Lansdowne”), which are located approximately 0.6 miles from the Riverside Parkway Facility. The Breast Center of Fairfax offers comprehensive breast imaging and diagnostic services supporting oncology and women’s health. IFRC Lansdowne offers a range of diagnostic imaging services, including MRI and CT, as well as other imaging services that are not subject to COPN regulation, including X ray, ultrasound, mammography, and DEXA. **As the IFRC Lansdowne facility is space constrained, any expansion of imaging services at the facility is infeasible.**

The CT unit at IFRC Lansdowne is operating well above the State Medical Facilities Plan (“SMFP”) utilization standard for CT services (average of 7,400 procedures per CT unit per year). In 2024, the IFRC Lansdowne CT unit performed 10,064 CT procedures, placing utilization at 136% of the SMFP standard and, in 2025, performed 10,281 CT procedures, placing utilization at 139% of the SMFP standard. This sustained heavy utilization reflects strong local demand for CT services. The IFRC Lansdowne CT unit is cardiac-equipped, meaning that the CT unit performs both routine CT procedures and specialized cardiac CT procedures. In 2025, cardiac CT procedures represented approximately 15% of the IFRC Lansdowne CT unit’s volume. The current wait time for a cardiac CT procedure at IFRC Lansdowne is 20 days. This dual-purpose utilization places operational constraints on scheduling, limits throughput for both routine and cardiac CT procedures, and restricts IFRC’s ability to meet rising CT demand driven by significant population growth in Loudoun County.

Establishing CT services at the new FRC CT Center at Riverside will enable the existing CT unit at IFRC Lansdowne to dedicate more time to cardiac CT procedures, with the new CT unit at FRC CT Center at Riverside absorbing some of IFRC Lansdowne’s non-cardiac CT volume. This configuration will improve access to timely diagnostic imaging services for the community, reduce bottlenecks, support appropriate specialization of imaging equipment, expand available capacity for IFRC patients, and strengthen operational alignment across IFRC’s imaging network.

The IFRC Fairfax City CT Unit

The proposed project responds to the practical need to relocate CT services from IFRC Fairfax City to a contemporary medical space capable of supporting state-of-the-art imaging equipment. The current IFRC Fairfax City facility was not originally designed to accommodate the electrical, mechanical, and HVAC demands of modern imaging equipment. As imaging technology has advanced, the infrastructure requirements have grown beyond what the existing space can feasibly support. These infrastructure limitations have caused IFRC to transition certain services previously offered at IFRC Fairfax City, such as X-ray, mammography, and DEXA, to other IFRC sites to ensure consistent performance and uninterrupted patient access to imaging services. IFRC currently provides only ultrasound and CT services at IFRC Fairfax City. The space lease for IFRC Fairfax City is scheduled to

end on April 30, 2028, but the landlord has indicated a willingness to permit IFRC to terminate the lease prior to the expiration date. Relocating CT services to a more modern setting ensures that IFRC can continue delivering high-quality, reliable imaging services with the appropriate building systems needed for today's imaging equipment.

The IFRC Fairfax City CT unit, which was placed into service in 2014, is in need of replacement. Although the IFRC Fairfax City CT unit continues to provide reliable service, its age has contributed to a gradual decline in utilization – in 2024, the IFRC Fairfax City CT unit operated at 85% of the SMFP utilization standard, and decreased to 77% of the SMFP utilization standard in 2025. Based on the need to replace the IFRC Fairfax City CT unit and the infrastructure limitations of the IFRC Fairfax City site, IFRC views the relocation and replacement of the IFRC Fairfax City CT unit to FRC CT Center at Riverside to be the most efficient and responsible use of IFRC's existing COPN-authorized resources.

Subject to COPN approval of the proposed project, IFRC will relocate and replace the IFRC Fairfax City CT unit and provide CT services at the new FRC CT Center at Riverside, where the CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890. The FRC CT Center at Riverside facility will ensure continued access to high quality CT imaging for the IFRC patients who are residents of Loudoun County and the surrounding communities without adding to the inventory of COPN authorized CT units in PD 8.

Regional CT Imaging Considerations

IFRC currently operates a total of 11 CT units at 9 locations in PD 8. In 2024, IFRC's then 10 CT units performed a total of 68,775 CT procedures, placing utilization at 93% of the SMFP utilization standard. As IFRC placed its 10th CT unit into service at its Springfield location (5501 Backlick Road, Suite 305, Springfield, Virginia 22151) in September 2024 (COPN No. VA-04878), the Springfield CT unit performed 1,788 CT procedures in the four months during 2024 in which the unit operated. Excluding the Springfield CT unit from the 2024 utilization calculations, IFRC's other 9 CT units performed a total of 66,987 CT procedures, placing utilization at 100.6% of the SMFP standard.

IFRC placed its 11th COPN unit into service at its Woodbridge location (4001 Prince William Parkway, Woodbridge, Virginia 22192) in mid-November 2025 (COPN No. VA-04896). Due to the Woodbridge CT unit's limited time in service in 2025, IFRC has not included the Woodbridge CT unit in its utilization calculations for 2025. Excluding the Woodbridge CT unit, IFRC's other 10 CT units performed a total of 72,702 CT procedures, placing utilization at 98.2% of the SMFP standard.

IFRC expects that, upon the closure of IFRC Fairfax City, IFRC Fairfax City CT volume will initially transition to IFRC Prosperity (located at 8503 Arlington Boulevard, Fairfax, Virginia 22031), IFRC Centreville (located at 6211 Centreville Road, Centreville, Virginia 20121), and IFRC Woodburn (located at 3299

Woodburn Road, Woodburn, Virginia 22003) due to their geographic proximity to IFRC Fairfax City. In addition, a small subset of IFRC Fairfax City CT patients originate from the existing IFRC Lansdowne PSA. As the proposed FRC CT Center at Riverside will be located substantially closer to where these patients live, IFRC expects these patients to obtain CT services at the new proposed location.

In addition, IFRC Sterling (4 Pidgeon Hill Drive, Sterling, Virginia 20165), which is located near both IFRC Lansdowne and the proposed FRC CT Center at Riverside site, is scheduled to close by May 1, 2026 and will cease providing CT services, with the Sterling CT unit being relocated and replaced at IFRC Ballston (3833 North Fairfax Drive, Arlington, Virginia 22203) pursuant to COPN No. VA-04931. Because IFRC Sterling and IFRC Lansdowne share substantially similar PSAs, with 82% of patients originating from overlapping zip codes, IFRC Sterling's CT patient population is ultimately expected to shift to the proposed FRC CT Center at Riverside when the facility opens in December 2027. IFRC maintains a comprehensive centralized scheduling system and, in the interim, will accommodate patients at the CT location that is most convenient for them. IFRC will also consider extending hours at nearby CT locations to accommodate IFRC Sterling's CT patient population, as needed.

Population Growth and Aging

As discussed in more detail in Section IV.C.2.b, population growth and aging within Loudoun County and western Fairfax County are projected to increase demand for advanced diagnostic imaging over the next several years. Loudoun County, where FRC CT Center at Riverside will be located, is projected to experience 24% overall population growth between 2020 and 2030, the highest rate among all PD 8 localities. The Loudoun County 65+ population is expected to grow by 58.7% over the same time period. According to Sg2 outpatient imaging growth projections for 2024-2034, the annual expected growth rate for outpatient CT services in PD 8 is 1.9% (a 19% increase between 2024 and 2034), while the annual expected growth rate for outpatient CT services in Loudoun County is 3.3% (a 33% increase between 2024 and 2034). Replacing and relocating the CT unit at IFRC Fairfax to FRC CT Center at Riverside will enable IFRC to address increasing CT needs in Loudoun area and the surrounding communities.

No Adverse Impact on Patient Access

The relocation of CT services from IFRC Fairfax City to the new FRC CT Center at Riverside will not disrupt existing IFRC imaging operations. Diagnostic imaging services, including CT, X-ray, ultrasound, mammography, and DEXA, are and will remain available at multiple nearby IFRC facilities such as IFRC Centreville, IFRC Prosperity, and IFRC Woodburn. Comprehensive breast imaging services remain accessible at the Breast Center of Fairfax and IFRC Centreville. These facilities ensure ongoing, convenient access to imaging services for IFRC patients previously served at IFRC Fairfax City.

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

The relocation and replacement of CT services from IFRC Fairfax City to the new FRC CT Center at Riverside will not disrupt existing IFRC imaging operations. Although the IFRC Fairfax City CT unit continues to provide reliable service, its age has contributed to a gradual decline in utilization – in 2024, the IFRC Fairfax City CT unit operated at 85% of the SMFP utilization standard, and decreased to 77% of the SMFP utilization standard in 2025. IFRC expects that, upon the closure of IFRC Fairfax City, IFRC Fairfax City CT volume will initially transition to IFRC Prosperity, IFRC Centreville, and IFRC Woodburn due to their geographic proximity to IFRC Fairfax City. In addition, a small subset of IFRC Fairfax City CT patients originate from the existing IFRC Lansdowne PSA. As the proposed FRC CT Center at Riverside will be located substantially closer to where these patients live, IFRC expects these patients to obtain CT services at the new proposed location.

Continuity of care has always been, and remains, a priority for Inova Health Care Services and Fairfax Radiology Consultants, which own IFRC. IFRC employs several mechanisms and technologies that facilitate the inclusion of patients, referring physicians and other care providers in its 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 its 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 also 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 radiologists use 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 CT protocols and procedures used across its facilities, which will be implemented at the proposed CT unit at FRC CT Center at Riverside. 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 CT units are inspected annually by a physicist and receive regularly scheduled preventative maintenance several times per year. IFRC employs two (2) certified Radiation Safety Officers (“RSOs”). The RSOs have received specialized training in CT safety, risk factors and emergency response and work with staff and site managers to develop and implement safety protocols. Any deficiencies are handled by the 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 a radiation producing area is represented. In addition, the Patient Safety Committee reports 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 all existing IFRC facilities, and will staff FRC CT Center at Riverside 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.

Current IFRC Fairfax City facility staff will be offered jobs at any location in which IFRC has vacancies, including the opportunity to transfer to FRC CT Center at Riverside.

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 CT 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 on 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 introduction of CT services to FRC CT Center at Riverside through the relocation and replacement of the CT unit from IFRC Fairfax City.

	<u>Existing</u>	<u>This Project To be Added</u>	<u>This Project to be Discontinued</u>
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	_____	_____	_____
CT scanning	_____	X	_____
MRI scanning	_____	_____	_____
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) | _____ | _____ | _____ |
| | PET/CT* | _____ | X | _____ |

***Note: The CT unit will be co-located with an IRMC PET/CT unit, which is the subject of the separately pending COPN Request No. VA-8890.**

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 8:30 AM to 5 PM. The need for expanded hours will be assessed and monitored on an ongoing basis.**

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 table below reflects the CT procedure volume for IFRC's CT imaging facilities for the years 2024 and 2025.

Facility Name (5)	# CTs	Procedures		% of State Medical Facility Plan	
		2024	2025	2024	2025
SPRINGFIELD IMAGING CENTER (1)	1	1,788	6,622		89%
STERLING IMAGING CENTER (2)	1	5,770	5,781	78%	78%
WOODBURN DX CENTER	2	12,933	9,541	87%	64%
FAIRFAX DIAGNOSTIC IMAGING CTR (3)	1	6,270	5,686	85%	77%
PROSPERITY CENTER (4)	2	14,416	16,098	97%	109%
RESTON IMAGING CENTER	1	7,619	8,386	103%	113%
CENTREVILLE DX CENTER	1	9,915	10,307	134%	139%
LANDSOWNE IMAGING CENTER	1	10,064	10,281	136%	139%
	10	68,775	72,702	93%	98%

(1) In February 2024, the Commissioner issued COPN No. VA-04878, authorizing IFRC to establish CT services with one (1) CT unit at its Springfield location. The IFRC Springfield CT unit became operational in September 2024 and, therefore, was only operational for four (4) months in 2024. Excluding the IFRC Springfield CT unit from the 2024 utilization calculations, IFRC's other 9 CT units performed a total of 66,987 CT procedures, placing utilization at 100.6% of the SMFP standard.

(2) IFRC will close its Sterling location by May 1, 2026. In April 2025, the Commissioner issued COPN No. VA-04931, authorizing IFRC to introduce CT services at its Ballston location through the relocation of the Sterling CT unit.

(3) The IFRC Fairfax City CT unit is in need of replacement and experienced declining utilization due to its age and other infrastructure limitations at the IFRC Fairfax City facility. This COPN Request No. VA-8889 proposes its relocation and replacement to FRC CT Center at Riverside.

(4) In August 2023, the Commissioner issued COPN No. VA-04855, authorizing IFRC to add a 2nd CT unit to its Prosperity location. The 2nd CT unit at IFRC's Prosperity location became operational at the end of January 2024.

(5) In August 2024, the Commissioner issued COPN No. VA-04896, authorizing IFRC to establish a medical care facility with one (1) CT scanner at a new location in Woodbridge. This unit became operational in November 2025. Due to the Woodbridge CT unit's limited time in service in 2025, IFRC has not included the Woodbridge CT unit in its utilization calculations for 2025.

Projected Utilization

In projecting utilization for the proposed CT unit to be relocated and replaced to the FRC CT Center at Riverside, IFRC considered the following factors:

- Need to decant utilization at IFRC Lansdowne, which is operating well above the SMFP utilization standard (136% of the SMFP utilization standard in 2024 and 139% of the SMFP utilization standard in 2025), and decrease the wait time for cardiac CT procedures at IFRC Lansdowne, which is currently 20 days.
- Redistribute non-cardiac CT volume from IFRC Lansdowne to FRC CT Center at Riverside, which will enable the existing CT unit at IFRC Lansdowne to dedicate more time to cardiac CT procedures.
- Because IFRC Sterling and IFRC Lansdowne share substantially similar PSAs, with 82% of patients originating from overlapping zip codes, IFRC Sterling's CT patient population is ultimately expected to shift to the proposed FRC CT Center at Riverside when the facility opens in December 2027.
- Population growth and demographic aging within Loudoun County and adjacent western Fairfax County are projected to increase demand for advanced diagnostic imaging over the next several years.
- Patient choice and scheduling preferences, reflecting IFRC's experience that patients routinely select locations based on proximity, appointment availability, and modality specialization.

IFRC believes that its utilization projections are reasonable, representative, and grounded in current verified demand patterns within FRC CT Center at Riverside's PSA, including anticipated shifts from IFRC Lansdowne and IFRC Sterling. These projections reflect a stable and predictable redistribution of existing system volume.

Projected CT Utilization	Units	Year 1	Year 2
CT Scans	1	6,526	7,000
CT Utilization	1	88.2%	94.6%

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).

The staffing set forth below is specific to the proposed CT unit.

	Current Full Time	Vacant Positions	Additional Needed Full Time	TOTAL
Total number of Full-time staff	<u>0</u>	<u> </u>	<u>3.0</u>	<u>3.0</u>
Administration-				
Business Office	<u>0</u>	<u> </u>	<u>1.0</u>	<u>1.0</u>
Registered Nurses	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Licensed Practical Nurses, Nurses Aides, Orderlies/Attendants	_____	_____	_____	_____
Registered Medical Records Librarian	_____	_____	_____	_____
Registered Pharmacists Laboratory Medical Technologists	_____	_____	_____	_____
ADA Dieticians	_____	_____	_____	_____
Radiologic Technologists	<u>0</u>	_____	<u>2.0</u>	<u>2.0</u>
Occupational Therapists	_____	_____	_____	_____
Physical Therapists	_____	_____	_____	_____
Psychologists	_____	_____	_____	_____
Psychiatric Social Workers	_____	_____	_____	_____
Recreational Therapists	_____	_____	_____	_____
Inhalation Therapists	_____	_____	_____	_____
Medical Social Workers	_____	_____	_____	_____
Other Health Professionals, Identify	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I. 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.

Staff currently at the IFRC Fairfax City facility will be offered jobs at any location in which IFRC, LLC has vacancies, including the opportunity to transfer to the FRC CT Center at Riverside facility.

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 CT 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 on 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.

IFRC does not anticipate any impact on other facilities in the service area due to the limited nature of the staffing needs (1.0 FTE administration/business office, and 2.0 FTE CT Technologists) and as CT Technologist continues to be a desirable career advancement opportunity internally from x-ray and other technologist positions.

- 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 CT scans at all IFRC facilities equipped with CT and will provide professional CT interpretation at FRC CT Center at Riverside 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.

Please see the response 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 L, which provides a map of the Primary Service Area ("PSA") for the proposed CT service. The PSA for FRC CT Center at Riverside is expected to mirror the established PSA of IFRC Lansdowne and IFRC Sterling, which are located approximately 0.6 miles and 5.5 miles respectively from the proposed FRC CT Center at Riverside site. IFRC Sterling, located 5.5 miles and 11 minutes away from FRC CT Center at Riverside will close in May 2026 and many of the IFRC Sterling facility patients are expected to obtain CT services at the FRC CT Center at Riverside, reflecting consistent patient origin patterns and geographic proximity within Loudoun County and an adjacent western portion of Fairfax County.

Based on historical utilization at IFRC Lansdowne and IFRC Sterling, the PSA consists of the following zip codes, from which approximately 75% of CT patients are expected to originate:

- **Leesburg (20175, 20176)**
- **Lansdowne / Ashburn (20147, 20148)**
- **Sterling / Dulles (20164, 20165, 20166)**
- **Great Falls (22066)**
- **Lovettsville (20180)**
- **Purcellville (20132)**
- **Aldie (20105)**
- **Hamilton (20158)**
- **Waterford (20197)**
- **Paeonian Springs (20129)**

These communities represent the core geography from which IFRC Lansdowne and IFRC Sterling CT patients originate and are expected to constitute the majority of demand for the CT services at FRC CT Center at Riverside.

The PSA for FRC CT Center at Riverside is shaped by well-established patient migration patterns along key regional

transportation routes – including Route 7, Route 28, and the Dulles Toll Road – and aligns with ongoing residential and economic growth in Loudoun County and adjacent western Fairfax County.

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

Attachment L-2 provides a breakdown of IFRC Lansdowne and IFRC Sterling 2025 CT patient origin data illustrating where the majority of patients for the proposed FRC CT Center at Riverside CT services are expected to originate.

This patient origin data demonstrate that approximately 75% of IFRC Lansdowne’s and IFRC Sterling’s CT patients come from the PSA zip codes identified in Section IV.B.2 above, confirming the geographic overlap between IFRC Lansdowne, IFRC Sterling, and FRC CT Center at Riverside and strong CT demand within the IFRC Lansdowne – FRC CT Center at Riverside area. These patterns show that FRC CT Center at Riverside will serve an established patient base and meet a well-documented community need without altering the distribution of CT resources within PD 8.

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

2. If Yes,

- a. Identify the facility(ies)

The facilities that provide CT services in PD 8 are listed in Attachment K-1.

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

The project proposes the inventory-neutral relocation and replacement of the IFRC Fairfax City unit to FRC CT Center at Riverside. The establishment of CT services at FRC CT Center at Riverside is intended to serve existing IFRC patients who currently obtain diagnostic imaging at other nearby IFRC locations and strengthen CT capacity and continuity of care across IFRC’s broader service area, including Loudoun County and the surrounding communities. Because the proposed project is inventory-neutral, involves IFRC’s existing patient population and is intended to address IFRC’s existing CT patient needs, IFRC does not expect the CT unit

at FRC CT Center at Riverside to negatively impact other existing CT providers in PD 8.

IFRC Lansdowne is operating well above the SMFP utilization standard for CT services. In 2024, the IFRC Lansdowne CT unit performed 10,064 CT procedures, placing utilization at 136% of the SMFP standard and, in 2025, performed 10,281 CT procedures, placing utilization at 139% of the SMFP standard. This sustained heavy utilization reflects strong local demand for CT services. The IFRC Lansdowne CT unit is cardiac-equipped, meaning that the CT unit performs both routine CT procedures and specialized cardiac CT procedures. In 2025, cardiac CT procedures represented approximately 15% of the IFRC Lansdowne CT unit's volume. The current wait time for a cardiac CT procedure at IFRC Lansdowne is 20 days. This dual-purpose utilization places operational constraints on scheduling, limits throughput for both routine and cardiac CT procedures, and restricts IFRC's ability to meet rising CT demand driven by significant population growth in Loudoun County.

Establishing CT services at the new FRC CT Center at Riverside will enable the existing CT unit at IFRC Lansdowne to dedicate more time to cardiac CT procedures, with the new CT unit at FRC CT Center at Riverside absorbing some of IFRC Lansdowne's non-cardiac CT volume. This configuration will improve access to timely diagnostic imaging services for the community, reduce bottlenecks, support appropriate specialization of imaging equipment, expand available capacity for IFRC patients, and strengthen operational alignment across IFRC's imaging network.

The IFRC Fairfax City CT unit, which was placed into service in 2014, is in need of replacement. Although the IFRC Fairfax City CT unit continues to provide reliable service, its age has contributed to a gradual decline in utilization – in 2024, the IFRC Fairfax City CT unit operated at 85% of the SMFP utilization standard, and decreased to 77% of the SMFP utilization standard in 2025.

Even given the decreased utilization of the IFRC Fairfax City CT unit, IFRC's PD 8 CT network is operating near the SMFP utilization standard. IFRC currently operates a total of 11 CT units at 9 locations in PD 8. In 2024, IFRC's then 10 CT units performed a total of 68,775 CT procedures, placing utilization at 93% of the SMFP utilization standard. As IFRC placed its 10th CT unit into service at its Springfield location in September 2024, the Springfield CT unit performed 1,788 CT procedures in the four months during 2024 in which the unit operated. Excluding the Springfield CT unit from the 2024 utilization calculations, IFRC's other 9 CT units performed a total of 66,987 CT procedures, placing utilization at 100.6% of the SMFP standard.

IFRC placed its 11th COPN unit into service at its Woodbridge location in mid-November 2025. Due to the Woodbridge CT unit's limited time in service in 2025, IFRC has not included the Woodbridge CT unit in its utilization calculations for 2025. Excluding the Woodbridge CT unit, IFRC's other 10 CT units performed a total of 72,702 CT procedures, placing utilization at 98.2% of the SMFP standard. These utilization levels indicate that IFRC's CT capacity – particularly in the Loudoun County area – are highly utilized and insufficient to accommodate continued growth without relocation and modernization of existing COPN-authorized CT capacity.

IFRC Sterling, which is located near both IFRC Lansdowne and the FRC CT Center at Riverside site, is scheduled to close by May 1, 2026 and will cease providing CT services, with the Sterling CT unit being relocated and replaced at IFRC Ballston pursuant to COPN No. VA-0493. Because IFRC Sterling and IFRC Lansdowne share substantially similar PSAs, with 82% of patients originating from overlapping zip codes, IFRC Sterling's CT patient population is ultimately expected to shift to the proposed FRC CT Center at Riverside when the facility opens in December 2027. IFRC maintains a comprehensive centralized scheduling system and, in the interim, will accommodate patients at the CT location that is most convenient for them. IFRC will also consider extending hours at nearby CT locations to accommodate IFRC Sterling's CT patient population, as needed.

The combination of:

- Sustained heavy CT utilization at IFRC Lansdowne at well above the SFMP utilization standard
- Sustained high CT utilization IFRC system-wide
- The need to redistribute non-cardiac CT volume from IFRC Lansdowne to FRC CT Center at Riverside, which will enable the existing CT unit at IFRC Lansdowne to dedicate more time to cardiac CT procedures.
- The current wait time for a cardiac CT procedure at IFRC Lansdowne is 20 days
- The planned closure of IFRC Sterling nearby
- The high population growth rate and age 65+ growth rate for Loudoun County

collectively demonstrates that IFRC CT capacity as currently distributed is insufficient to meet IFRC's patients' needs for CT services in PD 8. Moreover, the proposed relocation and replacement of the IFRC Fairfax City CT unit to FRC CT Center at Riverside will restore full operational capacity of the IFRC Fairfax City CT unit,

enable IFRC Lansdowne to perform more cardiac CT procedures by shifting a portion of non-cardiac CT procedures to FRC CT Center at Riverside, and distribute CT resources where IFRC patient demand is greatest.

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

IFRC projects that demand for CT services within the FRC CT Center at Riverside PSA will continue to grow over the next five years due to population growth and aging demographics. The proposed CT services at FRC CT Center at Riverside are expected to satisfy this demand by restoring and modernizing the operational capacity of the IFRC Fairfax City CT unit, while placing CT resources where IFRC patient demand is greatest.

Population growth and demographic aging within Loudoun County and adjacent western Fairfax County are projected to increase demand for advanced diagnostic imaging over the next several years.

The table below (sourced from Table 4 of the DCOPN Staff Report on COPN Request No. VA-8848) reflects projected population growth in PD 8 for 2020 through 2030. As DCOPN noted in its DCOPN Staff Report on COPN Request No. VA-8848, *“PD 8 had a population of about 2.5 million in 2020 and is projected to grow by just under 300,000 people, a 10.9% increase, by 2030. This is nearly double the population growth rate projected for the Commonwealth of Virginia during this decade, 5.8%.*

The 65+ population in PD 8 is expected to grow by 97,855 people (a 31.9% increase) between 2020 and 2030.”

Table 4. Population Projections for PD 8, 2020-2030

Table 4. Population by Locality, PD 8

Locality	2020 Population	2030 Projected Population	Projected Growth 2020-2030	Percent Growth 2020-2030	65+ 2020 Population	Projected 65+ 2030 Population	Projected Growth 65+	Percent Growth 65+
Arlington County	238,643	265,794	27,151	11.4%	25,333	28,501	3,168	12.5%
Fairfax County	1,150,309	1,201,420	51,111	4.4%	158,687	195,132	36,445	23.0%
Loudoun County	420,959	522,015	101,056	24.0%	41,497	65,844	24,347	58.7%
Prince William Co.	482,204	554,344	72,140	15.0%	50,522	76,112	25,590	50.7%
Alexandria City	159,467	176,403	16,936	10.6%	18,758	22,941	4,183	22.3%
Fairfax City	24,146	25,358	1,212	5.0%	3,871	4,726	855	22.1%
Falls Church City	14,658	16,741	2,083	14.2%	2,185	2,545	360	16.5%
Manassas City	42,772	47,039	4,267	10.0%	4,505	6,593	2,088	46.3%
Manassas Park City	17,219	19,876	2,657	15.4%	1,343	2,162	819	61.0%
PD 8	2,550,377	2,828,990	278,613	10.9%	306,701	404,555	97,854	31.9%
Virginia	8,631,393	9,129,002	497,609	5.8%	1,395,291	1,762,641	367,350	26.3%

Source: United States Census Bureau at <https://data.census.gov/> and Weldon Cooper Center for Public Service, August 2023.

Based on the table above, Loudoun County, where FRC CT Center at Riverside will be located, is projected to experience 24% overall population growth, the highest rate among all PD 8 localities. The Loudoun County 65+ population is expected to grow by 58.7%.

According to Sg2 outpatient imaging growth projections for 2024-2034, the annual expected growth rate for outpatient CT services in PD 8 is 1.9% (a 19% increase between 2024 and 2034), while the annual expected growth rate for outpatient CT services in Loudoun County is 3.3% (a 33% increase between 2024 and 2034). See Attachment M for a comparison of Sg2 outpatient imaging growth projections for PD 8 and Loudoun County.

IFRC Lansdowne already operates well above the SMFP utilization standard for CT services, demonstrating that IFRC's existing CT capacity in this area is insufficient to meet the current needs of IFRC patients, much less future demand. The modern CT unit that will replace the IFRC Fairfax City CT unit, and which will be placed at FRC CT Center at Riverside, will be capable of absorbing this anticipated increase in CT volume.

In addition, introducing CT services to FRC CT Center at Riverside will enable the IFRC Lansdowne CT unit to dedicate more time to cardiac CT procedures, with the new CT unit at FRC CT Center at Riverside absorbing some of IFRC Lansdowne's non-cardiac CT workload. This redistribution of CT volume will improve access to both cardiac CT and non-cardiac CT services for IFRC's patient population, contributing to a more balanced and resilient CT network as demand continues to grow over the five-year period.

While the CT unit at FRC CT Center at Riverside will not be equipped with cardiac capabilities, CT volume is growing in CT angiography of all types, including significant volume in head/neck/brain angiography and abdominal/pelvic CT angiography, extremity musculoskeletal, and chest CT consistent with the joint and neurological diseases inherent in an aging population as well as lifestyle impact diseases. By decanting non-cardiac volume from IFRC Lansdowne and accommodating additional projected growth in non-cardiac CT volume originating from IFRC patients residing in FRC CT Center at Riverside's PSA, this project will enable IFRC to better meet IFRC patient needs for both cardiac and non-cardiac CT services.

Furthermore, by five years into operation, FRC CT Center at Riverside will also have fully integrated the redistributed CT demand from IFRC Sterling, which is scheduled to close by May 1, 2026. Because IFRC Sterling and IFRC Lansdowne share substantially similar PSAs, with 82% of patients originating from overlapping zip codes, IFRC Sterling's CT patient population is ultimately expected to shift to the proposed FRC CT Center at Riverside when the facility opens in December 2027. IFRC maintains a comprehensive centralized scheduling system and, in the interim, will accommodate patients at the CT location that is most convenient for them.

IFRC will also consider extending hours at nearby CT locations to accommodate IFRC Sterling's CT patient population, as needed.

Finally, FRC CT Center at Riverside's convenient location, modern technology platform, and alignment with regional travel corridors (Routes 7 and 28, and the Dulles Toll Road) will support strong patient preference and referral patterns over time. As a result, FRC CT Center at Riverside is expected to function as a stable, high-utilization CT site capable of meeting community demand consistently over the coming five years.

In combination, these factors demonstrate that introducing CT services at FRC CT Center at Riverside through the relocation and replacement of the IFRC Fairfax City CT unit will satisfy projected CT demand within its PSA over the next five years, while supporting appropriate CT specialization, improved access to CT services, and capacity optimization across IFRC's PD 8 imaging network.

- 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 is committed to ensuring continuity of care for patients by placing services closer to the communities in which IFRC patients live. The proposed CT service at FRC CT Center at Riverside will fill a clear unmet need for timely, accessible, and appropriately distributed CT capacity within Loudoun County and the adjacent western Fairfax County service area.

Current CT demand among IFRC patients in this geography exceeds the functional capacity of existing IFRC CT units, particularly at IFRC Lansdowne, which is operating well above the SMFP utilization standard for CT services and is experiencing extended wait times for cardiac CT services. The proposed project will enable IFRC to decant non-cardiac CT utilization from IFRC Lansdowne to FRC CT Center at Riverside.

In addition, the FRC CT Center at Riverside CT unit will help absorb CT volume following the closure of IFRC Sterling in May 2026. With 82% of IFRC Sterling's CT patients originating from the same PSA expected for FRC CT Center at Riverside, placing CT services at FRC CT Center at Riverside ensures that these patients continue to have proximate access to CT services without requiring travel to locations farther east or south.

The relocation of the COPN-authorized CT unit from IFRC Fairfax City further supports regional need by restoring the full functional capacity of an aging CT unit that has experienced declining utilization. This project proposes to replace the aged CT unit with a modern CT unit in a rapidly growing area experiencing sustained demand for CT services, thereby improving access to CT services.

The proposed project will also reduce geographic barriers to access. Communities along the Route 7, Route 28, and Dulles Toll Road corridors – including Lansdowne, Ashburn, Leesburg, and Sterling – currently rely heavily on IFRC Lansdowne and IFRC Sterling for CT services. FRC CT Center at Riverside offers a conveniently located alternative that reduces travel times and provides an additional access point within a high-growth area. The co-location of the FRC CT Center at Riverside CT unit with an IRMC PET/CT unit at FRC CT Center at Riverside (which is the subject of the separately pending COPN Request No. VA-8890) further enhances service integration, improving convenience for oncology and complex diagnostic patients who often need both modalities.

Taken together, the proposed project expands access to CT services for IFRC patients, alleviates existing bottlenecks, addresses the upcoming closing of IFRC Sterling, restores and modernizes the operational capacity of the IFRC Fairfax City CT unit, and ensures that IFRC patients residing in the FRC CT Center at Riverside PSA have timely, geographically convenient access to essential diagnostic imaging services. The proposed project therefore fills a meaningful unmet need in CT service delivery within this rapidly growing region of PD 8.

Relocation and replacement of the IFRC Fairfax City CT unit to FRC CT Center at Riverside will improve the overall geographic distribution of IFRC's existing COPN-authorized CT resources within PD 8 without adding to the inventory of COPN-authorized CT units 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.

12VAC5-230-90. Travel time.

CT 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.

CT services are generally available within 30 minutes driving time one way under normal conditions of 95% of the population in PD 8 – traffic patterns, road construction and congestion, however, can have a significant impact on travel time for patients living in the high-density areas of Northern Virginia. The proposed project will establish CT services at FRC CT Center at Riverside through the relocation and replacement of the CT unit at IFRC Fairfax City. The placement of a CT unit at FRC CT Center at Riverside will provide a CT access point in an area of high utilization of CT services by IFRC patients and improve the quality, efficiency and convenience of CT services for IFRC patients.

12VAC5-230-100. Need for new fixed site or mobile service.

A. No new fixed site or mobile CT service should be approved unless fixed site CT services in the health planning district performed an average of 7,400 procedures per existing and approved CT scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing 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 CT scanners in such health planning district.

Not Applicable. Although this project proposes to establish CT services at FRC CT Center at Riverside, the project is inventory neutral and is limited to the relocation and replacement of the existing COPN-authorized CT unit at IFRC Fairfax City. Nonetheless, in the interest of providing a fulsome response, the table below illustrates the authorized CT fixed units and related 2024 utilization:

PD 8 COPN Operational Fixed CT Units and Utilization: 2024

Facility Name	Total Stationary Units	2024 CT Procedures	2024 Procedures per Unit	2024 % of SMFP Threshold
Centreville-Clifton Imaging Center - Fairfax Radiology	1	9,914	9,914	134%
Fair Oaks Imaging Center	1	3,664	3,664	50%
Fairfax Diagnostic Imaging Center	1	6,269	6,269	85%
Fairfax ENT & Plastic Surgery Center	1	715	715	10%
Fairfax MRI and Imaging Center at Tysons	1	4,686	4,686	63%
Fairfax Radiology Center at Prosperity	2	14,416	7,208	97%
Fairfax Radiology Center of Reston-Herndon	1	7,615	7,615	103%
Fairfax Radiology Center of Springfield	1	1,788	1,788	24%
Fairfax Radiology Center at Woodburn	2	12,198	6,099	82%
Inova Alexandria Hospital ³	3	58,150	19,383	262%
Inova Ashburn Healthplex	1	12,876	12,876	174%
Inova Emergency Room of Fairfax City	1	5,633	5,633	76%
Inova Fair Oaks Hospital	3	50,644	16,881	228%
Inova Fairfax Hospital ⁴	8	159,638	19,955	270%
Inova HealthPlex - Franconia/Springfield	1	22,012	22,012	297%
Inova Imaging Center - Leesburg	1	14,319	14,319	194%
Inova Imaging Center-Mark Center	1	4,649	4,649	63%
Inova Lorton HealthPlex	1	13,339	13,339	180%
Inova Loudoun Hospital	3	60,582	20,194	273%
Inova Mount Vernon Hospital	2	28,915	14,458	195%
Inova Health Center - Oakville	1	727	727	10%
Kaiser Permanente - Reston Medical Center	1	6,306	6,306	85%
Kaiser Permanente - Tysons Corner Imaging Center	2	21,591	10,796	146%
Kaiser Permanente - Woodbridge Imaging Center	1	16,166	16,166	218%
Loudoun Medical Group, P.C.	1	3,408	3,408	46%
Orthopaedic Foot and Ankle Center	1	183	183	2%
Radiology Imaging Associates at Lansdowne	1	10,065	10,065	136%
Radiology Imaging Associates at Sterling ⁵	1	5,770	5,770	78%
Rayus Radiology - Arlington (formerly known as Insight Imaging - Arlington)	1	4,007	4,007	54%
Rayus Radiology - Fairfax	1	5,120	5,120	69%
Reston Hospital Center	4	37,327	9,332	126%
Sentara Advanced Imaging Center - Alexandria	1	4	4	0%
Sentara Lake Ridge Ambulatory Care Center	1	5,603	5,603	76%
Sentara Northern Virginia Medical Center	2	30,569	15,285	207%
Sentara Northern Virginia Medical Center - Century Medical Office Building	1	4,890	4,890	66%
StoneSprings Hospital Center	2	9,623	4,812	65%
Tysons Corner Emergency Center	1	3,356	3,356	45%
Tysons Corner Diagnostic Imaging	1	1,017	1,017	14%
UVA Outpatient Imaging - Centreville ⁶	1	1,663	1,663	22%
UVA Health Haymarket Medical Center	1	18,366	18,366	248%
UVA Health Prince William Medical Center	2	26,817	13,409	181%
Virginia Hospital Center	4	60,904	15,226	206%
Washington Radiology Associates	1	2,568	2,568	35%
Grand Total - Operational per VHI EPICS 2024	69	768,072	10,818	146%
Chantilly ER ⁷	1	0	0	0%
Fairfax Radiology Center of Woodbridge ⁸	1	0	0	0%
Inova Alexandria Replacement Hospital at Landmark ⁹	1	0	0	0%
Inova Alexandria Replacement Hospital at Springfield ⁹	1	0	0	0%
Inova Emergency Room of Reston/Herndon ⁹	1	0	0	0%
Leesburg Emergency and Imaging Center ¹⁰	1	0	0	0%
Rayus Radiology - Woodbridge ¹¹	1	0	0	0%
VHC Emergency & Imaging Center ¹²	1	0	0	0%
VHC Health Outpatient Imaging Center ¹³	1	0	0	0%
Woodburn Nuclear Medicine/Metro Region PET	1	0	0	0%
Grand Total - Authorized as of March 2026	10	0	0	0%

Source: COPN Request No. VA-8813 & 8814 DCOPN Staff Report, Virginia Health Information (VHI) EPICS 2024

Source notes:

According to Virginia Health Information (VHI), 69 CT scanners were operational in PD 8 in 2024, the latest year for which such data are publicly available. The CT scanners were well utilized at 146% of the State Medical Facilities Plan (SMFP) standard of 7,400 CT scans per scanner. Since 2024 data were reported to VHI, 10 additional CT scanners were authorized and/or not yet implemented in PD 8, so PD 8 has 79 total CT scanners. In addition to these CT scanners, there are currently eight PET/CT scanners in PD 8 that are restricted to cardiac use, and of those, two utilized the CT component separately for calcium scoring. These are not included in the inventory of CT units.

¹ COPN No. VA-04878 authorized IFRC, LLC to establish CT services with one CT unit at Fairfax Radiology Center of Springfield.

² COPN No. VA-04793 authorized the addition of one fixed CT scanner at the Inova Alexandria Replacement Hospital at Landmark (not yet operational).

³ COPN No. VA-04832 authorized the addition of one fixed CT scanner at the Inova Alexandria Replacement Hospital at Springfield (not yet operational).

⁴ COPN No. VA-04922 authorized the 8th CT scanner at Inova Fairfax Hospital.

⁵ COPN No. VA-0493 authorized the relocation of the CT scanner at Radiology Imaging Associates at Sterling to introduce CT at IFRC - Ballston.

⁶ COPN No. VA-04906 authorized UVA Outpatient Imaging Centreville, LLC to establish a specialized center for the provision of CT services in Gainesville with the relocation of one CT unit from Centreville.

⁷ COPN No. VA-04900 authorized Northern Virginia Hospital, LLC to establish CT services with one CT unit at Chantilly ER.

⁸ COPN No. VA-04896 authorized IFRC, LLC to establish CT services with one CT unit in Woodbridge.

⁹ COPN No. VA-04921 authorized the re-establishment of CT services at Inova Emergency Room Reston/Herndon.

¹⁰ COPN No. VA-04863 authorized Reston Hospital Center, LLC to establish a specialized center for CT imaging, Leesburg Emergency and Imaging Center.

¹¹ COPN No. VA-04879 authorized Insight Health Corporation to establish CT services with one CT unit at Rayus Radiology - Woodbridge.

¹² COPN No. VA-04775 authorized VHC to establish a specialized center for CT imaging at VHC Emergency and Imaging Center with one CT scanner.

¹³ COPN No. VA-04880 authorized Virginia Hospital Center Arlington Health System d/b/a VHC Health to establish a specialized center for CT and MRI with one CT unit and one MRI unit.

B. Existing CT scanners used solely for simulation with radiation therapy treatment shall be exempt from the utilization criteria of this article when applying for a COPN. In addition, existing CT scanners used solely for simulation with radiation therapy treatment may be disregarded in computing the average utilization of CT scanners in such health planning district.

Not Applicable. The proposed CT unit will not be used for CT simulation.

12VAC5-230-110. Expansion of fixed site service.

Proposals to expand an existing medical care facility's CT service through the addition of a CT scanner should be approved when the existing services performed an average of 7,400 procedures per scanner for the relevant reporting period. The commissioner may authorize placement of a new unit at the applicant's existing medical care facility or at a separate location within the applicant's primary service area for CT 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 CT service.

12VAC5-230-120. Adding or expanding mobile CT services.

A. Proposals for mobile CT scanners shall demonstrate that, for the relevant reporting period, at least 4,800 procedures were performed and that the proposed mobile unit will not significantly reduce the utilization of existing CT providers in the health planning district.

B. Proposals to convert authorized mobile CT scanners to fixed site scanners shall demonstrate that, for the relevant reporting period, at least 6,000 procedures were performed by the mobile scanner and that the proposed conversion will not significantly reduce the utilization of existing CT providers in the health planning district.

Not Applicable. The proposed project does not involve the addition or expansion of mobile CT services.

12VAC5-230-130. Staffing.

CT services should be under the direction or supervision of one or more qualified physicians.

IFRC's CT 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 inventory to PD 8. This is an inventory-neutral request to relocate and replace an existing, COPN-approved CT unit from the current location at 3801 University Drive, Fairfax, Virginia 22030 to the

proposed FRC CT Center at Riverside facility located at 44084 Riverside Parkway, Lansdowne, Virginia 22176.

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.)

Not Applicable.

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-2 for the locations of other existing providers of CT 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 with COPN-regulated services participate in and report utilization to VHI**

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

IFRC will continue to participate in VHI and report CT utilization for all locations including for its FRC CT Center at Riverside location. Please see the 2025 VHI reports for the two current IFRC sites in Loudoun County – IFRC Lansdowne and IFRC Sterling at Attachment O-1 and O-2 respectively, as well as the 2025 VHI report for the IFRC Fairfax City location that currently houses the CT unit that will be relocated and replaced at the FRC CT Center at Riverside location, at Attachment O-3.

- 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	\$ <u>448,380</u>
2.	Cost of labor	\$ <u>298,920</u>
3.	Equipment included in construction contract	\$ <u>N/A</u>
4.	Builder's overhead	\$ <u>45,000</u>
5.	Builder's profit	\$ <u>45,000</u>

6. Allocation for contingencies \$ **125,595**

7. Sub-total (add lines 1 thru 6) \$ **962,895**

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. CT Unit \$ **654,153**

b. Furnishings \$ **21,052**

c. Signage \$ **9,000**

d. Capital lease interest expense \$ **N/A**

e. CT Unit Sales Tax (6%) \$ **39,249**

9. Sub-total (add lines 8a thru 8e) \$ **723,454**

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 (**% related to CT space only**) \$ **987,313**

14. Additional expenses paid or accrued:

a. _____ \$ _____ 0 _____

b. _____ \$ _____ 0 _____

c. _____ \$ _____ 0 _____

15. Sub-total (add lines 10 thru 14c) \$ **987,313**

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.	_____	
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	\$ <u>60,000</u>
30.	Architect's supervision fee	\$ <u>included in 29</u>
31.	Engineering fees	\$ 3,250
32.	Consultant's fees	\$ <u>included in 29</u>
33.	Sub-total (add lines 29 thru 32)	\$ <u>63,250</u>

Part VII – Other Consultant Fees (List each separately)

34.	a. Miscellaneous Consultant	\$ <u>1,500</u>
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b. Physicist	\$ <u>3,000</u>
c. Attorney's fees	\$ 60,000
35. Sub-total (add lines 34a thru 34c)	\$ <u>64,500</u>

Part VIII – Taxes During Construction

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

39. Estimated construction time (in months)	<u>0</u>
40. Dollar amount of construction loan	\$ <u>0</u>
41. Construction loan interest rate	<u> </u> %
42. Estimated construction loan interest costs	\$ <u>0</u>
43. Term of financing (in years)	<u>0</u>
44. Interest rate on permanent loan	<u> </u> %
45. FHA mortgage insurance premium	\$ <u>0</u>
46. FHA mortgage fees	\$ <u>0</u>
47. Financing fees	\$ <u>0</u>
48. Placement fees	\$ <u>0</u>
49. AMPO (non-profit only)	\$ <u>0</u>
50. Title and recording fees	\$ <u>0</u>
51. Legal fees	\$ <u>0</u>
52. Total interest expense on permanent mortgage loan	\$ <u>0</u>

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 _____ 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) _____
82. Dollar amount of construction loan _____
83. Construction loan interest rate _____ %
84. Estimated construction loan interest cost
(in dollars) \$ _____
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.		\$ _____
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)	\$ <u>962,895</u>
97.	Sub-total Part II	Equipment not included in construction contract (line 9)	\$ <u>723,454</u>
98.	Sub-total Part III	Site Acquisition Costs (line 15)	\$ <u>987,313</u>
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)	\$ <u>63,250</u>
102.	Sub-total Part VII	Other Consultant fees (line 35)	\$ <u>64,500</u>
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)	\$ <u>2,801,412</u>
108.	Percent of total capital costs to be financed	<u>0%</u>
	Note: IFRC plans to pay for this project with funds from operations.	
109.	Dollar amount of long term mortgage (line 107 x 108) N/A - See Note at #108 above	\$ _____
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)	\$ <u>2,801,412</u>
D.	1. Estimated costs for new construction (excluding site acquisition costs)	\$ _____
	2. Estimated costs of modernization and renovation (excluding site acquisition costs)	\$ <u>2,801,412</u>
E.	Anticipated Sources of Funds for Proposed Project	Amount
	1. Public Campaign	\$ _____ 0 _____
	2. Bond Issue (Specify Type) _____	\$ _____ 0 _____
	3. Commercial Loans	\$ _____ 0 _____

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 _____

Funds from Operations: \$ 2,665,412
Tenant Improvement Allowance for remainder \$ 136,000

Note: The amount of tenant improvement allowance noted is based on the CT related buildout allocable portion only.

- 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/buildout, CT equipment and all other costs associated with this project will be funded with funds from operations and \$136,000 in tenant improvement allowance.

- 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/buildout, CT equipment and all other costs associated with this project will be funded with funds from operations and \$136,000 in tenant improvement allowance.

Please see Attachment T for a copy of the equipment quote for the CT unit. The establishment of CT services at FRC CT Center at Riverside is not expected to impact the cost of providing care.

- 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. FRC CT Center at Riverside 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 most recent audited financial statements for IFRC, LLC for the most recent two (2) years.

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.

Carol Burchett

Signature of Authorizing Officer

8260 Willow Oaks Dr. Suite 750

Address – Line1

Carol Burchett

Type/Print Name of Authorizing Officer

Address – Line 2

Chief Strategy Officer

Title of Authorizing Officer

Fairfax, VA 22031

City/State/Zip

703-698-4444

Telephone

3/31/2026

Date

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.

FRC CT Center at Riverside		
1 CT unit		
Financial Projections	Projected	
	<u>Year 1</u>	<u>Year 2</u>
Amounts in \$000's		
Statement of Revenues and Expenses		
Total CT Scans	6,526	7,000
Gross Patient Revenue	4,608	5,041
Deductions from Patient Revenue		
Contractual/Other Discounts	2,797	3,060
Charity Discounts	(138)	(151)
Total Deductions from Revenue	2,659	2,909
Total Operating Revenue	1,949	2,132
Operating Expenses		
Salaries, Wages and Benefits	329	339
Supplies	116	131
Purchased Services	202	223
Bad Debt (above in Op Rev)	-	-
Depreciation and Amortizations	195	195
Rent Expense - Occupancy	111	114
Other Expense	513	587
Debt (Financing Expense)	-	-
Total Operating Expenses	1,468	1,589
Excess of Revenue Over Expenses	481	543
Per Procedure (rounded):		
Operating Revenue	299	305
Operating Expense	225	227
Excess of Revenue Over Expenses	74	78

Note: FRC complies with all Inova charity policies, and the facility will be subject to Inova's system-wide charity care condition.