

**REPORT OF THE
DEPARTMENT OF HEALTH**

**ANNUAL REPORT ON THE
STATUS OF VIRGINIA'S MEDICAL
CARE FACILITIES CERTIFICATE
OF PUBLIC NEED PROGRAM**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



**COMMONWEALTH OF VIRGINIA
RICHMOND
2006**

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Executive Summary

This annual report to the Governor and the General Assembly of Virginia on the status of Virginia's Certificate of Public Need (COPN) program was developed pursuant to § 32.1-102.12 of the *Code of Virginia*. The report is required to address the activities of the program in the previous fiscal year; to review the appropriateness of continued regulation of at least three specific project categories; and to discuss the issues of access to care by the indigent, quality of care within the context of the program, and health care market reform. A copy of the enabling *Code* section is reproduced at Appendix A. This report includes data for the most recent fiscal year (FY 2006).

Program activity for the period covered in this report includes the issuance of 106 decisions. The State Health Commissioner authorized 83 projects with a total expenditure of \$700,038,198 and denied 23 projects with proposed capital expenditures of \$151,946,497. Appendix D summarizes the authorization decisions. Additional program activities are described in the "Summary of the State Health Commissioner's Actions" beginning on page 1.

The following project categories are analyzed in this report: psychiatric services, substance abuse treatment services and miscellaneous capital expenditures. The section on project analysis addresses the history of COPN regulation for these project categories, the nature of the specific services, the current state of the service in the Commonwealth and three options for the future of each of the categories with a recommended action.

The Virginia Department of Health (VDH) recommends initiating a request for an application-like process, similar to that used for the regulation of nursing homes, for psychiatric and substance abuse treatment facilities and maintaining the current COPN review process for the review of miscellaneous capital expenditures.

Applicants that have not demonstrated a historical commitment to charity care, consistent with other providers in their health service area, may have a "condition" to provide some level of indigent care placed upon any COPNs they are awarded. Compliance with the conditions to provide indigent care remains relatively poor but has improved considerably. Historically, many conditioned COPN holders have either not reported their compliance with conditions or have reported that they have been unable, for various reasons, to reach the required level of indigent care. Language for the "conditioning" of COPNs is now being augmented to include the second type of condition allowed in the *Code*, namely that the applicant facilitate access through the development and operation of primary health care services for special populations. A guidance document was issued to clarify the conditioning process and provide definition to the elements of a condition. These initiatives helped remove the barriers to compliance most often cited by facility managers as their reason for failing to satisfy indigent care conditions.

During FY 2006 the application review process was completed as directed by the *Code*. There were no delays in receiving recommendations from regional health planning agencies that adversely affected timely decision-making.

Preface

This 2006 annual report to the Governor and the General Assembly of Virginia on the status of Virginia's Certificate of Public Need (COPN) program was developed pursuant to § 32.1-102.12 of the *Code of Virginia*. It includes data for the most recent fiscal year (2006). A copy of the enabling *Code* section is provided in Appendix A.

The COPN program is a regulatory program administered by the Virginia Department of Health (VDH). The program was established in 1973. The historical objectives of the program are: (i) promoting comprehensive health planning to meet the needs of the public; (ii) promoting the highest quality of care at the lowest possible cost; (iii) avoiding unnecessary duplication of medical care facilities; and (iv) providing an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities. In essence, the program seeks to contain health care costs while ensuring financial and geographic access to quality health care for Virginia citizens at a reasonable cost. The current regulatory scope of the COPN program is shown in Appendix B.

The statute establishing Virginia's COPN program is found in Article 1 of Chapter 5 of Title 32.1 of the *Code* (§ 32.1-102.1 et seq.). The State Health Commissioner (Commissioner) authorizes capital projects regulated within the COPN program prior to implementation. The Commissioner must be satisfied that the proposed project meets public need criteria. The *Code* specifies 20 factors (Appendix C) that must be considered in the determination of public need.

SUMMARY OF THE STATE HEALTH COMMISSIONER'S ACTIONS AND OTHER COPN PROGRAM ACTIVITY DURING FISCAL YEAR 2006

Project Review

Decisions

During FY 2006, the Division of Certificate of Public Need (DCOPN), which assists the Commissioner in administering the COPN program, received 145 letters of intent to submit COPN requests and 119 applications for COPNs. Seven applications were withdrawn by applicants during the year and four were not accepted for review. The balance of letters of intent and applications are those for which the appropriate review cycles have crossed fiscal years. Letters of intent are required of all persons intending to become applicants for COPNs. These letters describe the proposed project in enough detail to enable DCOPN to batch the project in an appropriate review cycle and provide the applicant with the appropriate COPN application package for the proposed project. A letter of intent will lapse if a COPN application is not submitted within a year of the time the letter of intent was submitted.

Table 1 summarizes COPN review activity for FY 2006. Graph 1 puts this activity in historical context. The Commissioner issued 106 decisions on applications to establish new medical care facilities or modify existing medical care facilities. Eighty-three of these decisions were to approve or conditionally approve, for a total authorized capital expenditure of \$700,038,198. Twenty-three requests were denied. These twenty-three denied projects had

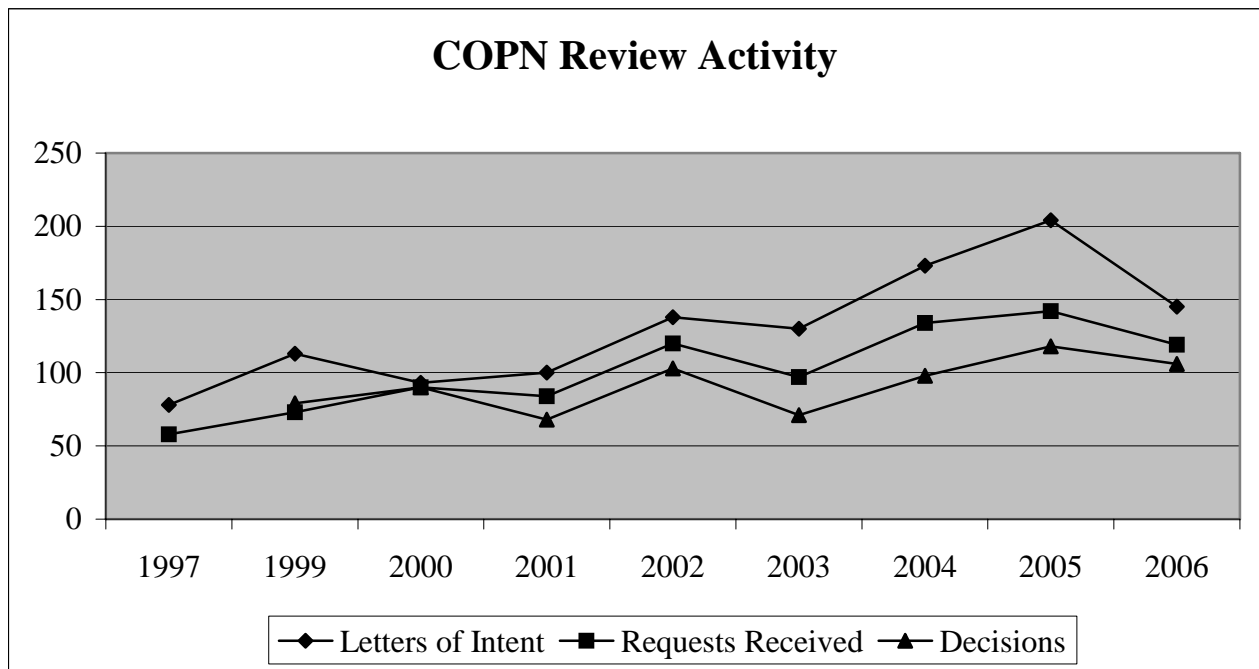
proposed total capital expenditures of \$151,946,497. COPN decisions in FY 2006 are profiled in Appendix D.

Table 1. COPN Activity Summary

Fiscal Year	Total Letters of Intent Received	Total COPN Applications Received	Applications Withdrawn	Approvals	Denials	Appeals to Circuit Court	Determined to be Not Reviewable
2006	145	119	7	83	23	9	0

The number of decisions does not equal the number of requests due to review cycles overlapping the fiscal year.
Source: DCOPN

Graph 1



Source: DCOPN

In addition to assisting the Commissioner in the administration of the COPN program, DCOPN provides written recommendations addressing the merits of approval or denial of COPN applications. The DCOPN provides advisory reports on all completed applications that are not subsequently withdrawn.

COPN reports and recommendations are also provided to the Commissioner by the regional health planning agencies. The regional health planning agencies are not-for-profit corporations that receive state funding to conduct regional health planning and to provide an independent recommendation to assist the Commissioner in the COPN decision process. The regional health planning agencies conduct public hearings and make recommendations to the Commissioner concerning the public's need for proposed projects in their respective regions. The five health planning regions in Virginia are shown on the map in Appendix E.

Adjudication

An informal fact-finding conference (IFFC) is held if the DCOPN or one of the regional health planning agencies recommends denial of a COPN project, or if a conference is requested by any person seeking to demonstrate good cause. The IFFC is the central feature of an informal adjudication process that serves as an administrative appeal prior to final decisions on projects by the Commissioner. These conferences, conducted in accordance with the Administrative Process Act, are held to provide the applicant an opportunity to submit information and testimony in support of a project application. An IFFC is also held when two or more requests are competing to provide the same or similar services in the same jurisdiction and one or more of the requests are recommended for denial. IFFCs also permit persons opposed to a project, who have shown good cause, to voice their concerns.

Fifty two COPN applications were heard before a VDH Adjudication Officer at 22 individual IFFCs in FY 2006. An additional four applications were exempted from participation in IFFCs with competing applicants due to an agreed upon stipulation agreement. Twenty-two of the COPN requests warranting an IFFC were approved in FY 2006. Twenty-three requests were denied after the IFFC. Seven projects heard in an IFFC in FY 2006 still have decisions pending and will be resolved in the Fall of 2006.

Table 2 illustrates the types of projects that were forwarded to an IFFC in FY 2006.

Table 2 Projects at IFFC in FY 2006

Project Type	Approved	Denied	Pending	Total
Establish/Relocate/Replace Hospital	0	1	2	3
Add Hospital Beds	0	1	1	2
Medical Rehabilitation Services	0	0	0	0
Magnetic Resonance Imaging	10	9	0	19
Computed Tomography Services	12	1	0	13
Positron Emission Tomography Services	2	0	0	2
Radiation Therapy / Establish Comprehensive Cancer Care Center	1	8	0	9
Establish Outpatient Surgery Hospital	1	1	4	6
Add Operating Rooms	2	1	0	3
Organ Transplant Program	0	0	0	0
Cardiac Catheterization	0	0	0	0
TOTAL	28	22	7	57

Several COPN requests included several different project types within the same application.

Source: DCOPN

Judicial Review

COPN decision challenges are not limited to administrative appeals. Once an applicant has exhausted its administrative remedies, it can take its claim to state court for judicial review. Seven decisions were appealed in FY 2006, six from two competing review batches and a single separate request. Appeals of the rejection of an application and an appeal of a denied significant change were also filed in FY 2006.

Forest Hill Convalescent Center, LP, d/b/a Ruxton Health and Rehabilitation Center of Westover Hills and Ruxton Healthcare V, LLC , d/b/a Ruxton Health of Stratford Hills; Westport Operations, LLC d/b/a, Westport Healthcare Center; The Laurels of Bon Air, LLC d/b/a The Laurels of Bon Air, and Oak Health Care Investors of Richmond, Virginia, Inc., d/b/a The Laurels of Willow Creek have each appealed the Commissioner's decision authorizing COPN numbers VA-03986, Medical Facilities of America, Inc.'s request to relocate 60 nursing home beds from Warsaw Healthcare Center to Hanover Healthcare Center, and VA-03991, Medical Facilities of America, Inc.'s request to relocate nursing home beds from Warsaw Healthcare Center to Beaufort Healthcare Center. These requests to move nursing home beds from Planning District 17 to Planning District 15 were enabled by the passage of House Bill 2316 during the 2005 session of the Virginia General Assembly. House Bill 2316 allowed the relocation of nursing home beds from one facility to another, across planning district lines, when certain criteria were met. The Commissioner found that the qualifying criteria had been met and the appropriate COPNs were issued.

LTACH @ Riverside and Doctors Hospital of Williamsburg, LLC have each appealed the denial of COPN Requests VA-7224 and VA-7225. These requests were for the development of a long-term acute care hospital and an acute care hospital in Williamsburg respectively. The requests were reviewed in a competing cycle with requests from Sentara Healthcare to establish a long-term acute care hospital in Williamsburg and to add acute care beds at Sentara Williamsburg Community Hospital. The Commissioner denied all four requests.

In April 2006 the Commissioner denied a request from HealthSouth Diagnostic Center – Tysons to add a second magnetic resonance imaging scanner in Planning District 8. The applicant has appealed that decision.

Friendship Health and Rehabilitation Center in Planning District 5 requested authorization for a significant change to a project authorized six years previously which had not exhibited any progress. The COPN was determined to have expired and because a valid COPN no longer existed, no significant change could be authorized. Friendship Health and Rehabilitation Center has appealed the expiration of the COPN and the denial of the significant change.

In August 2005 NRV Real Estate submitted an application to relocate 21 nursing facility beds from Carilion Giles Memorial Hospital to Radford Health and Rehabilitation Center. During the initial review of the request it was determined that the beds proposed for relocation had been closed and de-licensed and therefore no longer existed. The DCOPN concluded that if the beds no longer existed, the application, if approved, would add nursing facility beds in Planning District 4. No application to add nursing facility beds may be accepted for review unless it is filed in response to a Request for Applications (RFA). No such RFA had been issued so the application for COPN Request number VA-7018 was not accepted. NRV Real Estate appealed the reject of their application.

All of these appeals are still pending with the court.

Certificate Surrenders

Infrequently, an applicant awarded a COPN may have reasons to surrender it. A typical reason is the applicant's inability to proceed with the project. In FY 2006 a single certificate from 2004 to establish a mobile cardiac catheterization service in Planning District 1 was surrendered because the applicant's plans for the service changed.

Significant Changes

A significant change results when there has been any alteration, modification, or adjustment to a reviewable project for which a COPN approval has been issued. To be considered a significant change, the alteration, modification, or adjustment must change the site, increase the authorized capital expenditure by 10% or more, change the service proposed to be offered, or extend the schedule for completion of the project beyond three years (36 months) from the date of certificate issuance or beyond the time period approved by the Commissioner at the date of certificate issuance.

The Commissioner received eight requests for significant changes in FY 2006. One of the significant change requests was for a change to a project that was no longer authorized because the COPN had expired. The request was not reviewed and that decision has been appealed. Four requests were for extension of the schedule beyond the three-year generic time limit or the time authorized on the certificate. Two of those also included a request to increase the authorized capital cost. Two requests were to change the scope of services authorized and one request was to change the authorized site for the project. All seven of the reviewed requests were authorized.

Competitive Nursing Home Review

Beginning in 1988, a general prohibition on the issuance of COPNs that would increase the supply of nursing home beds in the Commonwealth (commonly known as the "nursing home bed moratorium") was imposed. Effective July 1, 1996 the moratorium was replaced with an amended process governing COPN regulation of increases in nursing home bed supply (*Code of Virginia* §32.1-102.3:2). The new process requires the Commissioner to issue, at least annually in collaboration with Virginia's Department of Medical Assistance Services, a Request for Applications (RFA) that will target geographic areas for consideration of increased bed supply and establish competitive review cycles for the submission of applications.

The 2006 RFA will be issued, pending authorization from the Board of Health, on or about November 1, 2006. This RFA will be for the addition of 60 Medicaid-certified nursing facility beds in Planning District 12.

Timeliness Of COPN Application Review

As a result of legislative changes in 1999 and 2000, all COPN recommendations by DCOPN must be completed by the 70th day of the review cycle. Review cycles begin on the 10th day of each month. Only the applicant has the authority to extend the review schedule. In FY 2006 all COPN applications were reviewed within the statutory or applicant extended time limit. A flow chart illustrating COPN timelines as a result of these and other bills is in Appendix F. The flow chart identifies the time periods within which VDH is to perform certain COPN functions.

The *Code* also specifies that the Commissioner has up to 70 days from the close of the record to render a decision unless the schedule is extended by the applicant. Failure of the Commissioner to render a decision results in a deemed approval of the request. In FY 2006, all of the Commissioner's decisions were rendered within the statutory or applicant extended time limit.

Legislation

In the 2006 session of the General Assembly, four House bills and two Senate bills addressed various aspects of the COPN program.

Table 3 COPN Bills in the 2005 Session of the Virginia General Assembly

Bill	Patron	Topic in Relation to COPN	Status
HB 189	Del. Marshall	This bill sought to add abortion clinics performing 25 or more abortions in a 12-month period to the list of facilities subject to Virginia Department of Health licensure and inspection. The bill stipulated that such clinics would be exempt from the COPN program.	Failed to Report
HB 267	Del. Cole	This bill allows a sole nursing home in any jurisdiction in Planning District 16 with no more than 35 licensed nursing home beds to receive Certificate of Public Need authorization from the State Health Commissioner to relocate and replace the facility within the same jurisdiction and add up to 56 new nursing home beds without participating in the Request for Applications process as long as certain criteria were met.	Passed
HB 381	Del. Suit	The bill provides a third special exemption for the Atlantic Shores Cooperative Association, Inc. (ASCA), in Virginia Beach, from the provisions of a 1994 special legislative exemption to the Certificate of Public Need (COPN) moratorium on nursing home bed additions.	Passed
HB 1504 SB 684	Del. Hamilton Sen. Lambert	These bills proposed to change the definition of a medical care facility, as it applies to certificate of public need, to exclude centers providing magnetic resonance imaging (MRI) services exclusively to obese, disabled or claustrophobic patients. The result would be that a COPN would no longer be required to establish or add MRI capacity to such a center.	Continued
SB 426	Sen. Lambert	This bill seeks to amend the Certificate of Public Need program by defining "reduced rate," for the purpose of the Commissioner's conditions on approval of a certificate of need, to include the operating losses of a provider network's facility located in a medically underserved area.	Stricken at Request of Patron

Source: Virginia Legislative Information System

Regulation

The State Medical Facilities Plan (SMFP) is being reviewed and revised with the assistance of an advisory committee consisting of industry representatives from the Virginia Health Care Association, Virginia Healthcare and Hospital Association, the academic medical centers and the Medical Society of Virginia, the Virginia Association of Regional Health Planning Agencies, and the State Board of Health. A proposed revision to the SMFP was approved by the Department of Planning and Budget and the Governor's Office and was open to public comment in early FY 2005. In the Fall of 2005 the State Board of Health asked the Department to revisit the draft final revision to the SMFP in order to address concerns voiced during the comment period. Additional public comments were accepted and in April 2006 an advisory committee was reconvened to provide input to the revised SMFP. It is expected that a proposed SMFP will be presented to the Board of Health at its 2007 winter meeting.

FIVE-YEAR SCHEDULE FOR ANNUAL PROJECT CATEGORY ANALYSIS

Overview

Virginia's COPN program began in 1973. To understand the pattern of change in Virginia's supply of many types of medical care facilities and services since then, it is useful to consider the program's 33 years as segmented into three distinct periods. These periods can be characterized as regulatory, non-regulatory, and return to regulation. They are: 1) 1973 to 1986, a period of relatively consistent regulation; 2) 1986 to 1992, a period of dramatic deregulation; and 3) 1992 to the present, a period in which Virginia not only revived COPN regulation but also began, in 1996, a process of review and consideration of the scope of the new regulatory environment.

Between 1973 and the mid-1980s, there was an effort, with mixed results, to ground COPN decision-making in established plans and standards of community need, based on an assumption that controlling the supply of medical care facilities and equipment is a viable strategy for aiding in the containment of medical care costs. Increases in the supply of medical care facilities in Virginia during this period were, in most cases, gradual and tended to be in balance with population growth, aging of the population, and increases in the population's use of emerging technological advances in medical diagnosis and treatment.

Beginning around 1986 and through 1992, there was a period of "de facto" (1986 to mid-1989) and formal (mid-1989 to mid-1992) deregulation. Few proposed non-nursing home projects were denied during this period, followed by the actual deregulation of most non-nursing home project categories. There was a growth of most specialized diagnostic and treatment facilities and services that were deregulated.

On July 1, 1992, Virginia "re-regulated" in response to the perceived excesses of the preceding years of deregulation. Re-regulation brought the scope of COPN regulation on non-nursing home facilities and services to a level similar to that in place prior to 1989. Project review standards were updated and tightened and a more rigorous approach was taken to

controlling growth in the supply of new medical care facilities and the proliferation of specialized services.

In recent years, VDH has taken an incremental approach to reviewing COPN regulation in response to legislative initiatives, by de-emphasizing regulation of replacement and smaller, non-clinically related expenditures, and focusing COPN regulation on new facilities development, new services development, and expansion of service capacity.

As a result of legislation passed during the 2000 session of the General Assembly, the Joint Commission on Health Care (JCHC) developed a plan (SB 1084 of 2001) for the phased deregulation of COPN in a manner that preserved the perceived positive aspects of the program. Due to the high cost of implementing the plan, SB1084 failed to be enacted in the 2001 legislative session. No action was taken regarding the plan in any subsequent session of the General Assembly.

In accordance with section 32.1-102.12 of the *Code*, VDH has established a five-year schedule for analysis of all project categories within the current scope of COPN regulation. The schedule provides for analysis of at least three project categories per year. The five-year schedule is shown in Appendix G.

PROJECT CATEGORY ANALYSES

Section 32.1-102.12 of the *Code* provides guidance concerning the content of the project analysis. It requires the report to consider the appropriateness of continuing the certificate of public need program for each of the project categories. It also mandates that, in reviewing the project categories, the report address:

- The review time required during the past year for various project categories;
- The number of contested or opposed applications and the categories of these proposed projects;
- The number of applications upon which the health systems agencies (regional health planning agencies) have failed to act in accordance with the timelines of Section 32.1-102.B of the *Code*, and the number of deemed approvals from the Department because of its failure to comply with the timelines required by statute; and
- Any other data determined by the Commissioner to be relevant to the efficient operations of the program.

Section 32.1-102.12 of the *Code* requires this report to consider at least three COPN project categories. For FY 2006, the project categories are:

Psychiatric services, substance abuse treatment services and miscellaneous capital expenditures.

The following list contains the specific project definitions for the categories considered in this report:

- Establishment of a sanitarium
- Establishment of a mental hospital
- Establishment of a psychiatric hospital
- Establishment of an intermediate care facility established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts
- Introduction by an existing medical care facility of any new psychiatric service
- Introduction by an existing medical care facility of any new substance abuse treatment service
- Conversion of beds in an existing medical care facility to psychiatric beds
- Any capital expenditure of five million dollars or more, not defined as reviewable in subdivisions 1 through 7 of the definition of “project,” by or in behalf of a medical care facility

The Joint Commission on Health Care’s comprehensive plan for deregulation of the COPN program that has already been presented to the General Assembly presents one approach for modifying the program. Another option for the modification of the program is presented below as an alternative for each of the services reviewed. This option, which would require legislative approval, expands the current concept of a request for applications (RFA) by applying a prospective need analysis to the regulated service and accepting COPN applications for only those services proposed in locations identified in the RFA. These targeted RFAs would limit COPN review to just those services and areas in which a public need, as identified by the Department, exists. This has the potential of stimulating development in some areas and limiting the submission of more speculative applications elsewhere.

As the following discussions will note, the majority of COPN requests are approved. This does not imply that the COPN process is ineffective at limiting the number of new services or capital expenditures. Indications are that, for the most part, applicants are submitting requests only for projects that meet the criteria for approval and that the number of speculative requests has declined. While impossible to quantify, the presence of the deterrent effect of COPN on the development of duplicative, speculative or un-necessary services is generally recognized by DCOPN and its various stakeholder organizations.

Psychiatric Services and Substance Abuse Treatment Services

The Code of Virginia, at §32.1-102.1, establishes the types of projects that require COPN authorization. They include the establishment of a medical care facility; which includes general hospitals, mental hospitals, and any facility licensed as a hospital; an increase in the total number of beds in an existing or authorized medical care facility; the introduction into an existing medical care facility of any new psychiatric and substance abuse treatment services and the conversion of beds in an existing medical care facility to psychiatric beds.

The SMFP describes acute psychiatric services as inpatient psychiatric services for the prevention, diagnosis, treatment, and/or palliation of psychiatric disorders provided at the hospital level of care provided through distinct inpatient units of medical care facilities or through freestanding psychiatric hospitals that have a reported inpatient average length of stay of

90 days or less. Long-term psychiatric services are inpatient psychiatric services provided at the hospital level of care that have a reported inpatient average length of stay in excess of 90 days. These services have traditionally been provided in facilities operated by the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) and, therefore, have not been subject to certificate of public need requirements.

The SMFP describes "substance abuse treatment services" as services provided to individuals for the prevention, diagnosis, treatment, and/or palliation of chemical dependency, which may include attendant medical and psychiatric complications of chemical dependency. "Acute substance abuse treatment services" are inpatient substance abuse treatment services provided at the hospital level of care, exemplified by medical detoxification, treatment of the medical and psychiatric complications of chemical dependency, and continuous nursing services.

"Inpatient substance abuse treatment services" are substance abuse treatment services provided through distinct inpatient units of medical care facilities or through freestanding inpatient substance abuse treatment facilities. Inpatient substance abuse treatment beds are licensed by DMHMRSAS.

Inpatient psychiatric beds in general hospitals are dually licensed by the Virginia Department of Health and DMHMRSAS. Freestanding psychiatric hospitals are licensed solely by DMHMRSAS. There are 1,802 non-state run inpatient psychiatric beds in Virginia.

In the last five years there have been sixteen COPN requests involving psychiatric services. Fourteen of the requests were approved and the applicants withdrew two applications. An additional seven letters of intent for projects involving psychiatric beds were received but expired without an application being submitted. Table 4 summarizes the types of projects requested and the disposition of those requests.

In the last five years there has been a single COPN request for a substance abuse program. The request for a long-term residential treatment facility in Planning District 1 and was approved at a capital cost of \$70,950.

Table 4 Psychiatric COPN Requests FY 2002 – FY 2006

	Total Requests	Approved	Denied	Withdrawn /Delayed	Pending
Add inpatient psychiatric beds	9	8	0	1	0
Establish an inpatient psychiatric facility	2	1	0	1	0
Establish an inpatient acute care facility with inpatient psychiatric beds	1	1	0	0	0
Introduce inpatient psychiatric services in an existing acute care hospital	3	3	0	0	0
Transfer existing psychiatric beds from one existing facility to another	1	1	0	0	0
Total	16	14	0	2	0

Source: Division of Certificate of Public Need

These fourteen approved requests represent a five-year authorized capital outlay for psychiatric services of \$20.5 million.

Table 5 Authorized Virginia Inpatient Psychiatric Providers (non-governmental)

	PD		PD
None	1	None	14
Russell County Medical Center	2	Bon Secours Richmond Community Hospital	15
Twin County Regional Hospital	3	Bon Secours St. Mary's Hospital	15
Carilion St. Albans Hospital	4	Chippenham Hospital	15
Carilion Roanoke Memorial Hospital	5	VCU Health System	15
Lewis-Gale Medical Center	5	Mary Washington Hospital	16
Augusta Medical Center	6	Snowden At Fredericksburg	16
Rockingham Memorial Hospital	6	None	17
Winchester Medical Center	7	None	18
Dominion Hospital	8	John Randolph Hospital	19
Inova Fairfax Hospital	8	Poplar Springs Hospital	19
Inova Mount Vernon Hospital	8	Southside Regional Medical Center	19
Loudoun Hospital Center	8	Southern Virginia Regional Medical Center	19
Northern Virginia Community Hospital	8	Bon Secours Maryview Hospital	20
Prince William Hospital	8	Chesapeake General Hospital	20
Virginia Hospital Center	8	Obici Hospital	20
None	9	Sentara Norfolk General Hospital	20
University of Virginia Medical Center	10	Virginia Beach Psychiatric Center	20
Virginia Baptist Hospital	11	Riverside Behavioral Health Center	21
Danville Regional Medical Center	12	Riverside Regional Medical Center	21
Memorial Hospital of Martinsville & Henry County	12	Shore Memorial Hospital	22
Community Memorial Healthcenter	13		

Five planning districts (1, 9, 14, 17, and 18) have no non-governmental inpatient psychiatric services (Table 5). These five planning districts account for 6.1% of the 2006 population of Virginia. The SMFP calls for inpatient psychiatric services to be within one hour's drive under normal driving conditions for 95% of the population. The majority of the population of Planning District 9 lives within an hour of inpatient psychiatric services in Planning Districts 6, 7, 8, 10, and 16. The majority of the population of Planning District 14 lives within an hour of inpatient psychiatric services in Planning Districts 10, 11, 13, 15, and 19. The majority of the population of Planning District 18 lives within an hour of inpatient psychiatric services in Planning Districts 15, 16 and 21. Some of the population of Planning District 17 is within an hour of inpatient psychiatric services in Planning District 16. The population of Planning District 1 can be served by inpatient psychiatric services in Planning District 2 and in neighboring states, but generally not within an hour's drive time. Given this distribution of services, more than 95% of Virginia's population does live within an hour's drive of an inpatient psychiatric service provider, even given that there are pockets within individual planning districts that are not within an hour's drive.

Based on the SMFP methodology for determining the need for additional acute psychiatric inpatient beds, there are four planning districts with a total need for 29 additional acute inpatient psychiatric beds (Table 6). The average occupancy of non-State operated acute inpatient psychiatric beds for the three-year period ending in 2004 was 54.7%, with a range of 14.6% to 84.5%. In 2004 the average occupancy of non-State operated acute inpatient psychiatric beds was 61.6%.

The SMFP methodology is based on historical use rates and population projections. It does not take into account, except over an extended period of time, changes in the practice of psychiatry. The SMFP methodology also does not consider the long-range plans for the use of the state psychiatric facilities. Other complicating factors with the methodology are changes in the use of alternative treatment methods and sites.

Table 6 SMFP Need for Psychiatric Beds

Planning District	SMFP Calculated Need for Psychiatric Beds
10	1
14	10
17	7
18	11

DCOPN Calculations

Appropriateness of Continuing COPN for Psychiatric Services and Substance Abuse Treatment Services

The COPN experience concerning psychiatric services supports a contention that the program is appropriate for these services. As previously stated, the presence of a COPN program is thought by DCOPN stakeholders to serve as a deterrent to speculative requests and facilitates a planning process for individual providers. The number of withdrawn requests and unfulfilled letters of intent tends to support this idea. Specifically, there were a total of 23 requests, including letters of intent, for psychiatric and/or substance abuse treatment services submitted to DCOPN during FY06. In nine of these cases (39%), either the letter of intent was not followed up by an application or the application was subsequently withdrawn. Nevertheless, there are regulatory options to consider.

Options:

No Change: Continue applying the COPN program to the establishment of new and expansion of existing psychiatric programs as currently mandated. Ongoing efforts to review, and where appropriate, update the SMFP, will address necessary changes to the review criteria. All key stakeholders would likely support this option.

Minimal Change: In collaboration with the hospital industry, physicians, consumers and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, VDH could produce a comprehensive assessment of the State's needs for the various facilities and service capacity subject to COPN regulation, and by way of a targeted RFA, publicize the locations where a demonstrated need for new or additional facilities/capacity exists. This would

be a means of stimulating interest in requesting authorization for development of the service. Most providers would likely support this option.

Deregulation: Support efforts outside the comprehensive JCHC plan to deregulate psychiatric services. It is doubtful key stakeholders would support this option.

RECOMMENDATION: Expand the Request for Applications (RFA) process to include the establishment of facilities and addition of beds for psychiatric services based on a collaborative review with affected parties to determine the need for, and location of, such additional facilities and services. This would meet the planned need for new or expanded services in appropriate planning districts in a market competitive manner and improve access.

Miscellaneous Capital Expenditures

The Code of Virginia defines a project requiring COPN authorization, in part, as “any capital expenditure of \$5 million or more, not [otherwise] defined as reviewable ... by or in behalf of a medical care facility.” This is an all-encompassing provision based solely on the estimated capital cost of the project. The types of requests typically reviewed under this category include renovations and expansions to facilities, replacement of information systems, the construction of parking structures, replacement of structures on site, construction to add support space and even the construction of a highway off-ramp by a hospital.

In the last five years 35 requests for miscellaneous capital expenditures were approved with a cumulative capital authorization of \$1,494,624,956. An additional 12 requests are pending receipt of an application, review or a decision. Eight requests were either withdrawn or the letters of intent were allowed to expire. No requests for miscellaneous capital expenditures were denied in the last five years.

Thirty-two of the approved requests were from general hospitals or hospital systems. Two requests were from nursing homes and one request was from an outpatient surgical hospital.

Table 7 Miscellaneous Capital Expenditure Requests (greater than \$5 million)

Project Type	Approved	Pending	Withdrawn	Expired
Facility Renovation / Space Expansion	23	3	2	4
Central Plant / Support Space Expansion	6	3	0	1
Construct Parking Structure	2	3	0	0
Information System Replacement / Upgrade	1	3	0	0
Replace a Structure On-Site	2	0	0	1
Highway Off Ramp Construction	1	0	0	0
Total	35	12	2	6

DCOPN

At an average capital expenditure per request of just under \$47 million, the miscellaneous capital expenditure category represents the highest average cost per project of all project types

reviewed. The lack of denied requests should not detract from the usefulness of requiring COPN review of this type of request. The COPN process requires a close review by both internal and external parties. Such a review can only lead to well thought out requests and the abandonment of less feasible projects. The lack of progress, either by withdrawal or allowing the request to expire, on 14% of all requests in this category in the last five years illustrates the success of this planning aspect of review.

Appropriateness of Continuing COPN for Miscellaneous Capital Expenditures

The COPN experience concerning miscellaneous capital expenditures supports a contention that the program is appropriate for these services. The presence of a COPN program is thought to serve as a deterrent to speculative requests and facilitates a planning process for individual providers. The number of withdrawn requests and unfulfilled letters of intent tends to support this idea. However, there are options to consider.

Options:

No Change: Continue applying the COPN program to miscellaneous capital expenditures as currently mandated. Ongoing efforts to review, and where appropriate, update the SMFP will address necessary changes to the review criteria. Current providers would probably support this option.

Minimal Change: Given the diverse and facility-specific nature of requests filed in this category, the targeted RFA approach would be impossible to develop for miscellaneous capital expenditures. This is not an option for this category.

Deregulation: Support efforts outside the comprehensive JCHC plan to fully deregulate miscellaneous capital expenditures. DCOPN expects there would be a loss of the benefits of the comprehensive planning incentive.

RECOMMENDATION: Continue applying the COPN program to miscellaneous capital expenditures as currently mandated. Ongoing efforts to review, and where appropriate, update the SMFP will address necessary changes to the review criteria.

Effectiveness of the COPN Application Review Procedures for FY 2006 Project Categories

The statute defining the contents of this study requires an analysis of the effectiveness of the application review procedures used by the regional health planning agencies and VDH. An analysis of effectiveness must detail the review time required during the past year for various project categories. To ensure consistency, the project categories, for purposes of this document, are the same project categories that were selected for review during FY 2006. The statute also dictates that this report address the number of contested or opposed applications and the project categories of these contested or opposed projects. Information concerning all contested or opposed COPNs for FY 2006 can be found under the section entitled “Judicial Review” as well as the section labeled “Adjudication.” Finally, the statute requires the report to identify the

number of projects automatically approved from the regional health planning agencies because of their failure to comply with the statutory timelines.

The application review process was completed in a timely manner as dictated by the *Code*. In FY 2006 two requests were automatically considered as recommended for approval from a regional health planning agency due to the failure to act in accordance with statutory timelines. At no time did delays occur in receipt of a recommendation from a regional health planning agency such that there was an impact in DCOPN's ability to make a recommendation or in the Commissioner's ability to make a decision. Appropriate projects were authorized, but more importantly, projects were denied and prevented from proceeding when no need for the project was demonstrated. This avoided duplication of services and costs without adversely affecting access to care.

In recent administrative proceedings on COPN applications, objections to routine recommendations made by the board of directors of Eastern Virginia Health Systems Agency (EVHSA) have been raised. These objections center around the allegation that the EVHSA board of directors is not constituted according to the requirements of §32.1-122.05.B of the Code of Virginia. Until such time as these issues are resolved, the Commissioner has sought to heed the law by considering certain recommendations made by that board to be deemed recommendations of approval. Until EVHSA can demonstrate compliance with the law, state funds supporting it are being withheld.

Other Data Relevant to the Efficient Operation of COPN Program

The final consideration in the analysis of project categories is that the Commissioner includes any other data he determines to be relevant to the efficient operation of the COPN program. Nationally, the debate continues as to the usefulness of COPN, with no clear conclusions drawn. Local governments, without the benefit of (or with only a weak) state certificate of need program are taking or considering actions to limit health care growth in their jurisdictions.

Accessibility of Regulated Health Care Services by the Indigent

One of the 20 factors considered in the COPN process is whether the indigent have access to health care services. Applicants that have not demonstrated a historical commitment to charity care consistent with other providers in their health service area may have a "condition" to provide some level of charity care placed upon any COPNs they are awarded.

Prior to 2002 most conditioned COPNs included a requirement to report compliance with the condition for three years. The language used for most conditions on COPNs since 2002 has dropped the three-year reporting requirement in favor of an annual reporting requirement over the life of the service.

Since June 2002, the DCOPN has recommended that the certificate language for the "conditioning" of COPNs be augmented to include the second type of condition allowed in the

Code, namely that the applicant facilitate the development and operation of primary care for special populations. This added condition requirement allows an applicant a further opportunity for meeting the conditions placed on a COPN. Facilities that are unable to meet the conditioned requirement to provide service directly as charity care to the indigent can meet the obligation by supporting, including by direct monetary contributions, the development and operation of primary care through safety net providers such as the free clinics or community health centers. COPN holders opting to meet their condition obligation in this manner do so by making their contribution to the Virginia Association of Free Clinics, the Virginia Health Care Foundation, and/or the Virginia Primary Care Association, Inc., each of which has a memorandum of understanding with the Virginia Department of Health to distribute all such funds received. In FY 2006, ten hospitals, systems and freestanding facilities contributed \$1,028,312 in additional funds directly toward primary care for the underserved as a way to complete their conditioned COPN obligation.

In March 2004, VDH issued a Guidance Document to provide direction for compliance with indigent care and primary care conditions on COPNs. This Guidance Document established a definition of indigent that includes individuals whose household income is at or below 200% of the Federal non-farm poverty level. Prior practice had defined indigent as 100% of the Federal non-farm poverty level. The Document also provided a simplified mechanism for COPN holders to report compliance with conditions.

In FY 2006, VDH issued 53 COPNs with a condition for the performance of a certain level of charity, indigent and/or primary care. This represents 63.9% of all COPNs issued in FY 2006. The table presented in Appendix H lists all COPNs issued in FY 2006 with the condition that the applicant provide free or reduced cost care for the indigent and facilitate the development and operation of primary care for special populations.

Failure to comply with obligations accepted as conditions on the receipt of a COPN can have negative consequences for providers. They include provisions for fines, revocation of the COPN, and conditioning the issuance or renewal of a facility license for failure to meet the obligations of the condition. The Guidance Document already discussed was developed, at least in part, to help providers meet their agreed upon conditions when, for any of many legitimate reasons, they could not meet the condition through the provision of the conditioned service.

Attachment I is a cumulative list of 321 projects for which COPNs were issued conditioned on the performance of a certain level of charity, indigent and/or primary care. Table 8 is a display of the types of facilities with conditions.

Table 8

Type of Facility	Number with Conditioned COPNs
Hospitals (including Psychiatric, Rehabilitation and Long Term Acute Care hospitals)	73
Outpatient Surgical Hospitals	35
Diagnostic Imaging Centers	46
Nursing Homes	2
Radiation Therapy / Cancer Treatment Centers	13

Miscellaneous Facilities Source: DCOPN	4
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There are 89 active COPN projects (i.e., those that are operational and have annual reporting requirements). This is an increase from 61 active projects in FY 2005. In FY 2006, only 39 active COPN projects (40.4%) reported compliance with conditions. While still low, it is a substantial improvement over the 14% that were in compliance in FY 2004 and an improvement over the 31.1% that reported compliance in FY 2005. Ten certificate holders whose requirement to report compliance has expired reported in FY 2006 that they were in compliance. Non-reporting facilities are being contacted by DCOPN with reminders and those failing to meet their conditioned obligation are being reminded of the options in the Guidance Document.

Relevance of COPN to Quality of Care Rendered by Regulated Facilities

One of the features attributed to the COPN program is its goal of assuring quality by instituting volume thresholds. One study from the University of California at San Francisco concluded that there is scientific evidence supporting the contention that for some procedures and diagnoses higher hospital volume is associated with lower patient mortality. Other studies refute any correlation between COPN programs and quality of services rendered. However, there is little dispute about the relationship between quality and patient volume in open-heart surgery, cardiac catheterization and organ transplant services. By using COPN to limit the number of service providers, patient care is concentrated in centers where the service volume is maintained at a high level which statistically allows for better patient outcomes.

Equipment Registration

The legislation defining the scope of this report requires an analysis of equipment registrations that includes the type of equipment, whether the equipment is an addition or a replacement, and the equipment costs.

In FY 2006, there were 31 equipment replacement registrations (Table 9) and sixteen registrations of capital expenditures in excess of \$1 million (Table 10). All registered expenditures appeared to be appropriate to the mission of the facility and to the life cycle of the equipment being replaced.

Table 9 Equipment Registrations

Project Type	Number of Registrations	Capital Expenditure
Replace cardiac catheterization equipment	6	\$6,076,396
Replace PET equipment with PET/CT	2	\$4,401,803
Replace MRI Equipment	5	\$10,450,617
Replace computed tomography equipment	15	\$15,882,768
Replace linear accelerator	3	\$8,629,679
TOTAL	31	\$45,441,263

Table 10 Capital Expense Registrations

Project Type	Number of Registrations	Capital Expenditure
Hospital renovations	11	\$27,819,147
Capital equipment not otherwise listed	3	\$5,202,420
Major software/computer upgrades	2	\$4,444,000
TOTAL	16	\$37,465,567

Appendix A

§ 32.1-102.12. Report required.

The Commissioner shall annually report to the Governor and the General Assembly on the status of Virginia's certificate of public need program. The report shall be issued by October 1 of each year and shall include, but need not be limited to:

1. A summary of the Commissioner's actions during the previous fiscal year pursuant to this article;
2. A five-year schedule for analysis of all project categories, which provides for analysis of at least three project categories per year;
3. An analysis of the appropriateness of continuing the certificate of public need program for at least three project categories in accordance with the five-year schedule for analysis of all project categories;
4. An analysis of the effectiveness of the application review procedures used by the health systems agencies and the Department required by § 32.1-102.6 which details the review time required during the past year for various project categories, the number of contested or opposed applications and the project categories of these contested or opposed projects, the number of applications upon which the health systems agencies have failed to act in accordance with the timelines of § 32.1-102.6 B, and the number of deemed approvals from the Department because of their failure to comply with the timelines required by § 32.1-102.6 E, and any other data determined by the Commissioner to be relevant to the efficient operation of the program;
5. An analysis of health care market reform in the Commonwealth and the extent, if any, to which such reform obviates the need for the certificate of public need program;
6. An analysis of the accessibility by the indigent to care provided by the medical care facilities regulated pursuant to this article and the relevance of this article to such access;
7. An analysis of the relevance of this article to the quality of care provided by medical care facilities regulated pursuant to this article; and
8. An analysis of equipment registrations required pursuant to § 32.1-102.1:1, including the type of equipment, whether an addition or replacement, and the equipment costs.

(1997, c. 462; 1999, cc. 899, 922.)

Appendix B

12VAC5-220-10. Definitions.

"Medical care facility" means any institution, place, building, or agency, at a single site, whether or not licensed or required to be licensed by the board or the State Mental Health, Mental Retardation and Substance Abuse Services Board, whether operated for profit or nonprofit and whether privately owned or operated or owned or operated by a local governmental unit, (i) by or in which facilities are maintained, furnished, conducted, operated, or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two or more nonrelated mentally or physically sick or injured persons, or for the care of two or more nonrelated persons requiring or receiving medical, surgical, or nursing attention or services as acute, chronic, convalescent, aged, physically disabled, or crippled or (ii) which is the recipient of reimbursements from third party health insurance programs or prepaid medical service plans. For purposes of this chapter, only the following medical care facility classifications shall be subject to review:

1. General hospitals.
2. Sanitariums.
3. Nursing homes.
4. Intermediate care facilities, except those intermediate care facilities established for the mentally retarded that have no more than 12 beds and are in an area identified as in need of residential services for people with mental retardation in any plan of the Department of Mental Health, Mental Retardation and Substance Abuse Services.
5. Extended care facilities.
6. Mental hospitals.
7. Mental retardation facilities.
8. Psychiatric hospitals and intermediate care facilities established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts.
9. Specialized centers or clinics or that portion of a physician's office developed for the provision of outpatient or ambulatory surgery, cardiac catheterization, computed tomographic (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), positron emission tomographic (PET) scanning, radiation therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging, or such other specialty services as may be designated by the board by regulation.
10. Rehabilitation hospitals.
11. Any facility licensed as a hospital.

The term “medical Care facility” shall not include any facility of (i) the Department of Mental Health, Mental Retardation and Substance Abuse Services; (ii) any nonhospital substance abuse residential treatment program operated by or contracted primarily for the use of a community services board under the Department of Mental Health, Mental Retardation and Substance Abuse Services Comprehensive Plan; (iii) an intermediate care facility for the mentally retarded that has no more than 12 beds and is in an area identified as in need of residential services for people with mental retardation in any plan of the Department of Mental Health, Mental Retardation and Substance Abuse Services; (iv) a physician's office, except that portion of the physician's office described above in subdivision 9 of the definition of "medical care facility"; or (v) the Woodrow Wilson Rehabilitation Center of the Virginia Department of Rehabilitative Services. “ Medical care facility shall also not include that portion of a physician’s office dedicated to providing nuclear cardiac imaging.

"Project" means:

1. The establishment of a medical care facility.
2. An increase in the total number of beds or operating rooms in an existing or authorized medical care facility.
3. Relocation at the same site of 10 beds or 10 percent of the beds, whichever is less, from one existing physical facility to another in any two-year period; however, a hospital shall not be required to obtain a certificate for the use of 10% of its beds as nursing home beds as provided in §32.1-132;
4. The introduction into any existing medical care facility of any new nursing home service, such as intermediate care facility services, extended care facility services or skilled nursing facility services, regardless of the type of medical care facility in which those services are provided;
5. Introduction into an existing medical care facility of any new cardiac catheterization, computed tomography (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), medical rehabilitation, neonatal special care services, obstetrical services, open heart surgery, positron emission tomographic (PET) scanning, psychiatric, organ or tissue transplant service, radiation therapy, nuclear medicine imaging, except for the purpose of nuclear cardiac imaging, substance abuse treatment, or such other specialty clinical services as may be designated by the Board by regulation, which the facility has never provided or has not provided in the previous 12 months;
6. The conversion of beds in an existing medical care facility to medical rehabilitation beds or psychiatric beds;
7. The addition by an existing medical care facility of any medical equipment for the provision of cardiac catheterization, computed tomography (CT) scanning, gamma knife surgery, lithotripsy, magnetic resonance imaging (MRI), magnetic source imaging (MSI), open heart surgery, positron emission tomographic (PET) scanning, radiation therapy, or other specialized service designated by the board by regulation. Replacement of existing medical equipment shall not require a certificate of public need; or

8. Any capital expenditure of \$5 million or more, not defined as reviewable in subdivisions 1 through 7 of this definition, by or in behalf of a medical care facility. However, capital expenditures between \$1 million and \$5 million shall be registered with the commissioner pursuant to regulations developed by the Board.

Appendix C

§ 32.1-102.3. Certificate required; criteria for determining need.

B. In determining whether a public need for a project has been demonstrated, the Commissioner shall consider:

1. The recommendation and the reasons therefore of the appropriate health planning agency.
2. The relationship of the project to the applicable health plans of the Board and the health planning agency.
3. The relationship of the project to the long-range development plan, if any, of the person applying for a certificate.
4. The need that the population served or to be served by the project has for the project, including, but not limited to, the needs of rural populations in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.
5. The extent to which the project will be accessible to all residents of the area proposed to be served and the effects on accessibility of any proposed relocation of an existing services or facility.
6. The area, population, topography, highway facilities and availability of the services to be provided by the project in the particular part of the health service area in which the project is proposed, in particular, the distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.
7. Less costly or more effective alternate methods of reasonably meeting identified health service needs.
8. The immediate and long-term financial feasibility of the project.
9. The relationship of the project to the existing health care system of the area in which the project is proposed; however, for projects proposed in rural areas, the relationship of the project to the existing health care services in the specific rural locality shall be considered.
10. The availability of resources for the project.
11. The organizational relationship of the project to necessary ancillary and support services.
12. The relationship of the project to the clinical needs of health professional training programs in the area in which the project is proposed.
13. The special needs and circumstances of an applicant for a certificate, such as a medical school, hospital, multidisciplinary clinic, specialty center or regional health service provider, if a substantial portion of the applicant's services or resources or both is provided to individuals not residing in the health service area in which the project is to be located.

14. The special needs and circumstances of health maintenance organizations. When considering the special needs and circumstances of health maintenance organizations, the Commissioner may grant a certificate for a project if the Commissioner finds that the project is needed by the enrolled or reasonably anticipated new members of the health maintenance organization or the beds or services to be provided are not available from providers which are not health maintenance organizations or from other health maintenance organizations in a reasonable and cost-effective manner.
15. The special needs and circumstances for biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.
16. In the case of a construction project, the costs and benefits of the proposed construction.
17. The probable impact of the project on the costs of and charges for providing health services by the applicant for a certificate and on the costs and charges to the public for providing health services by other persons in the area.
18. Improvements or innovations in the financing and delivery of health services which foster competition and serve to promote quality assurance and cost effectiveness.
19. In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities in the area similar to those proposed, including, in the case of rural localities, any distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to care.
20. The need and the availability in the health service area for osteopathic and allopathic services and facilities and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels.

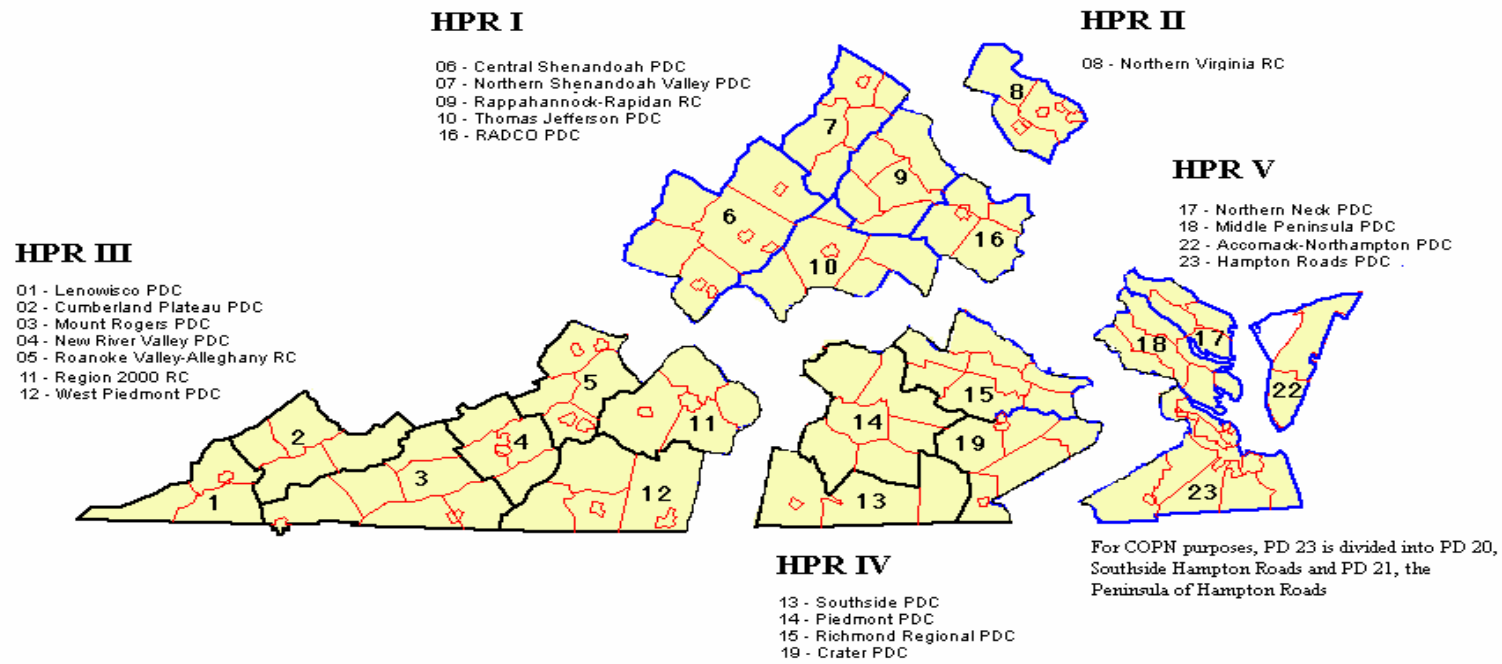
Appendix D

Authorized COPN Requests in Fiscal Year 2006

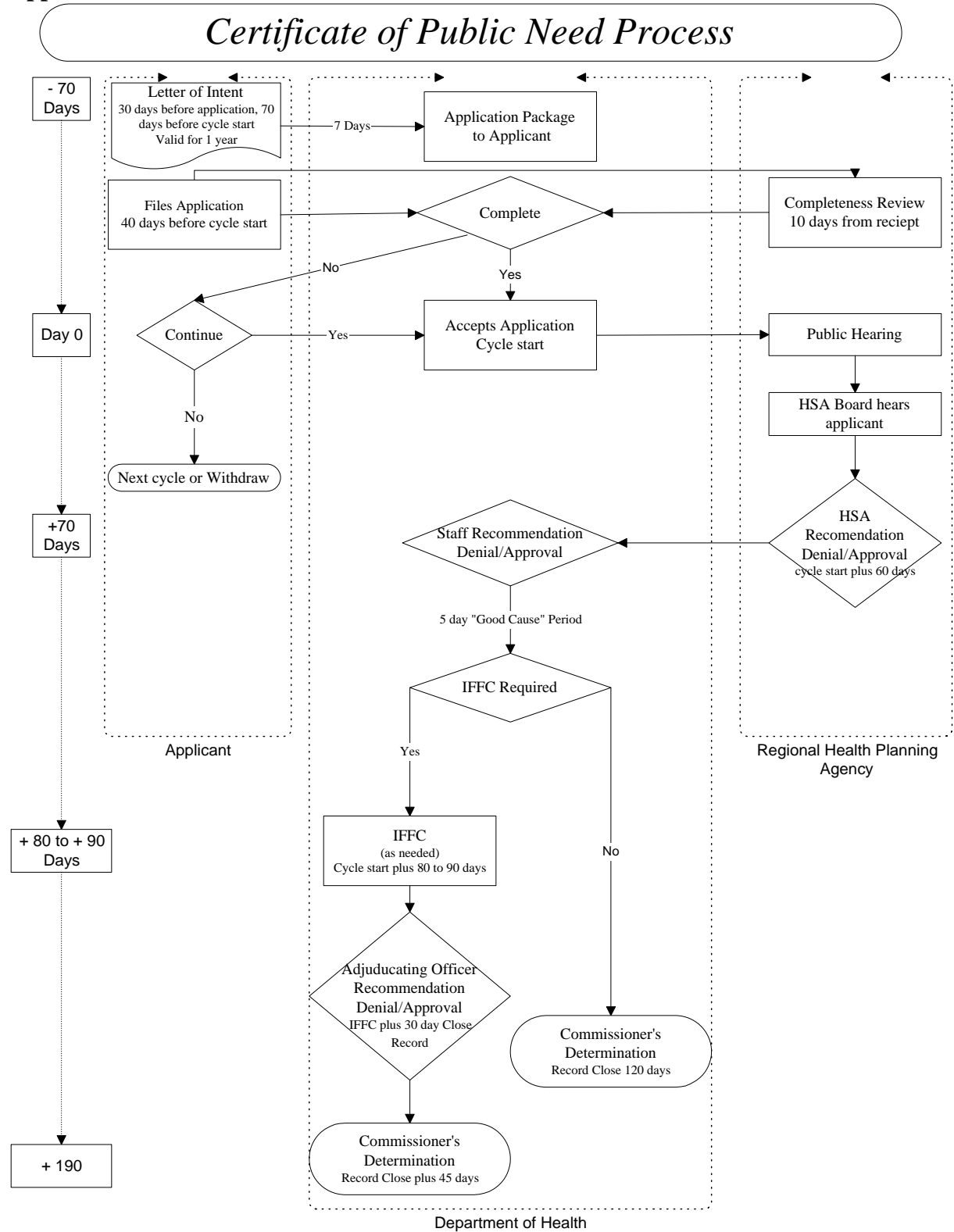
Project Categories	Number of Projects	Capital Costs
Batch Group A General hospitals, obstetrical services, neonatal special care services Subtotal	11	\$392,918,186
Batch Group B Open heart surgery, cardiac catheterization, ambulatory surgery centers, operating room additions, transplant services Subtotal	13	\$46,058,824
Batch Group C Psychiatric facilities, substance abuse treatment, mental retardation facilities Subtotal	1	\$420,467
Batch Group D Diagnostic imaging Subtotal	47	\$93,901,992
Batch Group E Medical rehabilitation Subtotal	0	\$0
Batch Group F Gamma knife surgery, lithotripsy, radiation therapy, comprehensive cancer care centers Subtotal	6	\$151,190,691
Batch Group G Nursing home beds, capital expenditures Subtotal	5	\$15,548,038
COPN Program Total	83	\$700,038,198

Appendix E

Virginia's Health Planning Regions Virginia's Planning Districts



Appendix F



Appendix G

FIVE YEAR PROJECT CATEGORY GROUPING FOR ANNUAL REPORTS ON THE STATUS OF CERTIFICATE OF PUBLIC NEED

Tenth Annual Report – 2006

Group 5 Psychiatric services, substance abuse treatment services and miscellaneous capital expenditures

- Establishment of a sanitarium
- Establishment of a mental hospital
- Establishment of a psychiatric hospital
- Establishment of an intermediate care facility established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts
- Introduction by an existing medical care facility of any new psychiatric service
- Introduction by an existing medical care facility of any new substance abuse treatment service
- Conversion of beds in an existing medical care facility to psychiatric beds
- Any capital expenditure of five million dollars or more, not defined as reviewable in subdivisions 1 through 7 of the definition of “project,” by or in behalf of a medical care facility

Eleventh Annual Report - 2007

Group 1 General hospitals, general surgery, specialized cardiac services and organ and tissue transplantation

- Establishment of a general hospital
- Establishment of an outpatient surgical hospital or specialized center or clinic or that portion of a physician’s office developed for the provision of outpatient or ambulatory surgery
- An increase in the number of operating rooms in an existing medical care facility
- Establishment of a specialized center or clinic or that portion of a physician’s office developed for the provision of cardiac catheterization
- Introduction into an existing medical care facility of any new cardiac catheterization service
- Addition or replacement by an existing medical care facility of equipment for the provision of cardiac catheterization
- Introduction into an existing medical care facility of any new open heart surgery service
- Addition by an existing medical care facility of equipment for the provision of open heart surgery
- Introduction into an existing medical care facility of any new organ or tissue transplantation service

Twelfth Annual Report – 2008

Group 2 Diagnostic Imaging

- Establishment of a specialized center or clinic or that portion of a physician’s office developed for the provision of computed tomography (CT)
- Introduction by an existing medical care facility of any new CT service
- Addition by an existing medical care facility of CT equipment
- Establishment of a specialized center or clinic or that portion of a physician’s office developed for the provision of magnetic resonance imaging (MRI)
- Introduction by an existing medical care facility of any new MRI service

- Addition by an existing medical care facility of MRI equipment
- Establishment of a specialized center or clinic or that portion of a physician's office developed for the provision of magnetic source imaging (MSI)
- Introduction by an existing medical care facility of any new MSI service
- Addition by an existing medical care facility of MSI equipment
- Establishment of a specialized center or clinic or that portion of a physician's office developed for the provision of nuclear medicine imaging
- Introduction by an existing medical care facility of any new nuclear medicine imaging service
- Establishment of a specialized center or clinic or that portion of a physician's office developed for the provision of positron emission tomography (PET)
- Introduction by an existing medical care facility of any new PET service
- Addition by an existing medical care facility of PET equipment

Thirteenth Annual Report – 2009

Group 3 Medical Rehabilitation, long-term care hospital services, nursing home services and mental retardation facilities

- Establishment of a medical rehabilitation hospital
- Introduction by an existing medical care facility of any new medical rehabilitation service
- Conversion of beds in an existing medical care facility to medical rehabilitation beds
- Establishment of a long-term care hospital
- Establishment of a nursing home
- Establishment of an extended care facility
- Introduction by an existing medical care facility of any new nursing home service, such as intermediate care facility services, extended care facility services, or skilled nursing facility services, regardless of the type of medical care facility in which those services are provided

Fourteenth Annual Report – 2010

Group 4 Radiation therapy, lithotripsy, obstetrical services and neonatal special care

- Establishment of a specialized center or clinic or that portion of a physician's office developed for the provision of radiation therapy, including gamma knife surgery
- Introduction into an existing medical care facility of any new radiation therapy, including gamma knife surgery, service
- Addition by an existing medical care facility of equipment for the provision of radiation therapy, including gamma knife surgery
- Establishment of a specialized center or clinic or that portion of a physician's office developed for the provision of lithotripsy
- Introduction into an existing medical care facility of any new lithotripsy service
- Addition by an existing medical care facility of equipment for the provision of lithotripsy
- Establishment of an outpatient maternity hospital (non-general hospital birthing center)
- Introduction into an existing medical care facility of any new obstetrical service
- Introduction into an existing medical care facility of any new neonatal special care service

Fifteenth Annual Report – 2011

Group 5 Psychiatric services, substance abuse treatment services and miscellaneous capital expenditures

- Establishment of a sanitarium
- Establishment of a mental hospital
- Establishment of a psychiatric hospital
- Establishment of an intermediate care facility established primarily for the medical, psychiatric or psychological treatment and rehabilitation of alcoholics or drug addicts
- Introduction by an existing medical care facility of any new psychiatric service
- Introduction by an existing medical care facility of any new substance abuse treatment service
- Conversion of beds in an existing medical care facility to psychiatric beds
- Any capital expenditure of five million dollars or more, not defined as reviewable in subdivisions 1 through 7 of the definition of “project,” by or in behalf of a medical care facility

Project Categories Presented in the First Eight Years of Annual Reports (1997 – 2005)

First Annual Report – 1997

Group 1 General Hospitals, general surgery, specialized cardiac services and organ and tissue transplantation

Second Annual Report – 1998

Group 2 Diagnostic Imaging

Third Annual Report – 1999

Group 3 Medical Rehabilitation, long-term care hospital services, nursing home services and mental retardation facilities

Fourth Annual Report – 2000

Group 4 Radiation therapy, lithotripsy, obstetrical services and neonatal special care

Fifth Annual Report - 2001

Group 5 Psychiatric services, substance abuse treatment services and miscellaneous capital expenditures

Sixth Annual Report - 2002

Group 1 General hospitals, general surgery, specialized cardiac services and organ and tissue transplantation

Seventh Annual Report - 2003

Group 2 Diagnostic Imaging

Eighth Annual Report - 2004

Group 3 Medical rehabilitation; long-term care hospital services, nursing home services and mental retardation facilities

Ninth Annual Report - 2005

Group 4 Radiation therapy, lithotripsy, obstetrical services and neonatal special care

Appendix H

Certificates of Public Need Issued With Conditions Requiring the Provision of Indigent Care and/or the Development and/or Operation of Primary Care For Underserved Populations in FY 2006

Applicant/Project Location	Project	PD	COPN #	Date	Conditions
Mary Washington Hospital, Inc.	Add One Cardiac catheterization Lab	16	VA- 03937	6/15/2005	2.8% indigent / primary care
Lewis Gale Medical Center	Introduce Stereotactic radiosurgery Services	5	VA- 03939	7/6/2005	2.3% indigent / primary care
John Randolph Medical Center (Columbia/HCA John Randolph, Inc.)	Addition of a 2nd CT and a 2nd MRI Scanner	19	VA- 03940	8/15/2005	2.2% indigent / primary care
University of Virginia Imaging, LLC	Addition of a CT Scanner	10	VA- 03941	8/15/2005	2.8% indigent / primary care
Martha Jefferson Hospital	Add CT Equipment for Radiation Therapy Simulation	10	VA- 03942	8/15/2005	2.8% indigent / primary care
Riverside Walter Reed Hospital	Replace Mobile MRI Service with Fixed Equipment	18	VA- 03944	8/15/2005	2.2% indigent / primary care
PHC-Martinsville, Inc., d/b/a Memorial Hospital of Martinsville and Henry County	Addition of a CT Scanner	12	VA- 03945	8/10/2005	2.3% indigent / primary care
PHC-Martinsville, Inc., d/b/a Memorial Hospital of Martinsville and Henry County	Addition of a MRI Scanner	12	VA- 03946	8/10/2005	2.3% indigent / primary care
Central Virginia Imaging	Addition of an MRI Scanner	11	VA- 03947	8/10/2005	2.3% indigent / primary care
The Orthopaedic Center of Central Virginia, Inc.	Establish a Specialized Center for MRI Services	11	VA- 03948	8/10/2005	2.3% indigent / primary care
Rockingham Memorial Hospital	Addition of a 3rd CT Scanner	6	VA- 03951	8/25/2005	2.8% indigent / primary care
Virginia Medical Imaging, Inc.	Establish a Specialized Center for CT Imaging	16	VA- 03952	9/9/2005	2.8% indigent / primary care
Medical Imaging of Fredericksburg, LLC	Replace Mobile PET Service and Fixed CT Scanner with a Fixed PET/CT (Use CT for General Imaging)	16	VA- 03953	8/20/2005	2.8% indigent / primary care
PET Scans of America Corporation and Alleghany Regional Hospital	Introduce Mobile PET Services at Alleghany Regional Hospital (Site)	5	VA- 03955	8/25/2005	2.3% indigent / primary care
Mary Washington Hospital, Inc.	Add Four Operating Rooms	16	VA- 03956	8/15/2005	2.8% indigent / primary care
Shore Health Services, Inc.	Introduce PET Services (Mobile Site)	22	VA- 03957	8/1/2005	2.2% indigent / primary care
Kindred Hospitals East, LLC	Establish a 70-Bed Long Term Acute Care Hospital (60 beds approved)	15	VA- 03960	8/22/2005	2.2% indigent / primary care
Insight Health Corp. d/b/a Medical Imaging Center of Arlington	Add One MRI Scanner	8	VA- 03961	9/13/2005	2.7% indigent / primary care
Insight Health Corporation	Add One PET Unit to an Existing Mobile PET Service	1	VA- 03963	9/22/2005	2.8% indigent / primary care
Commonwealth Imaging, LLC	Establish a Specialized Center for MRI Services	16	VA- 03964	10/11/2005	2.7% indigent / primary care
Tuckahoe Orthopaedic Associates, LTD	Establish a Specialized Center for MRI Services	15	VA- 03965	10/25/2005	2.2% indigent / primary care

Falls Church Lithotripsy Associates, L.L.C.	Establish Specialized Centers for Orthopedic Lithotripsy Services (Mobile Sites)	I	VA-	03968	10/15/2005	2.8% indigent / primary care
Richmond Radiation Oncology Center, Inc.	Establish a Specialized Center for Radiation Therapy Services	IV	VA-	03969	10/15/2005	2.2% indigent / primary care
Hampton Roads Proton Beam Therapy Institute at Hampton University, L.L.C.	Establish a Specialized Center for Stereotactic Radiosurgery (Proton Beam Radiosurgery)	V	VA-	03970	10/13/2005	2.2% indigent / primary care
University of Virginia Medical Center	Establish a Cancer Care Center on the Hospital Campus Including the Replacement and Relocation of a Linear Accelerator and a New PET/CT Simulator	I	VA-	03971	10/13/2005	2.8% indigent / primary care
Centra Health, Inc.	Establish a Long Term Acute Care Hospital in Lynchburg	11	VA-	03973	11/15/2005	2.3% indigent / primary care
Henrico Doctors' Hospital-Forest	Capital Expenditure of More Than \$5 Million	15	VA-	03975	11/15/2005	2.2% indigent / primary care
Virginia Hospital Center (Virginia Hospital Center Arlington Health System)	Capital Expenditure of More Than \$5 Million	8	VA-	03977	11/17/2005	2.7% indigent / primary care, 1 yr demonstration
Lakeview Medical Center	Establish a Specialized Center for CT Services	20	VA-	03982	11/15/2005	2.2% indigent / primary care
Rockingham Memorial Hospital	Introduce Open Heart Surgery Services	6	VA-	03984	12/15/2005	2.8% indigent / primary care
Northern Virginia Imaging, L.L.C.	Relocate MRI Services Within Loudoun County	8	VA-	03987	12/5/2005	2.7% indigent / primary care
Northern Virginia Imaging, L.L.C.	Addition of a MRI Scanner	8	VA-	03988	12/5/2005	2.7% indigent / primary care
Martha Jefferson Hospital	Addition of a MRI Scanner	10	VA-	03989	12/8/2005	2.7% indigent / primary care
Mary Immaculate Hospital	Add Two Operating Rooms	21	VA-	03990	12/12/2005	2.2% indigent / primary care
Winchester Eye Surgery Center, LLC	Establish an Outpatient Surgical Hospital (1 OR)	7	VA-	03994	12/22/2005	3.0% indigent / primary care
Prince William Hospital System	Establish an Outpatient Surgical Hospital (2 ORs)	8	VA-	03995	1/10/2006	2.7% indigent / primary care
Loudoun Hospital Center t/a Inova Loudoun Hospital Center and Inova Loudoun Ambulatory Surgery Center LLC	Establish an Outpatient Surgical Hospital (4 to 6 ORs)	8	VA-	03996	2/10/2006	same sliding scale as VA-03648
Virginia Hospital Center	Add Three Operating Rooms (2 ORs approved)	8	VA-	03997	1/10/2006	2.7% indigent / primary care
Martha Jefferson Hospital	Addition of one CT Scanner	10	VA-	03999	2/15/2006	2.4% indigent / primary care
Prince William Health System	Establish a Specialized Center for CT Imaging	8	VA-	04000	2/15/2006	2.9% indigent / primary care
University of Virginia Imaging, LLC	Addition of one MRI Scanner	10	VA-	04001	2/15/2006	2.4% indigent / primary care
Fairfax Radiological Consultants, P.C.	Relocate an existing CT unit within PD 8 to Establish a Specialized Center for CT Imaging	8	VA-	04002	2/15/2006	2.9% indigent / primary care
Southside Regional Medical Center	Introduce PET Services (Mobile Site)	19	VA-	04003	2/22/2006	1.8% indigent / primary care 1st 2 yrs then average in effect at 3rd yr
Alliance Imaging, Inc.	Add One PET/CT Unit to an Existing Mobile PET Service	III	VA-	04004	2/22/2006	2.5% indigent / primary care

Twin County Family Care Centers, Inc.	Introduce PET Imaging (mobile site at Twin County Regional Hospital)	3	VA-	04005	2/22/2006	2.5% indigent / primary care
Sentara Healthcare	Addition of a CT Scanner	21	VA-	04006	2/15/2006	2.6% indigent / primary care
Tidewater Physicians Multispecialty Group, P.C.	Relocate an existing CT unit within PD 21	21	VA-	04007	2/15/2006	2.6% indigent / primary care
Chesapeake General Hospital	Establish a Specialized Center for MRI Imaging	20	VA-	04009	2/15/2006	2.6% indigent / primary care
Bon Secours St. Mary's Hospital	Addition of a CT Scanner	15	VA-	04013	5/3/2006	2.7% indigent / primary care
Patient First CT, LLC	Establish a Specialized Center for CT Imaging	15	VA-	04014	5/3/2007	2.7% indigent / primary care
Fauquier Hospital	Capital Expenditure of More Than \$5 Million (Remodel & enlarge ED)	9	VA-	04017	5/18/2006	2.4% indigent / primary care
Medical Circle, LLC	Establish a Specialized Center for MRI Imaging	7	VA-	04019	6/19/2006	2.4% indigent / primary care
The Surgery Center of Chesapeake	Addition of 2 ORs	20	VA-	04020	6/19/2006	2.7% indigent / primary care
Cumberland Hospital for Children and Adolescents	Add 10 Acute Care Beds	15	VA-	04021	7/3/2006	All pts w/o regard to ability to pay
Hospice of Virginia	Establish a 15-bed Free Standing Hospice Care Facility (Acute Care Hospital License)	15	VA-	04022	7/5/2006	All pts w/o regard to ability to pay

Appendix I

Cumulative List of Certificates of Public Need Issued With Conditions Requiring the Provision of Indigent Care and/or the Development and/or Operation of Primary Care For Underserved Populations as of June 30, 2005

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Active Conditioned COPNs with Expired Reporting Requirements						
Lucy Corr Nursing Home	Replace Nursing Home & Add 30 N.H. Beds	15	VA- 03085	1/6/1993	subsidize Charity care	Yes
The Retreat Hospital	Establish an Outpatient Surgical Hospital	15	VA- 03088	1/25/1993	2% charity care	No Report Required
Urosurgical Center of Richmond	Establish an Outpatient Surgical Hospital	15	VA- 03090	2/22/1993	2% charity care	No Report Required
Lewis-Gale Medical Center	Replacement of a CT Scanner	5	VA- 03184	8/18/1994	1.3% charity care	No Report Required
Surgi-Center of Virginia	Renovate/Expand existing facility	7	VA- 03185	8/18/1994	0.7% charity care, 3 yr report	No Report Required
Culpeper and Fauquier Hospitals	Replacement MRI	9	VA- 03221	3/28/1995	1.8% charity care	No Report Required
Lewis-Gale Hospital	Replace Radiation Therapy Equipment	5	VA- 03245	10/6/1995	charity care at the median, indigent policy, reporting	No Report Required
Royal Medical Health Services	Replace MRI unit		VA- 03252	11/8/1995	1.22% charity care	Yes
Columbia/HCA Retreat Hospital	Replacement of a CT Scanner	15	VA- 03272	4/16/1996	1.2% charity care	No Report Required
UVA/HEALTHSOUTH L.L.C.	Establish 50-bed freestdg. med. rehab. hosp.	10	VA- 03277	5/17/1996	Care to all pts	No Report Required
Johnston-Willis Hospital	Convert 20 med/surg beds to 10 med rehab beds	15	VA- 03279	5/24/1996	1 med rehab bed set aside for charity care	No Report Required
McGuire Medical Group (now Virginia Physicians, Inc.)	Replace CT scanner	15	VA- 03283	6/3/1996	1% charity	Yes
Comm. Mem. Healthcenter	Introduce ESWL. services thru contract	13	VA- 03303	9/5/1996	3% charity care	No Report Required
St. Mary's Hospital of Richmond, now Bon Secours St. Mary's Hospital	Addition of a Third Cardiac Catheterization Laboratory	15	VA- 03309	10/30/1996	1.7% charity care	No Report Required
Russell County Medical Center	Provide lithotripsy services	2	VA- 03310	11/22/1996	1.8% charity Care	No Report Required
St. Mary's Hospital of Richmond, now Bon Secours St. Mary's Hospital	Replace SPECT Equipment	15	VA- 03315	12/21/1996	1.7% charity care	No Report Required
Martha Jefferson Hospital	Establish Cardiac Catheterization Service	10	VA- 03330	3/8/1997	charity care without regard for ability to pay	No Report Required
HEALTHSOUTH Medical Center	Replacement of CT System	15	VA- 03335	4/17/1997	1.7% charity care	Yes
Sentara Leigh Hospital	Replace MRI Equipment	20	VA- 03342	6/5/1997	2% charity care	No Report Required
SMT Mobile X Corporation	Add Magnetic Resonance Imaging Equipment		VA- 03346	7/28/1997	Various % indigent care based on location	No Report Required

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Community Memorial HealthCenter	Replacement of Computed Tomography Equipment	13	VA- 03349	8/29/1997	2.7% charity care	Yes
Southside Community Hospital	Introduction of MRI Services	14	VA- 03352	8/29/1997	1.4% charity care	Yes
Chesterfield Community Healthcare Center, Inc. d/b/a Ironbridge Medical Park ASC	Establish an Outpatient Surgical Hospital	15	VA- 03354	8/27/1997	2.3% charity care	No Report Required
MRI & CT Diagnostics	Replacement of MRI Equipment	20	VA- 03356	9/25/1997	2% charity care	No Report Required
Dickenson County Med. Ctr.	Replace Computed Tomography (CT)	2	VA- 03358	9/18/1997	1.9% charity care	No Report Required
Columbia Henrico Doctors' Hosp.	Replacement of Computed Tomography (CT)	15	VA- 03360	9/30/1997	1.7% charity care	No Report Required
Buchanan General Hospital	Replace Computed Tomography (CT) Equipment	2	VA- 03367	11/21/1997	1.9% charity care, 3-yr report	No Report Required
Columbia Lewis-Gale Medical Center	Replace Cardiac Catheterization Equipment & Construction of New Cath Lab	5	VA- 03375	1/20/1998	1.93% charity care	No Report Required
Reston Hospital Center	Replace CT Equipment	8	VA- 03376	3/2/1998	1.7% charity care / w 1.9% superceded in VA-03640	No Report Required
Sentara Leigh Hospital	Replacement of a cardiac catheterization laboratory	20	VA- 03378	2/18/1998	1.7% charity care	No Report Required
Rockingham Memorial Hospital	Addition of Radiation Therapy Equipment	6	VA- 03382	3/19/1998	1.8% charity care, 3 yr report	No Report Required
HealthSouth Diagnostic Center of Virginia Beach	Replace Magnetic Resonance Imaging (MRI) Equipment	20	VA- 03384	3/23/1998	1.7% charity care, 3-yr report	No Report Required
Children's Hospital of the Kings Daughters	Introduce MRI Services	20	VA- 03389	4/8/1998	1.7% charity care	No Report Required
Rockingham Memorial Hospital	Replacement of MRI Equipment	6	VA- 03400	6/30/1998	1.8% charity care	No Report Required
Augusta Health Care, Inc.	Addition of a Computed Tomography Scanner	6	VA- 03402	7/30/1998	1.8% charity care, 3-yr report	no Report Required
SMT Mobile X Corporation	Addition of MRI Equipment at Memorial Hospital, Martinsville & Henry County	12	VA- 03408	9/14/1998	2.0% charity care,	No Report Required
Williamsburg Community Hospital	Replace CT Equipment	21	VA- 03421	1/8/1999	1.2% charity care	No Report Required
	Replace mobile Cardiac Catheterization equipment	15/19	VA- 03422	1/6/1999	1.7% charity care @ 200% of poverty level	Yes
Bon Secours St. Mary's Hospital	Increase in Total Operating Rooms	15	VA- 03424	2/3/1999	1.0% charity care	No Report Required
Hospital Authority of the City of Petersburg, Southside Regional Medical Center	Introduce MRI Services	19	VA- 03428	3/2/1999	1.7% charity care	No Report Required
Sentara Leigh Hospital	Add CT Equipment		VA- 03435	4/8/1999	1.3% charity care, 3 yr report	No Report Required

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Covenant Woods/Richmond Home for Ladies	Establish a Nursing Home in Hanover County	15	VA- 03437	4/19/1999	Assistance subsidy of at least \$230,000 annually, 3-yr report	No Report Required
Surgi Center of Central Virginia	Add OR	15	VA- 03454	7/23/1999	2% charity care from surgical services	No Report Required
Snowden Services	Establish an OSH	16	VA- 03455	7/23/1999	2.0% indigent care	Yes
IMI of Arlington	Establish a Facility for MRI	8	VA- 03456	8/13/1999	1.9% indigent care	No Report Required
Prince William Hospital	Add CT Equipment	8	VA- 03458	8/16/1999	1.9% charity care, 3-yr report	No Report Required
Bathe County	Add CT Equipment	6	VA- 03461	8/25/1999	2.0% charity care	No Report Required
Williamsburg Community Hospital	Establish a Specialized Center for CT Services	21	VA- 03469	11/8/1999	1.2% charity care	No Report Required
Richmond Medical Commons, LLC	Establish an Outpatient Surgical Hospital (Replace Richmond Eye & Ear Hospital)	15	VA- 03472	11/5/1999	2.3% charity care	Yes
Guild Lithotripsy	Establish Mobile Lithotripsy Services	15	VA- 03473	11/2/1999	Contract clause for 21.1% charity care	Yes
Management Services d/b/a Positron Emission Tomography Institute of Hampton Roads, LLC	Establish a Facility for PET	20	VA- 03490	2/9/2000	1.4% charity care, 3 yr report	No Report Required
Inova Franconia Springfield Medical Center	Introduce CT services	8	VA- 03497	2/3/2000	1.2% charity care	No Report Required
Medical College of Virginia Hospitals	Introduction of Positron Emission Tomography	15	VA- 03505	2/9/2000	accept all referral from all dr's	No Report Required
Sentara Healthcare	Add mobile CT for use at Sentara Leigh Hospital	20	VA- 03507	2/9/2000	1.4% charity care, 3 yr report	No Report Required
The Surgery Center of Lynchburg	Establish an Outpatient Surgical Hospital w/3 ORs	11	VA- 03509	2/9/2000	3.0% charity care	No Report Required
Chippenham & Johnston-Willis Hospitals, Inc	Add a 5th Cardiac Catheterization Lab	15	VA- 03524	6/8/2000	0.9% charity care rate for caths for 3 yrs	No Report Required
Chippenham & Johnston-Willis Hospitals, Inc	Add CT Equipment at Johnston-Willis Hospital	15	VA- 03532	8/9/2000	0.9% charity care	No Report Required
Sentara Healthcare	Introduce MRI at Sentara Bayside Hospital	20	VA- 03534	8/9/2000	1.4% charity care	No Report Required
Martha Jefferson Hospital	Add CT Equipment	10	VA- 03537	8/9/2000	Charity care @ 2.0% of off campus CT gr	No Report Required
Martha Jefferson Hospital	Establish an Outpatient Surgical Hospital	10	VA- 03549	1/8/2001	2.0% charity care	No Report Required
Riverside Regional Medical Center	Capital expenditure for trauma services facility	21	VA- 03559	3/12/2001	1.2% charity care	No Report Required
Loudoun Hospital Center	Add CT Equipment at Lansdowne Campus	8	VA- 03564	3/27/2001	2.3% charity care	No Report Required

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Southampton Memorial Hospital	Capital Expenditure in Excess of \$5 million to Expand and Renovate the Hospital	20	VA- 03571	5/15/2001	1.2% charity,	No Report Required
Total		63				

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Active Conditions (Completed Conditioned COPNs with a Requirement to Report Compliance)						
Augusta Medical Corporation	Construct Outpatient Physic/Med Bldg. at AMC	6	VA- 03186	8/29/1994	1.5% charity care	No
Sentara Virginia Beach General Hospital	Establish a facility for nuclear medicine imaging	20	VA- 03488	2/4/2000	2.0% charity care	No
Chesapeake General Hospital	Add CT	20	VA- 03504	2/9/2000	1.4% charity care	Yes
Sentara Healthcare	Establish a Facility for CT in Newport News	21	VA- 03508	2/9/2000	1.4% charity care	No
Greensville Memorial Hospital	Replacement facility	19	VA- 03527	6/12/2000	charity care @ 2.1%	Yes
MRI of Reston	Add MRI Equipment	8	VA- 03536	8/8/2000	Charity care @ 1.2% of MRI gpr, accept all charity cases referred	No
Chippenham & Johnston-Willis Hospitals, Inc	Capital expenditure at Johnston-Willis Hospital	15	VA- 03545	11/30/2000	0.9% indigent care	Yes
Chippenham & Johnston-Willis Hospitals, Inc	Capital expenditure for Chippenham Medical Center	15	VA- 03546	11/30/2000	0.9% indigent care	Yes
Danville Regional Health System	Establish Open-Heart Surgical Services	12	VA- 03550	1/8/2001	2.0% indigent care	No
Winchester Medical Center	Addition of a CT Scanner	7	VA- 03551	2/9/2001	2.0% charity care	No
Winchester Radiologists, PC	Establish MRI Services (Open)	7	VA- 03552	2/9/2001	2.0% charity care	Yes
Surgi-Center of Central Virginia, Inc	Addition of a General Purpose Operating Room	16	VA- 03555	2/22/2001	2.0% indigent care	No
Bon Secours Hampton Roads	Capital Expenditure in Excess of \$5 million to Expand and Renovate Mary Immaculate Hospital	21	VA- 03570	5/15/2001	1.2% charity,	Yes
Columbia Healthcare of Southwest Virginia	Introduce Mobile PET services at 5 hospitals	III	VA- 03576	5/11/2001	1.4% charity care	No
Loudoun Hospital Center	Introduce MRI Services at the Lansdowne Campus	8	VA- 03583	6/25/2001	1.9% charity care,	No
Fairfax Radiology Centers	Add CT Equipment	8	VA- 03592	8/16/2001	1.90%	Yes
Martha Jefferson Hospital	Introduce Mobile PET	10	VA- 03593	8/16/2001	1.80%	No

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Riverside Radiation Therapy Centers, LLC	Establish a Specialized Center for Radiation Therapy Services	18	VA-03599	10/15/2001	1.2% charity, cancer registry	No
Norton Community Hospital	Capital Expenditure of \$5M or More to for Renovation and Expansion	1	VA-03607	12/6/2001	1.4% charity care	No
Augusta Medical Center	Establish a Radiation Therapy Service	6	VA-03613	12/3/2001	1.60%	Yes
First Hospital Corporation of Virginia Beach	Add 10 Psychiatric Beds	20	VA-03621	1/14/2002	1.2% charity care	No
Chippenham & Johnston-Willis Hospitals	Capital Expenditure of \$5M or More to Construct a Specialized Center and Introduce Gamma Knife Services	15	VA-03629	1/8/2002	0.8% outpatient services, 1.5% Gamma Knife	No
Danville Regional Medical Center	Addition of 3 ORs	12	VA-03632	1/30/2002	free or reduce to 200%	No
First Meridian Medical Corporation t/a MRI and CT Diagnostics	Addition of Magnetic Resonance Imaging Equipment	20	VA-03633	2/12/2002	1.3% charity care	No
Sentara Healthcare	Addition of MRI Equipment at Sentara Leigh Hospital	20	VA-03634	2/12/2002	1.3% charity care	No
Rockingham Memorial Hospital	Addition of a 2nd MRI	6	VA-03636	2/12/2002	1.3% charity care	Yes
Centra Health	Addition of MRI Equipment at Lynchburg General Hospital	11	VA-03637	2/12/2002	1.4% charity care	No
MRI of Reston LP	Add Magnetic Resonance Imaging Equipment	8	VA-03639	2/12/2002	1.9% charity	No
Reston Hospital Center	Add Computed Tomography Equipment at Reston Hospital Center Campus	8	VA-03640	2/12/2002	1.9% charity care	No
Loudoun Hospital Center	Add 23 beds	8	VA-03647	2/26/2002	Charity care - sliding scale 125%-250% FPL	No
Lewis-Gale Medical Center	Addition of Radiation Therapy Equipment	5	VA-03656	4/15/2002	1.36% charity care	Yes
Inova Health System	Introduce Mobile Lithotripsy	8	VA-03657	4/12/2002	Fair Oaks & vendor provide 1.4% charity care	No
CDL Medical Technologies, Inc	Establish a Mobile Positron Emission Tomography Imaging Service	1	VA-03660	4/12/2002	1.2% charity care,	Yes
Virginia Imaging, LLC (Heart Imaging Center of Virginia)	Establish a Specialized Center for Computed Tomography Imaging Services	15	VA-03664	4/17/2002	2.0% charity care/outreach/education/reporting	Yes
Williamsburg Community Hospital	Add 1 OR	21	VA-03671	6/15/2002	1.7% charity/primary care	No
Bon Secours St. Mary's Hospital	Add 6 ORs	15	VA-03673	6/15/2002	2.1% charity/primary care	No
Roanoke Ambulatory Surgery Center, LLC	Establish a 3 General OR Outpatient Surgical Hospital	5	VA-03674	6/12/2002	1.5% charity/primary care	Yes

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Roanoke Cardiac Catheterization Center, LLC now Carilion Roanoke Memorial Hospital	Establish a Specialized Center for Cardiac Catheterization	5	VA-03675	6/12/2002	1.5% charity/primary care	Yes
Danville Regional Medical Center	Introduce Positron Emission Tomography Imaging Services Through a Mobile Provider	III	VA-03680	8/15/2002	1.5% charity/primary care	No
Medical Imaging of Fredericksburg, LLC	Addition of a second MRI Scanner	16	VA-03681	8/15/2002	2.2% charity/primary care	Yes
Mary Washington Hospital	Addition of 2 CT Scanners	16	VA-03682	8/15/2002	2.2% charity/primary care	Yes
Inova Health System	Addition of an MRI Scanner	8	VA-03684	8/13/2002	1.4% charity/primary care	No
Virginia Hospital Center Arlington Health System	Addition of a 2nd MRI	8	VA-03685	8/13/2002	1.4% charity/primary care	No
Winchester Radiologists, PC, Winchester Open MRI, LLC	Addition of Computed Tomography Imaging Equipment	7	VA-03688	8/14/2002	2.0% charity/primary care	No
University of Virginia Health System	Establish a Specialized Center for MRI (2 MRI Scanners) and CT (2 CT Scanners) Services	10	VA-03689	8/16/2002	8.3% charity/primary care	No
Martha Jefferson Hospital	Addition of a Linear Accelerator	10	VA-03694	10/15/2002	2.2% Indigent / primary care	No
Falls Church Lithotripsy	Addition of Mobile Lithotripsy Equipment	8	VA-03695	10/15/2002	Indigent / primary care - diff % in each HPR	No
Lewis-Gale Medical Center, LLC	Addition of a second MRI Scanner	5	VA-03700	10/8/2002	1.5% indigent care	No
Southwest Virginia Regional Open MRI Center	Establish a Specialized Center for MRI Services	5	VA-03701	10/8/2002	2% indigent care	No
Lewis-Gale Medical Center	Capital Expenditure of More Than \$5 Million	5	VA-03704	11/8/2002	1.4% charity/primary care	No
The Urosurgical Center of Richmond	Establish an Outpatient Surgical Hospital	15	VA-03709	12/18/2002	1.7% charity / primary care	No
Warren Memorial Hospital	Introduce Mobile MRI Services	7	VA-03715	2/14/2003	1.9% charity/indigent care	No
Halifax Regional Hospital, Inc.	Introduce Mobile PET Services	IV	VA-03716	2/15/2003	1.6% charity/indigent care	Yes
Community Radiology of Virginia, Inc.	Introduce Positron Emission Tomography Imaging Services Through a Mobile Provider	III	VA-03717	2/11/2003	5.0% charity/indigent care	Yes
Sentara Bayside Hospital	Addition of a Second CT Scanner	20	VA-03719	2/11/2003	1.8% indigent / primary care	Yes
Culpeper Regional Hospital	Introduce Mobile Lithotripsy Services (renal)	9	VA-03725	4/15/2003	1.9% indigent / primary care	No
Peninsula Surgery Centers II, LLC	Establish a 2-OR Outpatient Surgical Hospital	21	VA-03729	4/16/2003	1.8% indigent / primary care	No
Riverside Regional Medical Center	Establish Fixed CT Services and Introduce Mobile MRI Services at an Existing Medical Care Facility	21	VA-03733	5/27/2003	1.8% indigent / primary care	No

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Williamsburg Community Hospital	Introduce MRI Services into an Existing Medical Care Facility	21	VA-03734	5/27/2003	1.8% indigent / primary care	No
Williamsburg Community Hospital	Introduce CT Services into an Existing Medical Care Facility	21	VA-03735	5/27/2003	1.8% indigent / primary care	No
Roanoke Valley Center for Sight, L.L.C.	Addition of 1 General Operating Room	5	VA-03737	6/15/2003	1.6% charity / indigent care	Yes
Bon Secours Memorial Regional Medical Center	Addition of 3rd Cardiac Catheterization Laboratory	15	VA-03738	6/16/2003	1.6% charity / indigent care	No
Buford Road Imaging, L.L.C.	Introduce CT Services into an Existing Medical Care Facility	15	VA-03748	8/15/2003	1.6% indigent / primary care	No
Urosurgical Center of Richmond - South	Establish a Specialized Center for CT Services	15	VA-03749	8/15/2003	1.7% indigent / primary care	No
Fairfax Radiology Consultants, P.C.	Introduce CT Services into an Existing Medical Care Facility	8	VA-03751	8/15/2003	1.9% indigent / primary care	Yes
Carilion New River Valley Medical Center	Establish an OSH with 3 ORs & 1 Minor Procedure Rm	4	VA-03757	8/28/2003	1.9% charity / primary care	No
Falls Church Lithotripsy, L.L.C.	Add 3 Sites (podiatric) for Mobile Lithotripter (ortho)	V	VA-03759	10/15/2003	1.8% charity / indigent care	No
Lee Regional Medical Center	Introduce Cardiac Catheterization Services	1	VA-03765	12/15/2003	1.6% indigent / primary care	No
Alleghany Regional Hospital	Replace Mobile MRI with a Fixed MRI Unit	5	VA-03778	2/15/2004	1.6% Indigent / primary care	Yes
The Center for Advanced Imaging	Addition of 1 CT Scanner	5	VA-03779	2/15/2004	1.6% Indigent / primary care	No
Virginia Oncology Associates	Establish a Cancer Care Center in Norfolk, Including a Linear Accelerator, a CT and Mobile PET	V	VA-03784	2/4/2004	1.8% Indigent / primary care	Yes
Sentara Leigh Hospital	Establish a Specialized Center for CT Imaging (Mobile Site)	20	VA-03790	2/16/2004	1.8% Indigent / primary care	Yes
Bon Secours Mary Immaculate Hospital	Introduce Lithotripsy Services	21	VA-03798	4/15/2004	1.8% Indigent / Primary Care	Yes
Falls Church Lithotripsy, L.L.C.	Establish Multiple Mobile Orthopedic Lithotripter Sites	V	VA-03800	4/15/2004	1.8% Indigent / Primary Care	No
Hampton Roads Orthopaedics & Sports Medicine	Establish a Specialized Center for MRI Imaging	21	VA-03808	4/27/2004	3.6% indigent / primary care	Yes
Winchester Medical Center	Addition of a Cardiac Catheterization Laboratory	7	VA-03821	6/21/2004	3.8% Indigent / primary care	Yes
Rockingham Memorial Hospital	Addition of a Cardiac Catheterization Laboratory	6	VA-03824	6/21/2004	2.7% Indigent / primary care	Yes

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Virginia Cancer Institute, Inc.	Introduce CT Services	15	VA-03830	6/23/2004	1.6% indigent / primary care	Yes
Rappahannock General Hospital	Introduce Inpatient Psychiatric Services -10 Beds	17	VA-03831	7/15/2004	1.8% Indigent / Primary Care	No
Chippenham and Johnston-Willis Hospitals	Addition of Medical Rehabilitation beds at the Johnston-Willis Hospital Campus	15	VA-03834	7/14/2004	1.6% indigent / primary care	No
Martha Jefferson Hospital	Addition of a Cardiac Catheterization Laboratory	10	VA-03841	7/30/2004	2.7% indigent / primary care	Yes
Northern Virginia Imaging Limited Partnership	Addition of one CT Scanner	8	VA-03844	8/9/2004	2.5% Indigent / primary care	Yes
Virginia Hospital Center Arlington Health System	Addition of one CT Scanner	8	VA-03845	8/9/2004	2.5% indigent / primary care	Yes
Cancer Center of Central Virginia, LLC	Introduce CT Equipment for Radiation Therapy Simulation	16	VA-03849	8/18/2004	2.7% Indigent / primary care (for rad tx)	Yes
Virginia Hospital Center Arlington Health System	Introduce Positron Emission Tomography Imaging	8	VA-03851	8/16/2004	2.5% Indigent / primary care	Yes
PET of Reston LP	Establish a Specialized Center for Positron Emission Tomography Imaging Services	8	VA-03852	8/16/2004	2.5% Indigent / primary care	No
Virginia Hospital Center	Introduce Mobile Lithotripsy Services	8/II	VA-03858	10/18/2004	2.5% Indigent / primary care	Yes
First Hospital Corporation of Virginia Beach d/b/a Virginia Beach Psychiatric Center	Add 24 Psychiatric Beds at Kempsville Center	20	VA-03919	3/7/2005	1.28% indigent / primary care	Yes
Shenandoah Memorial Hospital	Capital Expenditure of More Than \$5 Million (Expansion & Renovation)	7	VA-03928	5/15/2005	2.8% indigent / primary care	No
Total		89				

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Pending Conditioned COPNs (Not Yet Completed / No Compliance Report Expected)						
Augusta Hospital Corporation	Establish Cardiac Cath. services at AMC	6	VA-03130	10/18/1993		No Report Expected
HCA Health Services of Virginia, Inc, d/b/a Reston Hospital Center	Capital Expenditure for Hospital Renovation & Expansion	8	VA-03470	11/10/1999	indigent care	No Report Expected
Martha Jefferson Hospital	Add a MRI Unit	10	VA-03598	10/15/2001	1.6% charity care	No Report Expected
Fairfax Surgery Center	On-site Replacement of a Medical Care Facility	8	VA-03615	12/20/2001	Sliding scale charity care	No Report Expected
Central Virginia Hospital, LLC	Add Psychiatric Beds at Henrico Doctors Hospital	15	VA-03622	1/11/2002	29 days/month free care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Potomac Hospital Corporation of Prince William	Add CT Equipment at Potomac Hospital Campus	8	VA- 03641	2/12/2002	1.9% charity care	No Report Expected
Bon Secours Memorial Regional Medical Center & Memorial Ambulatory Surgical Center, LLC	Establish an Outpatient Surgical Hospital w/ 6 ORs	15	VA- 03645	2/7/2002	charity care at 2% Gross Patient Revenue	No Report Expected
Loudoun Healthcare	Add 8 ORs	8	VA- 03648	2/26/2002	Charity care - sliding scale 125%-250% FPL	No Report Expected
Surgical Care Affiliates, Inc., now Regional Surgical Services, LLC	Establish an Outpatient Surgical Hospital	2	VA- 03652	2/28/2002	charity care at 3% Gross Patient Revenue	No Report Expected
Prince William Hospital	Capital Expenditure of More Than \$5 Million	8	VA- 03670	6/10/2002	1.4% charity / primary care	No Report Expected
Pratt Medical Center	Addition of a MRI Scanner and a CT Scanner at an Outpatient Diagnostic Center	16	VA- 03683	8/15/2002	2.2% charity/primary care	No Report Expected
Loudoun Hospital Center	Addition of a CT Scanner	8	VA- 03686	8/13/2002	1.4% charity/primary care	No Report Expected
Prince William Hospital and Fauquier Hospital	Establish a Specialized Center for Radiation Therapy Services	8	VA- 03697	10/18/2002	1.4% indigent/primary care	No Report Expected
Loudoun Hospital Center	Introduction of Radiation Therapy into an Existing Medical Care Facility	8	VA- 03698	10/18/2002	1.4% indigent/primary care	No Report Expected
Bon Secours Virginia HealthSource, Inc.	Establish a Specialized Center for Radiation Therapy Services	15	VA- 03699	10/28/2002	1.7% indigent / primary care	No Report Expected
Lee Regional Medical Center/Lee County, Virginia	Add 5 Beds to an Existing Medical Rehabilitation Unit	1	VA- 03705	11/5/2002	1.5% charity care, medical director	No Report Expected
Williamsburg Community Hospital	Establish a General Hospital	21	VA- 03706	11/15/2002	1.8% charity/primary care	No Report Expected
Potomac Hospital	Add 30 Acute Care Beds	8	VA- 03708	11/14/2002	1.4% charity/primary care	No Report Expected
Bon Secours Richmond Health System	Add 4 ORs at St. Francis Medical Center	15	VA- 03710	12/18/2002	1.7% charity / primary care	No Report Expected
Bon Secours Richmond Health System, Bon Secours St. Francis Medical Center	Establish a 130 bed acute care hospital, replace Bon Secours Sturat Circle Hospital	15	VA- 03713	1/28/2003	3% charity care	No Report Expected
Chesapeake General Hospital	Addition of Second Cardiac Catheterization Lab	20	VA- 03724	3/19/2003	1.8% charity / primary care	No Report Expected
Sentara Healthcare	Establish Mobile Lithotripsy Services (renal)	V	VA- 03726	4/16/2003	1.8% charity / primary care	No Report Expected
Memorial Hospital of Martinsville and Henry County	Establish a 4-OR Outpatient Surgical Hospital	12	VA- 03727	4/9/2003	1.7% charity/primary care	No Report Expected
Winchester Medical Center	Capital Expenditure of More Than \$5 Million	7	VA- 03730	5/15/2003	1.9% charity / primary care	No Report Expected
Henrico Doctors' Hospital-Parham	Capital Expenditure of More Than \$5 Million	15	VA- 03731	5/20/2003	1.6% charity / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Sentara Healthcare (VA Beach Gen.)	Capital Expenditure of More Than \$5 Million	20	VA- 03732	5/19/2003	1.8% charity / primary care	No Report Expected
Lewis-Gale Medical Center	Addition of Cardiac Catheterization Equipment	5	VA- 03736	6/15/2003	1.6% charity / primary care	No Report Expected
Riverside Behavioral Center dba Peninsula Behavioral Center	Transfer 60 Psychiatric Beds from Riverside Regional Medical Center	21	VA- 03741	7/21/2003	1.8% charity care	No Report Expected
Loudoun Hospital Center	Addition of Psychiatric Beds	8	VA- 03744	7/18/2003	1.4% charity / primary care	No Report Expected
Pulaski Community Hospital	Addition of a Second Linear Accelerator	4	VA- 03753	8/6/2003	1.6% indigent / primary care	No Report Expected
Riverside Regional Medical Center	Capital Expenditure of More Than \$5 Million	21	VA- 03754	8/8/2003	1.8% charity / primary care	No Report Expected
The Skin Cancer Surgery Center	Establish an Outpatient Surgical Hospital	8	VA- 03756	8/20/2003	1.4% indigent / primary care	No Report Expected
Inova Health System	Introduce MRI at an Existing Medical Care Facility (Inova Emergency Care Center: Franconia/Springfield)	8	VA- 03761	12/23/2003	regional avg charity care	No Report Expected
Bon Secours St. Mary's Hospital and a To-Be-Established LLC	Establish an Outpatient Surgical Hospital	15	VA- 03768	1/15/2004	1.6% indigent / primary care	No Report Expected
The Center for Cosmetic Laser & Dermatologic Surgery	Establish an Outpatient Surgical Hospital	8	VA- 03776	1/28/2004	1.4% indigent / primary care	No Report Expected
MRI of Reston, L.P.	Addition of a 4th MRI Scanner	8	VA- 03782	2/10/2004	1.9% Indigent / primary care	No Report Expected
Inova Health System	Add a 4th MRI at Inova Fairfax Hospital MRI Cntr	8	VA- 03783	2/10/2004	1.9% Indigent / primary care	No Report Expected
Sentara Healthcare	Establish a Cancer Care Center Including a Linear Accelerator, a CT, PET, in VA Beach	V	VA- 03785	2/4/2004	1.8% Indigent / primary care	No Report Expected
Riverside Regional Medical Center	Establish a Cancer Care Center Including 2 Linear Accelerator, a CT, in Newport News	V	VA- 03786	2/4/2004	1.8% Indigent / primary care	No Report Expected
Chesapeake General Hospital	Addition of a Second Linear Accelerator	V	VA- 03788	2/4/2004	1.8% Indigent / primary care	No Report Expected
Williamsburg Radiation Therapy Center, Inc.	Addition of a Second Linear Accelerator	V	VA- 03789	2/4/2004	1.8% Indigent / primary care	No Report Expected
Bon Secours St. Mary's Hospital	Addition of a 4th Cardiac Catheterization Laboratory	15	VA- 03791	2/27/2004	1.6% indigent / primary care	No Report Expected
Henrico Doctors' Hospital-Forrest	Addition of a 4th Cardiac Catheterization Laboratory	15	VA- 03792	2/27/2004	1.6% indigent / primary care	No Report Expected
Northern Virginia Community Hospital, LLC	Establish a 164-Bed General Acute Care Hospital with New OB Service	8	VA- 03793	3/10/2004	1.37% Indigent / primary care	No Report Expected
Chippenham & Johnston-Willis Hospitals, Inc.	Addition of a Cardiac Catheterization Laboratory	15	VA- 03795	3/19/2004	1.6% indigent / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Bon Secours St. Francis Medical Center	Introduction of Cardiac Catheterization Services	15	VA- 03796	3/19/2004	1.6% indigent / primary care	No Report Expected
Mid-Rivers Cancer Center, L.L.C.	Establish a Specialized Center for Radiation Therapy Services	17/V	VA- 03797	4/15/2004	1.8% Indigent / Primary Care	No Report Expected
Falls Church Lithotripsy, L.L.C.	Establish Multiple Mobile Orthopedic Lithotripter Sites	IV	VA- 03799	4/15/2004	1.8% Indigent / Primary Care	No Report Expected
Inova Health System	Introduce Lithotripsy Services at the Franconia-Springfield Healthplex	8	VA- 03801	4/15/2004	2.5% Indigent / primary care	No Report Expected
Children's Hospital of The King's Daughters	Establish an Outpatient Surgical Hospital	21	VA- 03805	4/26/2004	charity care	No Report Expected
Sentara CarePlex	Relocation of an Outpatient Surgical Hospital	21	VA- 03806	4/26/2004	1.8% Indigent / primary care	No Report Expected
Bon Secours Mary Immaculate Hospital	Establish an Outpatient Surgical Hospital	21	VA- 03807	4/26/2004	1.8% Indigent / primary care	No Report Expected
Loudoun Hospital Center	Add Intensive Care Beds at Lansdowne Campus	8	VA- 03811	5/15/2004	2.5% Indigent / primary care	No Report Expected
R Joy LLC and R Joy II LLC (Eye Surgery Limited and/or Beach Surgicenter for Eyes)	Establish an Outpatient Surgical Hospital	20	VA- 03815	5/17/2004	2.0% indigent / primary care	No Report Expected
Chesapeake General Hospital	Establish an Outpatient Surgical Hospital	20	VA- 03816	5/17/2004	1.8% Indigent / primary care	No Report Expected
Norton Community Hospital	Introduce Cardiac Catheterization Services, Mobile Site	1	VA- 03820	6/15/2004	1.8% Indigent / Primary Care	No Report Expected
Virginia Eye Consultants, Inc.	Establish an Outpatient Surgical Hospital	20	VA- 03823	6/14/2004	2.2% Indigent / primary care	No Report Expected
Memorial Hospital of Martinsville and Henry County	Convert up to 20 Med/Surg Beds to Medical Rehabilitation (15 beds approved)	12	VA- 03825	6/2/2004	2.0% indigent / primary care	No Report Expected
Medical Imaging of Fredericksburg, LLC	Introduce PET/CT Hybrid Services and Addition of MRI Equipment	I 16	VA- 03826	6/9/2004	1.1% indigent / primary care	No Report Expected
Commonwealth Radiology, P.C.	Establish a Specialized Center for CT and MRI Imaging	15	VA- 03828	6/23/2004	1.6% indigent / primary care	No Report Expected
Richmond West End Diagnostic Imaging, L.L.C.	Relocate and Add one MRI to an Existing Service	15	VA- 03829	6/23/2004	2.0% indigent / primary care	No Report Expected
First Meridian Medical Corporation t/a MRI and CT Diagnostics	Addition of Third Magnetic Resonance Imaging Unit	20	VA- 03839	8/15/2004	1.8% indigent / primary care	No Report Expected
Northern Virginia Community Hospital	Introduce MRI Services	8	VA- 03842	8/9/2004	2.5% indigent / primary care	No Report Expected
Loudoun Hospital Center	Introduce MRI at the Western Loudoun Medical Center Campus	8	VA- 03843	8/9/2004	2.5% indigent / primary care	No Report Expected

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Loudoun Hospital Center	Establish a Specialized Center for CT Imaging	8	VA- 03846	8/9/2004	2.5% indigent / primary care	No Report Expected
Inova Health System	Add 1 CT Scanner to Inova Fairfax Hospital's CT Services to be Located at the Inova Reston Emergency Care Center	8	VA- 03847	8/9/2004	2.5% indigent / primary care	No Report Expected
Inova Health System	Addition of one CT Scanner at Inova Fairfax Hospital	8	VA- 03848	8/9/2004	2.5% indigent / primary care	No Report Expected
Sentara Bayside Hospital	Introduce Cardiac Catheterization Services	20	VA- 03850	7/30/2004	2.2% Indigent / primary care	No Report Expected
Norton Community Hospital	Introduce PET Services, Mobile Site	1	VA- 03853	8/24/2004	2.1% indigent / primary care	No Report Expected
CHS-Southside Regional Medical Center	Addition of a Second Linear Accelerator	19/IV	VA- 03855	10/15/2004	1.8% Indigent / Primary Care	No Report Expected
Alleghany Regional Hospital	Introduce Radiation Therapy Services	5/III	VA- 03859	10/14/2004	2.1% indigent / primary care	No Report Expected
Riverside Regional Medical Center	Introduce Stereotactic Radiosurgery Services	21	VA- 03860	10/15/2004	2.2% Indigent / primary care	No Report Expected
Short Pump Imaging, LLC	Establish a Specialized Center for MRI Imaging	15	VA- 03861	10/7/2004	1.6% indigent / primary care	No Report Expected
Chesterfield Imaging, LLC	Establish a Specialized Center for MRI Imaging	15	VA- 03862	10/7/2004	1.6% indigent / primary care	No Report Expected
Montgomery Regional Hospital	Addition of 1 MRI Scanner and 1 CT Scanner	4	VA- 03865	10/27/2004	2.1% indigent / primary care	No Report Expected
Carilion New River Valley Medical Center	Introduce PET Services, Mobile Site and Add 1 MRI and 2 CT Scanners	4	VA- 03866	10/27/2004	2.1% indigent / primary care	No Report Expected
Riverside Health System	Establish a Long Term Acute Care Hospital at Riverside Rehabilitation Institute	21	VA- 03870	11/15/2004	1.8% indigent / primary care	No Report Expected
Bon Secours-St. Mary's Hospital of Richmond, Inc.	Capital Expenditure of \$5M or More (New Construction Increasing Number of Private Patient Rooms)	15	VA- 03872	11/15/2004	1.8% indigent / primary care	No Report Expected
Chippenham & Johnston-Willis Hospitals, Inc	Capital Expenditure of \$5M or More (New Construction Patient Rooms and Parking Deck)	15	VA- 03873	11/15/2004	1.8% indigent / primary care	No Report Expected
Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center	Establishment of a General Acute Care Hospital through the Replacement and Relocation of Southside Regional Medical Center	19	VA- 03874	12/15/2004	1.8% indigent / primary care 1st 2 yrs then average in effect at 3rd yr	No Report Expected
Riverside Walter Reed Hospital	Addition of 1 Operating Room	18	VA- 03875	12/15/2004	2.2% indigent / primary care	No Report Expected
Osteopathic Surgical Centers, LLC (Charlottesville)	Establish an Outpatient Surgical Hospital	10	VA- 03876	12/16/2004	3.0% indigent / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Inova Health System	Establish a 4 OR Outpatient Surgical Hospital (on Behalf of Northern Virginia Surgery II, LLC)	8	VA- 03877	12/15/2004	2.7% indigent / primary care	No Report Expected
Rehabilitation Hospital of Petersburg, Inc.	Establish a Medical Rehabilitation Hospital	19	VA- 03879	11/24/2004	3.0% indigent / primary care	No Report Expected
Rehabilitation Hospital of Fredericksburg, Inc.	Establish a 40-Bed Medical Rehabilitation Hospital	16	VA- 03880	12/8/2004	3.0% indigent / primary care	No Report Expected
Riverside Regional Medical Center	Relocate two Operating Rooms from Riverside Surgery Center-Warwick to a Location in Hampton	21	VA- 03884	1/15/2005	2.2% Indigent / primary care	No Report Expected
Sentara Hospitals	Introduce PET/CT Services - Mobile Site - Sentara Williamsburg Community Hospital	21	VA- 03886	1/5/2005	1.78% indigent / primary care	No Report Expected
Sentara Hospitals	Introduce PET/CT Services - Mobile Site - Sentara Virginia Beach General Hospital	20	VA- 03888	1/5/2005	1.78% indigent / primary care	No Report Expected
Sentara CarePlex Hospital	Add One (4th) CT Scanner	21	VA- 03889	2/15/2005	2.2% indigent / primary care	No Report Expected
Loudoun Hospital Center	Introduce Cardiac Catheterization Services	8	VA- 03890	1/11/2005	2.5% Indigent / primary care	No Report Expected
Atlantic Eye Consultants, P.C.	Establish an Outpatient Surgical Hospital	20	VA- 03892	1/27/2005	2.2% indigent / primary care	No Report Expected
Virginia Beach Eye Center	Establish a 1-OR Outpatient Surgical Hospital	20	VA- 03893	1/27/2005	2.2% Indigent / primary care	No Report Expected
Sentara Leigh Hospital	Add One CT Scanner	20	VA- 03896	2/15/2005	2.2% indigent / primary care	No Report Expected
Short Pump Imaging, LLC	Establish a Specialized Center for CT Imaging	15	VA- 03898	2/15/2005	2.2% indigent / primary care	No Report Expected
Chesterfield Imaging, LLC	Establish a Specialized Center for CT Imaging	15	VA- 03899	2/15/2005	2.2% indigent / primary care	No Report Expected
Chippenham & Johnston-Willis Hospitals, Inc	Add CT Equipment for Radiation Therapy Simulation at the Johnston-Willis Campus	15	VA- 03900	2/15/2005	2.2% indigent / primary care	No Report Expected
Bon Secours Richmond Community Hospital	Replace Mobile MRI Service with Fixed MRI Equipment	15	VA- 03901	2/15/2005	2.2% indigent / primary care	No Report Expected
Virginia Physicians, Inc.	Relocate CT and MRI Services	15	VA- 03902	2/15/2005	2.2% indigent / primary care	No Report Expected
Lewis Gale Medical Center	Addition of one CT Scanner	5	VA- 03903	2/7/2005	2.3% indigent / primary care	No Report Expected
Lewis Gale Medical Center	Add CT Equipment for Radiation Therapy Simulation	5	VA- 03904	2/7/2005	2.3% indigent / primary care	No Report Expected
Odyssey IV, LLC, dba the Center for Advanced Imaging	Addition of 1 MRI Scanner	5	VA- 03906	2/10/2005	2.3% indigent / primary care	No Report Expected
Medical Imaging of Fredericksburg, LLC	Introduce Computed Tomography Services	16	VA- 03907	2/15/2005	2.8% indigent / primary care	No Report Expected

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Associates in Radiology Oncology, P.C.	Introduce CT Equipment for Radiation Therapy Simulation	8	VA- 03911	2/24/2005	2.7% indigent / primary care	No Report Expected
Virginia Hospital Center	Add CT Equipment for Radiation Therapy Simulation	8	VA- 03912	2/24/2005	2.7% indigent / primary care	No Report Expected
Reston Hospital Center	Add one CT Scanner	8	VA- 03913	2/24/2005	2.7% indigent / primary care	No Report Expected
Potomac Inova Health Alliance	Establish a Specialized Center for PET (Mobile Site) Imaging.	8	VA- 03917	2/24/2005	2.7% indigent / primary care	No Report Expected
Potomac Inova Health Alliance	Establish a Specialized Center for CT (Fixed) Imaging.	8	VA- 03918	2/24/2005	2.7% indigent / primary care	No Report Expected
Washington Radiology Associates, P.C.	Establish a Specialized Center for MRI and CT Imaging (Fairfax)	8	VA- 03920	3/17/2005	2.7% indigent / primary care	No Report Expected
Inova Health System	Introduce MRI Services at Reston Emergency Care Center	8	VA- 03921	3/17/2005	2.7% indigent / primary care	No Report Expected
Washington Radiology Associates, P.C.	Establish a Specialized Center for MRI and CT Imaging (Sterling)	8	VA- 03923	4/7/2005	2.7% indigent / primary care	No Report Expected
Inova Health System	Add One Fixed PET/CT Scanner at Inova Fairfax Hospital	8	VA- 03924	4/8/2005	2.7% indigent / primary care	No Report Expected
Lewis Gale Medical Center	Add One MRI Scanner	5	VA- 03929	5/3/2005	2.3% indigent / primary care	No Report Expected
Northern Virginia Community Hospital, LLC	Establish a 164-Bed General Acute Care Hospital with New OB Service	8	VA- 03931	5/13/2005	1.37% Indigent / primary care	No Report Expected
Inova Health System	Add 33 Acute Care Beds at Inova Fair Oaks Hospital	8	VA- 03932	5/13/2005	1.37% Indigent / primary care	No Report Expected
Memorial Hospital of Martinsville and Henry County	Add One Cardiac Catheterization Laboratory	12	VA- 03934	6/15/2005	2.3% indigent / primary care	No Report Expected
Atrium Surgery Center, LP	Establish an Outpatient Surgical Hospital	15	VA- 03935	6/15/2005	2.2% indigent / primary care	No Report Expected
Tuckahoe Surgery Center, LP	Establish a 4-OR Outpatient Surgical Hospital	15	VA- 03936	6/15/2005	2.2% indigent / primary care	No Report Expected
Mary Washington Hospital, Inc.	Add One Cardiac Catheterization Lab	16	VA- 03937	6/15/2005	2.8% indigent / primary care	No Report Expected
Lewis Gale Medical Center	Introduce Stereotactic Radiosurgery Services	5	VA- 03939	7/6/2005	2.3% indigent / primary care	No Report Expected
John Randolph Medical Center (Columbia/HCA John Randolph, Inc.)	Addition of a 2nd CT and a 2nd MRI Scanner	19	VA- 03940	8/15/2005	2.2% indigent / primary care	No Report Expected
University of Virginia Imaging, LLC	Addition of a CT Scanner	10	VA- 03941	8/15/2005	2.8% indigent / primary care	No Report Expected
Martha Jefferson Hospital	Add CT Equipment for Radiation Therapy Simulation	10	VA- 03942	8/15/2005	2.8% indigent / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Riverside Walter Reed Hospital	Replace Mobile MRI Service with Fixed Equipment	18	VA- 03944	8/15/2005	2.2% indigent / primary care	No Report Expected
PHC-Martinsville, Inc., d/b/a Memorial Hospital of Martinsville and Henry County	Addition of a CT Scanner	12	VA- 03945	8/10/2005	2.3% indigent / primary care	No Report Expected
PHC-Martinsville, Inc., d/b/a Memorial Hospital of Martinsville and Henry County	Addition of a MRI Scanner	12	VA- 03946	8/10/2005	2.3% indigent / primary care	No Report Expected
Central Virginia Imaging	Addition of an MRI Scanner	11	VA- 03947	8/10/2005	2.3% indigent / primary care	No Report Expected
The Orthopaedic Center of Central Virginia, Inc.	Establish a Specialized Center for MRI Services	11	VA- 03948	8/10/2005	2.3% indigent / primary care	No Report Expected
Rockingham Memorial Hospital	Addition of a 3rd CT Scanner	6	VA- 03951	8/25/2005	2.8% indigent / primary care	No Report Expected
Virginia Medical Imaging, Inc.	Establish a Specialized Center for CT Imaging	16	VA- 03952	9/9/2005	2.8% indigent / primary care	No Report Expected
Medical Imaging of Fredericksburg, LLC	Replace Mobile PET Service and Fixed CT Scanner with a Fixed PET/CT (Use CT for General Imaging)	16	VA- 03953	8/20/2005	2.8% indigent / primary care	No Report Expected
PET Scans of America Corporation and Alleghany Regional Hospital	Introduce Mobile PET Services at Alleghany Regional Hospital (Site)	5	VA- 03955	8/25/2005	2.3% indigent / primary care	No Report Expected
Mary Washington Hospital, Inc.	Add Four Operating Rooms	16	VA- 03956	8/15/2005	2.8% indigent / primary care	No Report Expected
Shore Health Services, Inc.	Introduce PET Services (Mobile Site)	22	VA- 03957	8/1/2005	2.2% indigent / primary care	No Report Expected
Kindred Hospitals East, LLC	Establish a 70-Bed Long Term Acute Care Hospital (60 beds approved)	15	VA- 03960	8/22/2005	2.2% indigent / primary care	No Report Expected
Insight Health Corp. d/b/a Medical Imaging Center of Arlington	Add One MRI Scanner	8	VA- 03961	9/13/2005	2.7% indigent / primary care	No Report Expected
Insight Health Corporation	Add One PET Unit to an Existing Mobile PET Service	I	VA- 03963	9/22/2005	2.8% indigent / primary care	No Report Expected
Tuckahoe Orthopaedic Associates, LTD	Establish a Specialized Center for MRI Services	15	VA- 03965	10/25/2005	2.2% indigent / primary care	No Report Expected
Falls Church Lithotripsy Associates, L.L.C.	Establish Specialized Centers for Orthopedic Lithotripsy Services (Mobile Sites)	I	VA- 03968	10/15/2005	2.8% indigent / primary care	No Report Expected
Richmond Radiation Oncology Center, Inc.	Establish a Specialized Center for Radiation Therapy Services	IV	VA- 03969	10/15/2005	2.2% indigent / primary care	No Report Expected
Hampton Roads Proton Beam Therapy Institute at Hampton University, L.L.C.	Establish a Specialized Center for Stereotactic Radiosurgery (Proton Beam Radiosurgery)	V	VA- 03970	10/13/2005	2.2% indigent / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
University of Virginia Medical Center	Establish a Cancer Care Center on the Hospital Campus Including the Replacement and Relocation of a Linear Accelerator and a New PET/CT Simulator	I	VA- 03971	10/13/2005	2.8% indigent / primary care	No Report Expected
Centra Health, Inc.	Establish a Long Term Acute Care Hospital in Lynchburg	11	VA- 03973	11/15/2005	2.3% indigent / primary care	No Report Expected
Henrico Doctors' Hospital-Forest	Capital Expenditure of More Than \$5 Million	15	VA- 03975	11/15/2005	2.2% indigent / primary care	No Report Expected
Virginia Hospital Center (Virginia Hospital Center Arlington Health System)	Capital Expenditure of More Than \$5 Million	8	VA- 03977	11/17/2005	2.7% indigent / primary care, 1 yr demonstration	No Report Expected
Lakeview Medical Center	Establish a Specialized Center for MRI and CT Services	20	VA- 03982	11/15/2005	2.2% indigent / primary care	No Report Expected
Rockingham Memorial Hospital	Introduce Open Heart Surgery Services	6	VA- 03984	12/15/2005	2.8% indigent / primary care	No Report Expected
Northern Virginia Imaging, L.L.C.	Relocate MRI Services Within Loudoun County	8	VA- 03987	12/5/2005	2.7% indigent / primary care	No Report Expected
Northern Virginia Imaging, L.L.C.	Addition of a MRI Scanner	8	VA- 03988	12/5/2005	2.7% indigent / primary care	No Report Expected
Martha Jefferson Hospital	Addition of a MRI Scanner	10	VA- 03989	12/8/2005	2.7% indigent / primary care	No Report Expected
Mary Immaculate Hospital	Add Two Operating Rooms	21	VA- 03990	12/12/2005	2.2% indigent / primary care	No Report Expected
Winchester Eye Surgery Center, LLC	Establish an Outpatient Surgical Hospital (1 OR)	7	VA- 03994	12/22/2005	3.0% indigent / primary care	No Report Expected
Prince William Hospital System	Establish an Outpatient Surgical Hospital (2 ORs)	8	VA- 03995	1/10/2006	2.7% indigent / primary care	No Report Expected
Loudoun Hospital Center t/a Inova Loudoun Hospital Center and Inova Loudoun Ambulatory Surgery Center LLC	Establish an Outpatient Surgical Hospital (4 to 6 ORs)	8	VA- 03996	2/10/2006	same sliding scale as VA- 03648	No Report Expected
Virginia Hospital Center	Add Three Operating Rooms (2 ORs approved)	8	VA- 03997	1/10/2006	2.7% indigent / primary care	No Report Expected
Martha Jefferson Hospital	Addition of one CT Scanner	10	VA- 03999	2/15/2006	2.4% indigent / primary care	No Report Expected
Prince William Health System	Establish a Specialized Center for CT Imaging	8	VA- 04000	2/15/2006	2.9% indigent / primary care	No Report Expected
University of Virginia Imaging, LLC	Addition of one MRI Scanner	10	VA- 04001	2/15/2006	2.4% indigent / primary care	No Report Expected
Fairfax Radiological Consultants, P.C.	Relocate an existing CT unit within PD 8 to Establish a Specialized Center for CT Imaging	8	VA- 04002	2/15/2006	2.9% indigent / primary care	No Report Expected

Applicant/Project Location	Project	PD	COPN #	Decision Date	Conditions	Condition Met in FY 06?
Southside Regional Medical Center	Introduce PET Services (Mobile Site)	19	VA- 04003	2/22/2006	1.8% indigent / primary care 1st 2 yrs then average in effect at 3rd yr	No Report Expected
Alliance Imaging, Inc.	Add One PET/CT Unit to an Existing Mobile PET Service	III	VA- 04004	2/22/2006	2.5% indigent / primary care	No Report Expected
Twin County Family Care Centers, Inc.	Introduce PET Imaging (mobile site at Twin County Regional Hospital)	3	VA- 04005	2/22/2006	2.5% indigent / primary care	No Report Expected
Sentara Healthcare	Addition of a CT Scanner	21	VA- 04006	2/15/2006	2.6% indigent / primary care	No Report Expected
Tidewater Physicians Multispecialty Group, P.C.	Relocate an existing CT unit within PD 21	21	VA- 04007	2/15/2006	2.6% indigent / primary care	No Report Expected
Chesapeake General Hospital	Establish a Specialized Center for MRI Imaging	20	VA- 04009	2/15/2006	2.6% indigent / primary care	No Report Expected
Bon Secours St. Mary's Hospital	Addition of a CT Scanner	15	VA- 04013	5/3/2006	2.7% indigent / primary care	No Report Expected
Patient First CT, LLC	Establish a Specialized Center for CT Imaging	15	VA- 04014	5/3/2007	2.7% indigent / primary care	No Report Expected
Fauquier Hospital	Capital Expenditure of More Than \$5 Million (Remodel & enlarge ED)	9	VA- 04017	5/18/2006	2.4% indigent / primary care	No Report Expected
Medical Circle, LLC	Establish a Specialized Center for MRI Imaging	7	VA- 04019	6/19/2006	2.4% indigent / primary care	No Report Expected
The Surgery Center of Chesapeake	Addition of 2 ORs	20	VA- 04020	6/19/2006	2.7% indigent / primary care	No Report Expected
Total			169			

Total Conditioned COPNs	321	
Active Conditioned COPNs with Expired Reporting Requirements	63	19.6% of all conditioned COPNs
Total Active Conditioned COPNs	89	27.7% of all conditioned COPNs
Active Conditioned COPNs in Compliance with Their Requirements	39	40.4% of active conditioned COPNs
Conditioned COPNs Pending Project Completion and/or Completion of 1st Yr of Service	169	52.6% of all conditioned COPNs

Source: Division of Certificate of Public Need