

**NETWORK ATTESTATION STATEMENT**

This Attestation Statement is to accompany the Network Development and Management Plan which is due within 45 days from the start of each contract year. Each Contractor will be required to submit this Attestation Statement for each GSA in which they operate.

Network Attestation Statement from  
**SCAN Long Term Care**  
To The  
**Arizona Health Care Cost Containment System**  
**Division of Health Care Management, Operations**

I hereby attest that the Network Development and Management Plan submitted does not meet the Network Standards (Acute Contract Section D, ¶28 and ¶29; ALTCS Contract Section D, ¶28 and ¶29; ACOM Policy 415 Provider Network Development and Management Plan and ACOM Policy 419 ALTCS Network Standards) for the following GSA(s) and/or county (ies):

GSA #52: Maricopa County

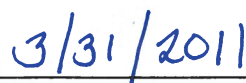
		<u>Requirement</u>	<u>Contracted</u>
Skilled Nursing Facilities	Zone 3	2	1
Assisted Living Centers	Zone 1	4	3
	Zone 5	1	2
	Zone 6	10	9
	Zone 7	4	3
	Zone 9	2	0
Adult Foster Care Homes	Zone 9	2	0

I hereby attest that the Network Development and Management Plan submitted meets all other Network Standards other than those listed above (Acute Contract Section D, ¶28 and ¶29; ALTCS Contract Section D, ¶28 and ¶29; ACOM Policy 415 Provider Network Development and Management Plan and ACOM Policy 419 ALTCS Network Standards) for the following GSA(s) and/or county (ies):

GSA #52: Maricopa County



(Network Administrator Signature)



Date