

**ATTACHMENT B**

**VERIFICATION ON OATH OR AFFIRMATION**

**TO BE COMPLETED BY ONECARE VERMONT ACCOUNTABLE CARE ORGANIZATION LLC EXECUTIVE**

STATE OF VERMONT  
Green Mountain Care Board

In re: OneCare Vermont Accountable Care Organization, LLC FY2023 Certification Eligibility Verification

Verification on Oath or Affirmation

I, [Name], make the following declarations based on my personal knowledge:

1. I am the [Title] of OneCare Vermont Accountable Care Organization, LLC (“OneCare”). I am a resident of [State], am over 18 years old, and am competent to testify to the information contained in this document. I have the authority to sign legally binding documents on behalf of OneCare.
2. I am familiar with the requirements, enumerated in 18 V.S.A. § 9382(a) and GMCB Rule 5.000, that accountable care organizations must meet to obtain and maintain certification in Vermont. To the best of my knowledge, information, and belief OneCare continues to satisfy these requirements and is eligible to maintain its certification.
3. I have reviewed the FY2023 Certification Eligibility Verification Form and supporting materials (“Certification Verification”) that OneCare is submitting to the Green Mountain Care Board.
4. To the best of my knowledge, information, and belief, the information contained in the Certification Verification is true, accurate, and complete and does not omit material facts relevant to OneCare’s compliance with the certification requirements for accountable care organizations.
5. To the extent my verification is based on something other than my personal knowledge, it is based on information, opinions, reports, and statements that I reasonably believe to be true, accurate, reliable, and complete. This information was presented or otherwise provided to me by OneCare’s officers, employees, legal counsel, or other persons whom I reasonably believe are reliable, trustworthy, and have the necessary professional competence and expertise to advise on the matters presented.

6. I acknowledge OneCare’s obligations to promptly notify the Green Mountain Care Board and supplement the Certification Verification in the event the information contained therein becomes untrue, inaccurate, or incomplete in any material respect.

I swear or affirm that the forgoing declarations are true and correct under penalty of perjury under the laws of the State of Vermont.

\_\_\_\_\_ Date: \_\_\_\_\_  
[Name]  
[Job Title] of OneCare Vermont Accountable Care  
Organization, LLC

To be completed by Notary Public

State of Vermont, County of \_\_\_\_\_

Signed and sworn (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

Date \_\_\_\_\_

Name of individual making statement: \_\_\_\_\_

Signature of notary public \_\_\_\_\_

Stamp

Title of office \_\_\_\_\_ [My commission expires: \_\_\_\_\_]