

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

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Meeting Date:	March 8, 2022	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Regular
		<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

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Department: Fire-Rescue

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**I. EXECUTIVE BRIEF**

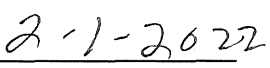
**Motion and Title:** Staff recommends motion to receive and file: an Emergency Triage, Treat, and Transport (ET3) Model Annual Certification Form executed and submitted by the Fire Rescue Administrator, through the County Administrator, to the Centers for Medicare & Medicaid Services (CMS) for the period January 1, 2021 through December 31, 2021.

**Summary:** On December 8, 2020 (R2020-1832), the Board of County Commissioners approved the ET3 Model Participation Agreement for participation in the ET3 pilot program with CMS for a term beginning upon execution by CMS through December 31, 2027; and a delegation of authority to the County Administrator, or designee, to execute and submit supporting and supplemental documents necessary to participate in the ET3 pilot program, including certification of the accuracy, completeness and truthfulness of data and information relating to implementation of the Model and ET3 Model Interventions, and compliance with applicable Model requirements relating to ET3 Interventions. The County Administrator designated the Fire Rescue Administrator as her designee for the purpose of signing such documents. The ET3 Model Participation Agreement requires submittal of the attached Annual Certification Form regarding compliance with ET3 Model requirements and the accuracy, completeness and truthfulness of data and information generated or submitted relating to the ET3 Model program. This Annual Certification Form has been fully executed by the Fire Rescue Administrator and is now being submitted to the Board as a Receive and File agenda item in accordance with Countywide PPM CW-O-051 for the Clerk and Comptroller's Office to receive and file. Countywide (SB)

**Background and Justification:** The purpose of the ET3 Model is to test whether paying for (1) Transport to an Alternative Destination and (2) Treatment in Place, each furnished to low-acuity Medicare fee for service (FFS) beneficiaries following a 9-1-1 call, will reduce avoidable transports of Medicare FFS beneficiaries to hospital emergency departments and/or utilization of other Covered Services.

**Attachment:** ET3 Model Annual Certification Form

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<b>Recommended by:</b>		
	Assistant Fire Chief	Date
<b>Approved by:</b>		
	Fire Rescue Administrator	Date
<b>Approved by:</b>		
	County Administrator	Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>* 0</b>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	<b>0</b>	_____	_____	_____	_____

Is Item Included in Proposed Budget? Yes \_\_\_ No X  
 Does this item include the use of federal funds? Yes \_\_\_ No X

Budget Account No.: Fund \_\_\_ Dept \_\_\_ Unit \_\_\_  
 Revenue Source \_\_\_/Object \_\_\_

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

\* The approval of this agreement will not increase nor decrease the Fire Rescue budget.

C. Departmental Fiscal Review: *[Signature]*

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

*[Signature]* 2/3/22  
 OFMB OPA 2.3.22  
 AP 2/3/22

*[Signature]* 2/8/22  
 Contract Development and Control  
 2-8-22 TD

**B. Legal Sufficiency**

*[Signature]* 2/8/22  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

### ET3 Model Annual Certification Form

Use this form to certify compliance for Performance Year (PY) 1 (January 1 – December 31, 2021).

Your organization must provide a formal attestation indicating compliance with Article 17.2(a) of the ET3 Model Participation Agreement (PA). Please select one of the options below and completely populate the six fields provided. If applicable, complete page two of this document.

Please choose one of the following responses:

I am an individual with the legal authority to bind Palm Beach County (the "Participant") and, in accordance with Article 17.2(a) of the ET3 Model Participation Agreement (PA), certify to the best of my knowledge, information, and belief that from the period of January 1 to December 31, 2021:

- (1) The Participant, ET3 Partners, Downstream Practitioners, Billing Parties, and other individuals and entities performing functions or services related to ET3 Model Interventions are in compliance with the applicable Model requirements; and
- (2) All data and information related to ET3 Model Interventions that are generated or submitted by the Participant, ET3 Partners, and, if applicable, Downstream Practitioners and Billing Parties are accurate, complete, and truthful.

(Page Two of this document can be left blank.)

I cannot certify compliance with Article 17.2(a) of the ET3 Model PA. (A detailed narrative explaining why I am unable to provide this certification is provided on Page Two of this document.)

ET3-0500  
ET3-ID Number (ET3-0XXX)

Palm Beach County  
Legal Business Name

Reginald K. Duren  
Printed Name

Fire Rescue Administrator  
Title through Verdenia Baker,  
County Administrator

Signature

1/26/2022  
Date

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY  
  
COUNTY ATTORNEY

**Narrative Explaining Actual or Potential Noncompliance:**

If you believe, or have reason to believe, noncompliance with ET3 Model PA Article 17.2(a) during PY1, please provide an explanation regarding the actual or potential noncompliance and a proposed plan to address/rectify.

**Detailed Response:**

[Empty text area for detailed response]