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October 7, 2013

TO:

Bradford County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

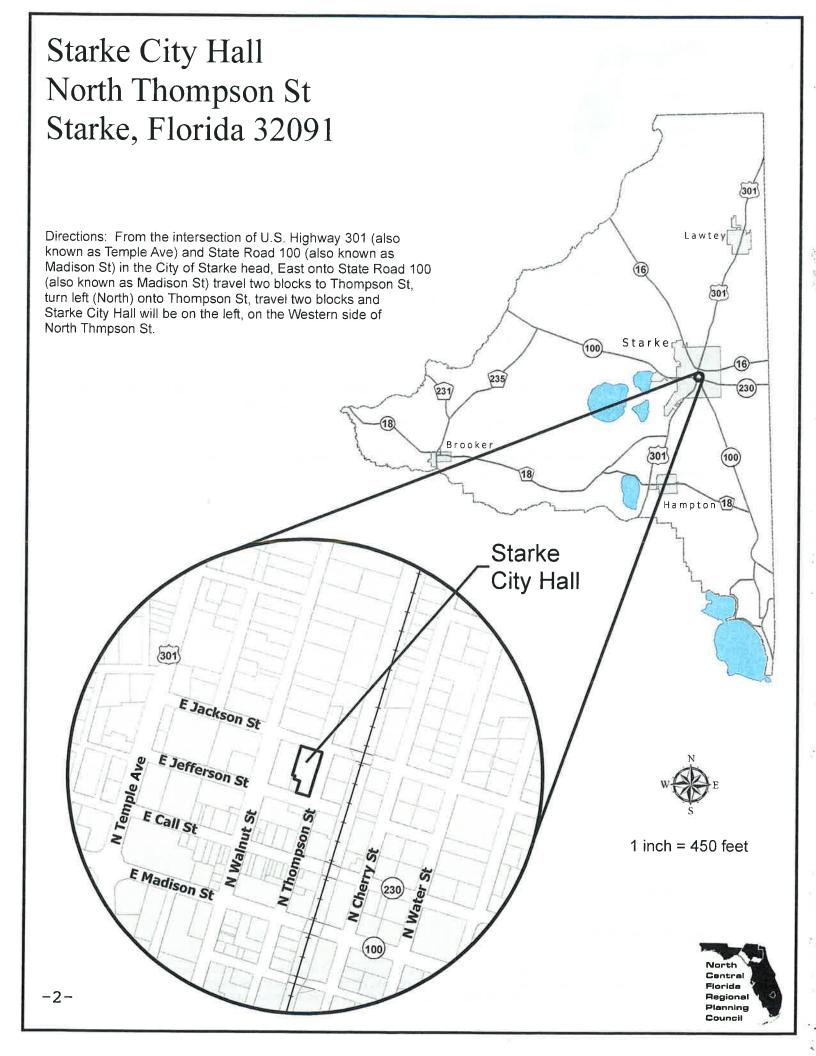
SUBJECT:

Meeting Announcement

The Bradford County Transportation Disadvantaged Coordinating Board will meet <u>Tuesday</u>, <u>October 15</u>, <u>2013 at 9:30 a.m.</u> in the City of Starke Commission Meeting Room located at 209 N. Thompson Street in the City of Starke. All Board members are encouraged to this meeting.

Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

### Attachments





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## BRADFORD COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

### MEETING ANNOUNCEMENT AND AGENDA

City Commission Meeting Room 209 N. Thompson Street Starke, Florida Tuesday October 15, 2013 9:30 a.m.

- I. BUSINESS MEETING CALL TO ORDER
  - A. Introductions
  - B. Approval of the Meeting Agenda

**ACTION REQUIRED** 

C. Approval of the July 16, 2013 Minutes

**ACTION REQUIRED** 

- II. NEW BUSINESS
  - A. Community Transportation Coordinator Annual Performance Evaluation

**ACTION REQUIRED** 

The Board needs to approve Suwannee River Economic Council's annual performance evaluation

B. Rural Area Capital Assistance Program Grant Application ACTION REQUIRED

The Board needs to approve Suwannee River Economic Council's application for Rural Area Capital Assistance Program Grant funds

C. Elect Vice-Chair

**ACTION REQUIRED** 

The Board needs to re-elect Mr. Steve Futch as the Board's Vice-Chair or elect a new Vice-Chair

D. 2012/13 Annual Operations Report

NO ACTION REQUIRED

The Board needs to review the 2012/13 Annual Operations Report

### E. Statewide Medicaid Managed Care Program

NO ACTION REQUIRED

Enclosed is information concerning the Statewide Medicaid Managed Care Program

F. Quarterly Operations Reports

NO ACTION REQUIRED

### III. OTHER BUSINESS

- A. Comments
  - 1. Members
  - 2. Citizens

### IV. FUTURE MEETING DATES

- A. Tuesday, January 7, 2014 at 9:30 a.m.
- B. Tuesday, April 15, 2014 at 9:30 a.m.
- C. Tuesday, July 15, 2014 at 9:30 a.m.
- D. Tuesday, October 22, 2014 at 9:30 a.m.

If you have any questions concerning the enclosed materials, please do not hesitate to contact me at 1-800-226-0690, extension 110.

<sup>\*</sup> Please note that this is a tentative meeting schedule, all dates and times are subject to change.

## BRADFORD COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	ALTERNATE
Commissioner Danny Riddick	Commissioner Tommy Chastain
Local Elected Official/Chair	Local Elected Official
Sandra Collins	Janell Damato
Florida Department of Transportation	Florida Department of Transportation
Brad Seeling	Vacant
Florida Department of Children and Families	Florida Department of Children and Families
Jeffrey Aboumrad	Vacant
Florida Department of Education	Florida Department of Education
Cindy Roberts	Vacant
Florida Department of Elder Affairs	Florida Department of Elder Affairs
Alana McKay	Andrew Singer
Florida Agency for Health Care Administration	Florida Agency for Health Care Administration
Linda Tatum	Vacant
Regional Workforce Board	Regional Workforce Board
Janice Johnson	Vacant
Florida Association for Community Action	Florida Association for Community Action
Richard Sapp	Vacant
Public Education	Public Education
Barbara Fischer	Vacant
Veterans	Veterans
Vacant	Vacant
Citizen Advocate	Citizen Advocate
Patricia Fountain (Term ending June 30, 2015)	Vacant
Citizen Advocate - User	Citizen Advocate - User
Mary Lou Black (Term ending June 30, 2014)	Sherry Ruszkowski
Persons with Disabilities	Persons with Disabilities
Vacant	Vacant
Elderly	Elderly
Vacant	Vacant
Medical Community	Medical Community
Kyle Bonesteel	Vacant
Children at Risk	Children at Risk
Steve Futch - Vice -Chair	Vacant
Private Transit	Private Transit

Note: Unless specified, members and alternates serve at the pleasure of the North Central Florida Regional Planning Council.

## BRADFORD COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

### **MEETING MINUTES**

City Commission Meeting Room 209 N. Thompson Street Starke, Florida Tuesday July 16, 2013 9:30 a.m.

### **VOTING MEMBERS PRESENT**

Commissioner Danny Riddick, Chairman
Jeffrey Aboumrad, Florida Department of Education
Sandra Collins, Florida Department of Transportation
Barbara Fischer, Veterans Representative
Patricia Fountain, Citizen Advocate -User
Steve Futch, Private Transit Representative, Vice-Chair
Alana McKay, Florida Agency for Health Care Administration - Medicaid
Sherry Ruszkowski representing Mary Lou Black, Persons with Disabilities Representative
Brad Seeling, Florida Department of Children and Families
Linda Tatum, Regional Workforce Development Board

### **VOTING MEMBERS ABSENT**

Kyle Bonesteel, Early Childhood Services Representative E.W. Hodges, Community Action Agency Representative Cindy Roberts, Florida Department of Elder Affairs Jean Rosebrock, Citizen Advocate Richard Sapp, Public Education Representative

### **OTHERS PRESENT**

Kristin Clements, Communities in Schools Melinda Poole, Suwannee River Economic Council

### STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

### I. BUSINESS MEETING CALL TO ORDER

Chairman Riddick called the meeting to order at 9:30 a.m.

### A. Introductions

Chairman Riddick asked everyone to introduce themselves.

### B. Approval of the Meeting Agenda

ACTION:

Linda Tatum moved to approve the meeting agenda. Sherry Ruszkowski seconded; motion passed unanimously.

### C. Approval of the April 16, 2013 Minutes

Ms. Barbara Fischer stated that she was present at the April 16, 2013 meeting, but, was listed in the minutes as absent.

Ms. Sandra Collins noted that the adjournment time of the public hearing should be before the business meeting was called to order.

Ms. Godfrey apologized for the errors.

**ACTION:** 

Linda Tatum moved to approve the April 16, 2013 meeting minutes as corrected. Sandra Collins seconded; motion passed unanimously.

### II. UNFINISHED BUSINESS

### A. Community Transportation Coordinator Selection

Ms. Godfrey stated that the Florida Commission for the Transportation Disadvantaged designated Suwannee River Economic Council, Inc. the Community Transportation Coordinator for Bradford County for a five year period beginning July 1, 2013.

### III. NEW BUSINESS

### A. Memorandum of Agreement

Ms. Godfrey stated that the Memorandum of Agreement is a binding contract between the Florida Commission for the Transportation Disadvantaged and a Community Transportation Coordinator. She explained that the Board is required to approve the Memorandum of Agreement.

The Board reviewed the Memorandum of Agreement between the Florida Commission for the Transportation Disadvantaged and Suwannee River Economic Council.

**ACTION:** 

Sandra Collins moved to approve the Memorandum of Agreement between the Florida Commission for the Transportation Disadvantaged and Suwannee River Economic Council. Linda Tatum seconded; motion passed unanimously.

### B. Bylaws

Ms. Godfrey stated that the Board is required to review and approve the Bylaws annually.

The Board reviewed the Bylaws.

**ACTION:** 

Linda Tatum moved to approve the Board's Bylaws. Sherry Ruszkowski seconded; motion passed unanimously.

### C. Unmet Needs

Ms. Godfrey stated that the Florida Commission for the Transportation Disadvantaged was questioned by the Governor's Office why the Transportation Disadvantaged Program needed all of the \$7.6 million in new Transportation Disadvantaged Trust Funds that the Florida Commission for the Transportation Disadvantaged requested in its Fiscal Year 2013/14 Legislative budget request. She said the Governor's Office also questioned why some Counties need additional Transportation Disadvantaged Trust Funds if they are meeting all of the transportation needs in their communities as reported by zero unmet trip requests the Annual Operations Reports.

Ms. Godfrey explained that, in order to assist the Florida Commission for the Transportation provide information to the Florida Legislative members so they can make funding decisions, the Board needs to identify unmet transportation needs in Bradford County. She said a sample unmet transportation needs survey is included in the meeting packet for the Board members to use.

Ms. Ruszkowski stated that the ARC transportation budget has been reduced. She said the ARC is having to find other funding sources to pay for needed transportation services for ARC clients.

Ms. Tatum stated that the senior transportation to the grocery store and pharmacy has also been reduced because of funding cuts.

Ms. Godfrey asked everyone to report the number and types of trips that are needed to Suwannee River Economic Council. She said she will work with Suwannee River Economic Council to report these needs to the Florida Commission for the Transportation Disadvantaged.

### D. Statewide Medicaid Managed Care Program

Ms. Alana McKay discussed the Medicaid Managed Care Program. She explained that the Long Term Care Program will begin in Bradford County around March 2014. She said a request for proposals has been issued for Managed Medical Assistance Program providers. She said she will have more information about the Managed Medical Assistance Program after the request for proposals black out period is over.

### E. Operations Reports

Ms. Godfrey stated that the operations reports for the first quarter of 2013 are included in the meeting packet for the Board's review. She said there is no action required on this agenda item.

The Board reviewed the operations reports.

### IV. OTHER BUSINESS

#### A. Comments

### 1. Members

There were no member comments.

### 2. Citizens

There were no citizen comments.

### V. FUTURE MEETING DATES

Chairman Riddick stated that the next meeting of the Board will be held Tuesday, October 15, 2013 at 9:30 a.m.

ADJOURNMENT		
The meeting adjourned at 9:50 a.m.		
Coordinating Board Chair	Date	-





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2009 NW 67th Place, Gainesville, FL 32653 - 1603 • 352 . 955 . 2200

October 7, 2013

TO:

Bradford County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

**Annual Performance Evaluation** 

### **RECOMMENDATION**

Approve the Suwannee River Economic Council's annual performance evaluation.

### **BACKGROUND**

The Board is required to annually evaluate the transportation services provided by Suwannee River Economic Council. Attached is Suwannee River Economic Council's draft annual performance evaluation. If you have any questions concerning the attached evaluation, please contact me at extension 110.

## Community Transportation Coordinator Annual Performance Evaluation

Community Transp	ortation Coordinator: Suwannee River Economic Council	-
County: Bradf	ord	
Review Period:	July 1, 2012 - June 30, 2013	

### I. Findings and Recommendations

### A. General Information

**Areas of Noncompliance:** None **Recommendations:** None **Timeline for Compliance:** None

### B. Chapter 427, F.S.

**Areas of Noncompliance:** None **Recommendations:** None **Timeline for Compliance:** None

### C. Rule 41-2, F.A.C.

Areas of Noncompliance: None Recommendations: None Timeline for Compliance: None

### D. Bus/Van Ride

### **Areas of Noncompliance:**

Driver did not have a form of identification in view of the passengers.

A local phone number for complaints or grievances was not posted inside the vehicle. The Transportation Disadvantaged Helpline phone number (1-800-983-2435) was not posted inside the vehicle.

### Recommendations:

All drivers should have a form of identification that is in view of the passengers. A local phone number and the Transportation Disadvantaged Helpline phone number should be posted in all vehicles.

### **Timeline for Compliance:**

November 1, 2013

### E. Surveys (see attachment)

Areas of Noncompliance: None Recommendations: None Timeline for Compliance: None

t:\lynn\2013 annual evaluations\bradford\ctc review report.doc

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# COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



## Transportation Disadvantaged

Community Transportation Coordinator: Suwannee River Economic Council				
County:	Bradford			
Address:	P.O. Box 70, Live Oak, FL 32060			
Contact:	Matthew Pearson, Transportation Director Phone: 386-362-4115			
Review peri	od: July 1, 2012 - June 30, 2013			

# Community Transportation Coordinator Annual Performance Evaluation

Approved by the

Bradford County
Transportation Disadvantaged Coordinating Board

2009 NW 67th Place Gainesville, FL 32653-1603 www.ncfrpc.org/mtpo 352.955.2000

Danny Riddick, Chair

with Assistance from

North Central Florida Regional Planning Council 2009 NW 67th Place Gainesville, FL 32653-1603 www.ncfrpc.org 352.955.2200

October 15, 2013

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Level of Coordination	12

## **GENERAL QUESTIONS**

1.	What was the designation date of the Community Transportation Coordinator? 10/01/08
2.	What is the complaint process? See attached complaint process.
3.	Does the community transportation coordinator have a complaint form? $\sqrt{\text{Yes (attached)}}$
4.	Does the form have a section for resolution of the complaint? $\sqrt{\text{Yes}}  \Box \text{ No}$
5.	Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis? $\sqrt{\text{Yes}}$ $\square$ No
6.	When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline?
	If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Helpline
7.	When a complaint is forwarded to your office from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process? $\sqrt{\text{Yes}}$ $\square$ No
8.	Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services? $\sqrt{\text{Yes}}$ (attached) $\square$ No
9.	Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number? $\sqrt{\text{Yes}}$ $\square$ No
10.	Does the rider/ beneficiary information or brochure list the complaint procedure? $\sqrt{\text{Yes}}  \Box \ \text{No}$
11.	What is the eligibility process for Transportation Disadvantaged sponsored riders? <u>Individuals needing transportation assistance from Florida's Transportation Disadvantaged</u> <u>Program must complete an eligibility application (attached).</u>
13.	Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board? $\Box$ Yes $\sqrt{No}$
14.	What innovative ideas have you implemented in your coordinated system?  Providing and administering "regional" transportation service in four counties saves money. Our service rates are lower compared to other Community Transportation Coordinators in our region.

15.	Are there any areas where coordination can be improved?
	There are multiple transportation operators providing service to State and Federal agencies in the
	same County. Coordination of these transportation services could be improved, if the Community
	Transportation Coordinator had the first option to provide these transportation services.
16.	What barriers are there to the coordinated system?
	None
	The Consideration feels the Florida Commission
17.	Are there any areas that the Community Transportation Coordinator feels the Florida Commission for the Transportation Disadvantaged should be aware of or assist with?
	No
18.	What funding agencies does the Florida Commission for the Transportation Disadvantaged need to work closely with in order to facilitate a better coordinated system?.
	<u>None</u>
19.	How are you marketing the voluntary dollar?
	No marketing system in place.
Comr	nents:

None.

### **Complaint Process**

All complaints received either written or verbal should be forwarded to the Director of Transportation. This includes complaints that have already been resolved by the dispatcher or driver.

Complaint form (attached) will be completed and resolution of complaint documented.

Complaints are files and kept to ensure proper tracking of complaints.

Complaints will be sent quarterly by County to the NCFPRC for reporting to the Local Coordinating Boards. Complaint totals will be submitted in the Annual Operating Report.

If resolution of complaint cannot be made by the Director of Transportation, the TD Helpline information should be shared with the rider.

## **SREC Transportation Complaint Form**

ient Name:			
ate:			
escription of Incident:			
omplaint Resolution:			
taff Signature:			

## SREC Transportation Complaint Form

Client Name: 10.34.12 Date:

Description of Incident:

Please See AH Papers

Complaint Resolution:

No resolution Hecessary, chient & Dispatcher are working on scheduling Needs.

Staff Signature:

Director of Transportation Signature:

time was for transportation on the 23<sup>rd</sup> of Oct. At that time I told him that he was not on the schedule for transportation and that I had no seats available at this particular time for him and his wife. He argued that he had already scheduled the ride. I tried to explain to him that I had no record of his appointments. He hung up and called Live Oak and spoke with our Exec. Dir., Mrs. Frances Terry.

Ms. Terry called me to see what was going on and I explained the situation to her. She asked me to look at the manifest and see what the next available day would be for two seats for him and his wife. While looking through the days, I found that ad an appointment on the 25<sup>th</sup> to ride. I called him and told him I found his appointment on the 25<sup>th</sup>. He told me to hold on and he went to check and came back to the phone. He said that I was right, it was on the 25<sup>th</sup> and it was his mistake. Then, he wanted to schedule another one on the 24<sup>th</sup>. In the entirety of my conversation with the said that I was right, it was on the 25<sup>th</sup> and it was 25. I was unable to schedule him for the 23<sup>rd</sup>, because there were no seats available, so I scheduled him for the 24<sup>th</sup> and 25<sup>th</sup> of Oct. He again apologized and told me that this mix up was his entire fault. I told him not to worry about it. It was all worked out now.

Pearson on the 23<sup>rd</sup> about the same complaint. Matt advised me to fill out a complain form and turn it in.

to Orlando on family business and would not be able to make his appointment on the 25<sup>th</sup>. I suggested that he leave his appointment in case he made in back and wanted to schedule at the last minute and the bus would be full.

has been riding our buses for several months now and I have problems with him and his appointments every time he schedules. I have suggested that his doctor's offices make his appointments and I have suggested that he get a booklet to write his appointments down in and mark off when he has called me, but nothing I suggest works. He continues to talk over me when he calls and will not listen or cooperate with what I am offering to resolve this problem. He calls

the other extensions in this office and asks the same questions to see if anyone will give him different information. He really seems to have some problems in communicating and reasoning and he easily becomes angry and demanding. We have all taken him under our wing so to speak and invited him and his wife to take part in our senior center because his wife is elderly.

but it was in fact Shands, who gave him a December appointment and was unable to get him in before then.

He has already scheduled for Nov. 1, for a 10:30 a.m. appointment and on Nov. 8 at 7:45 a.m. Both, he and his wife will be riding transport as they have in the past.

### Suwannee River Economic Council, Inc.

Established 1966



Serving Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Putnam, Suwannee, Taylor and Union Counties

Administrative Office
Post Office Box 70
1171 Nobles Ferry Road, Bldg #2
Live Oak, Florida 32064
(386) 362-4115 Voice/TDD
francesterry@suwanneeec.net
Affirmative Action,
Fair Housing Agency

### SREC's Vision

Our customers embrace the challenge to rise above the perils of poverty, and discover within themselves the courage and strength to succeed.

Suwannee River Economic Council's mission is to embrace a community full of potential; and to educate and motivate present and future generations to discover and realize the dream of a comfortable and productive lifestyle.

## **Bradford County Programs and Services**

### For information on our Aging Programs:

- Alzheimer's Disease Initiative
- Assisted Living Medicaid Waiver
- Community Care for the Elderly
- Emergency Home Energy Assistance for the Elderly
- Home Care for the Elderly
- Medicaid Waiver
- Title III-B, C-1, C-2, IIIE

Bradford Meal Site
Hours: M – F 11:30 a. m. – 1:30 p. m.
1210 Andrews Circle
Starke, Florida



Mount Zion A.M.E. Church Hours: M – F 11:30 a. m. – 1:30 p. m. 2229 Lake Street – Hwy 225 East 301 Lawtey, Florida

Mount Pisgah A.M.E. Hours: Tuesday 10:30 a.m. – 2:00 p.m. 102 SE 44th Avenue Starke, Florida

Contact
Bradford Service / Senior Center
1210 Andrews Circle
Starke, Florida 32091
(904) 964-6696 Voice/TDD

## Programs, Services, Eligibility Aging Programs

### Alzheimer's Disease Initiative

Respite

Eligibility: Diagnosis as possible Alzheimer's or memory disorder.

### Assisted Living Medicaid Waiver

Case Management

Eligibility: 60+ years of age with level of care suitable for assisted living facility with Medicaid eligibility.

### Community Care for the Elderly (CCE)

 Case Management, Emergency Alert Response, Homemaker, Home Delivered Meals, Personal Care, and Respite

Eligibility: 60+ years of age, frail and elderly.

### **Emergency Home Energy Assistance for the Elderly (EHEAP)**

Assistance with utility bills, supply blankets, heaters and fans.

Eligibility: 60+ years of age with household income after specified exclusions of no more than 150% of the federally established poverty income guidelines for the household size.

### Home Care for the Elderly (HCE)

 Case Management, Basic Subsidy (Caregiver Allowance), Special Subsidy

Eligibility: 60+ years of age. Asset/Income limitations, requires 24 hour care by qualified caregiver.

### Medicaid Waiver

 Case Management, Chore, Consumable Supplies, Emergency Alert Response, Homemaker, Home Delivered Meals, Personal Care, Respite, and other Medicaid approved services.

Eligibility: Be financially eligible for full Medicaid in State of Florida and approved for Community Services.

## Programs, Services, Eligibility Aging Programs

### Title III-B, C-1, C-2, IIIE

 Congregate Meal Sites, Health Support, Homemaker, Home Delivered Meals, Intake, Nutrition Education, Outreach, Respite, Screening, Telephone Reassurance, and Transportation

Eligibility: 60+ years of age

### Programs, Services, Eligibility Emergency Assistance/Self Sufficiency

### Care To Share

Assist with utilities.

Eligibility: Florida Power & Light customers only. Must reside in FPL service area; Household income no more than 125% of poverty guidelines and documented emergency.

### Community Services Block Grant (CSBG)

Information & Referral; Family Self-Sufficiency; Case Management; Support Services; Application Assistance to other Social Service Agencies.

Eligibility: Income guidelines 125% of U.S. poverty guidelines and a documented emergency.

### **Emergency Food & Shelter Program (EFSP)**

• Emergency assistance for food and housing.

Eligibility: Household income no more than 125% of the federally established income guidelines and certain asset limitations.

### Low Income Home Energy Assistance Program

• Assistance with utility bills and utility crisis resolution.

Eligibility: Household income of no more than 150% of the federally established income guidelines and certain asset limitations; resident of the county.

### **Project Share**

Assist with utility bills.

Eligibility: Clay Electric Coop. customers only. Must reside in CEC service area. Household income no more than 125% of poverty guidelines and documented emergency.

### **Salvation Army**

• Assist with utilities, rent/mortgage, food, medication.

Eligibility: Household income no more than 125% of poverty guidelines and documented emergency.

### Programs, Services, Eligibility Housing/Transportation Programs

### **Weatherization Programs**

• Minor home repairs to reduce infiltration of air and energy consumption.

Eligibility: Income guidelines; 200% of U.S. poverty guidelines based on family size; owner, renter, site built or mobile home eligible.

### **Transportation**

 Transport elderly and disadvantaged to the doctor, medical facilities, meal sites, and shopping.

Eligibility: Income guidelines, Medicaid, disabled.

For reservations, scheduling, complaints/commendations and/or questions call (904) 964-6696, ext. 25.

Any complaints not resolved can be forwarded to the Director of Transportation at (386) 362-4115, ext. 241.

For Program information or complaints/commendations call TD Helpline at (800) 983-2435.



We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

## **Bradford County Programs and Services**

### For information on:

### **Emergency Assistance/Self Sufficiency**

- Care To Share
- Community Services Block Grant (CSBG)
- Emergency Food & Shelter Program
- Low Income Home Energy Assistance Program
- Project Share
- Salvation Army

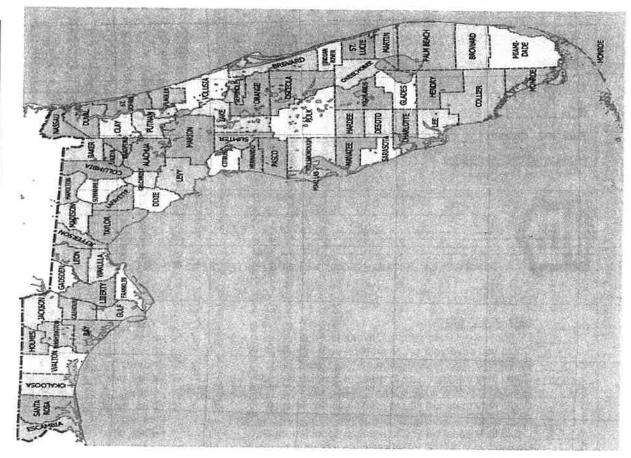
### Housing

Weatherization

### **Transportation**

- Transportation Disadvantage Trust Fund
- Medicaid
- Title IIIB

Contact
Bradford Service / Senior Center
1210 Andrews Circle
Starke, Florida 32091
(904) 964-6696 Voice/TDD



Florida State Map 67 Counties

## **Transportation Disadvantaged BENEFICIARY INTAKE FORM**

SECTION 1 - DETERMINATION OF	ELIGIBILITY			
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DOB / / SEX SS#	<u>। क्रिय</u> चीक (जगहरी)	) .	TDD # (	)
	RELATIONSHIP			
OTHERS HOUSEHOLD MEMBERS (Please list each member)	NAME RELATIONSHIP	AGE DRIV. LIC (Y/N)		TYPE OF VEHICLE
YES / No  1. Do you own a car? Do you have a valid Floric Could you drive your car 2. Does any member of you Could they transport you 3. Do you have family memicould they transport you 4. Do you have friends in the Could they transport you 5. Do you live in a facility that Could this facility transport	to medical appointments? r household have a car? to medical appointments? bers in the county who can transport to medical appointments? e county who can transport you? to medical appointments?	Year	Model	S
NAME OF		Number of		BE HOW YOU
HOSPITAL/DOCTOR/FACILITY	TYPE OF TREATMENT	MONTHLY VISITS	PREVIOUS	LY GOT THERE
·				
	/			
· · · · · · · · · · · · · · · · · · ·				
SECTION 3 - AVAILABILITY OF FED	ERALLY FUNDED OR PUBLIC TRAN	SPORTATION		
YES / No				
	e? What is the distance to the near	act hus stan2		
<ol><li>Have you used the bus sy</li></ol>	rstem for transportation in the past?  st that would prevent you from using		If <i>Yes</i> , please	describe them below.
3 Are you enrolled in any of	her programs that will pay for or pro	vide transportation? If	YES, please de	scribe them below.

SECTION 4 – SPECIAL NEEDS Please check or list any special needs, services or modes of transportation you require during transportation:						
Powered Wheelchair Cane Cultural Considerations (Ple	Stretcher Respirator ase explain)	Manual Wheelchair Service Animal	Walker Personal Care Attendant (PCA)			
Other:						
SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT I understand and affirm that the information provided in this application for CTD Medicaid Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services and appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida.						
APPLICANT SIGNATURE			DATE			

## PLEASE RETURN THIS FORM TO: Suwannee River Economic Council, Inc.

1210 Andrews Circle, Starke, Fl 32091 Or PO Box 1142, Starke, Fl 32091

904-964-6696

SECTION 6 - RESULTS OF INTERVIEW					
DO NOT WRITE IN THIS SPACE - OFFICIAL OFFICE USE ONLY					
NEW ELIGIBILITY APPLICATION: REDETERMINATION: DATE RECEIVED: / / REVIEWED BY:					
APPROVED DATE:/ DENIED DATE:// REASON FOR DENIAL; LETTER:	(Y/N)				
PCA NEEDED: DATE OR DATES OF SERVICE:					

## Transportation Disadvantaged BENEFICIARY INTAKE FORM

SECTION 1 - DETERMINAT	ION OF ELIGIBILITY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LASTNAME #	<u>FIRS</u>	INAME	MEDICALD#	
ADDRESS	cm </td <td>ross city state</td> <td>FI. za 3208 coun</td> <td>M.'X,'e</td>	ross city state	FI. za 3208 coun	M.'X,'e
DOE SING SEX FO	<u> </u>	TELEPHONET!	TDD#(	)
EMERGENCY CONTACT		_RELATIONSHIP_HUSB	and TELEPHONE	
OTHERS: HOUSEHOLD MEMBERS (Please list each member)	NAME	RELATIONSHIP	AGE DRIV. LIC (YIN)	TYPE OF VEHICLE
	10ne			
e1		·		
SECTION 2 - AVAILABILITY	Y OF SUITABLE MODE OR TRAI	NSPORTATION TO OTHER	COMMUNITY LOCATIONS	
YES / NO	*	2/		ž
2. A Could you driv 2. A Could they train 3. Could they train 4. A Could they train 4. A Could they train 5. A Could they train 6. Could they train 7. Could they train 8. Could this facility	calification of the control of the c	ents? ents? ents? ents? ents? ents? ents? ation? cointments?	Year M DL#:  If not, why? Den't Name:  If not, why? Name: AT(An f If not, why? Hey be Name:  If not, why?  If not, why?	tarris
NAME OF HOSPITAL/DOCTOR/FACILITY	TYPE OF TREA	Number	OF DESCRI	BE HOW YOU LY GOT THERE
Retina cente.  Shands  Cardiology	ssociar Lear	Health Lyn	year onthe series	E.C.
SECTION 3 - AVAILABILITY	OF FEDERALLY FUNDED OR F	PUBLIC TRANSPORTATION		
<u>YES / NO</u>	a bus route? What is the distarting bus system for transportations that would preven	nasto the mearest his stor	7	escribe them below.
3. No Are you enfolle	d in any other programs that W	Il pay for or provide transp	ortation? If YES, please desc	cribe them below.

SECTION 4 - SPECIAL NEEDS
Please check or list any special needs, services of modes of transponation you require during transponation
Powered Wheelchair Stretcher Manual Wheelchair Walker Cane
RespiratorService AnimalPersonal Care Attendant (PGA)
- Respirator
Other:
AAAAAAA TOOFMENT
SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT  I understand and affirm that the information provided in this application for CTD Medicald Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation services professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services and appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida.
APPLICANT SIGNATURE DATE
PLEASE RETURN THIS FORM TO:  Dixie Service/Senior Center 314 NE 255 <sup>th</sup> Street P.O. Box 953 Cross City, Florida 32628  Telephone Number (352) 498-5018 extension 222 or 1-800-597-7579 TTD Number (352) 498-5018
SECTION 6 - RESULTS OF INTERVIEW
DO NOT WRITE IN THIS SPACE - OFFICIAL OFFICE USE ONLY
NEW ELIGIBILITY APPLICATION: REDETERMINATION: DATE RECEIVED: / REASON FOR DENIAL LETTER: (YIN)
MODEL PCA NEEDED: DATE OF DATES OF SERVICE:

# COMPLIANCE WITH CHAPTER 427, FLORIDA STATUTES

1.	Are the Community Transportation Coordinator subcontracts uniform?  ☐ Yes ☐ No ✓ Not applicable		
2.	Is the Florida Commission for the Transportation Disadvantaged standard contract utilized? $\Box$ Yes $\Box$ No $\checkmark$ Not applicable		
3.	Do the contracts include performance standards for the transportation operators and coordinatic contractors? $\Box$ Yes $\Box$ No $\checkmark$ Not applicable		
4.	Do the contracts include the proper language concerning payment to subcontractors? $\Box$ Yes $\Box$ No $$ Not applicable		
5.	Were the following items submitted on time?		
	Annual Operating Report		
	√ Yes □ No		
	Memorandum of Agreement		
	√ Yes □ No		
	Transportation Disadvantaged Service Plan		
	√ Yes □ No		
	Transportation Disadvantaged Trust Fund Grant Application		
	√ Yes □ No		
	Other grant applications		
	√ Yes □ No		
6.	Does the Community Transportation Coordinator monitor its subcontractors and how often is monitoring conducted? $\Box$ Yes $\Box$ No $\checkmark$ Not applicable		
7.	Is a written report issued to the operator?  ☐ Yes ☐ No ✓ Not applicable		
8.	What type of monitoring does the Community Transportation Coordinator perform on its coordination contractors and how often is it conducted?  Suwannee River Economic Council monitors coordination contractors annually		

## STATE OF FLORIDA COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

## STANDARD COORDINATION/OPERATOR CONTRACT

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, Suwannee River Economic Council, Inc., designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Bradford county, and hereinafter referred to as the "Coordinator" and Sunshine Industries, hereinafter referred to as the "Agency/Operator". The terms and conditions of this Contract are effective January 23, 2012 and will continue through January 22, 2013.

WHEREAS, the Coordinator is required, under Rule 41-2, F.A.C., Contractual Arrangements, to provide and/or enter into where cost effective and efficient; to enter into subcontract(s) or to broker transportation services to transportation operators; and

WHEREAS, transportation disadvantaged funds includes any local government, state or federal funds that are for the transportation of transportation disadvantaged; and

WHEREAS, the Coordinator desires to contract with the Agency/Operator for the provision of transportation services for the transportation disadvantaged; and

WHEREAS, the Coordinator believes it to be in the public interest to provide such transportation services through the Agency/Operator for the residents of the service area who are clients of the Agency/Operator; and

WHEREAS, the Agency/Operator will provide the Coordinator the opportunity to develop a proposal for any new transportation services needed; and

WHEREAS, the Agency/Operator, in an effort to coordinate available resources, will make available transportation services to the Coordinator.

WHEREAS, this Contract allows for the provisions of transportation services to be provided by the Agency/Operator, in accordance with Chapter 427, F.S., Rule 41-2, F.A.C., and the most current Community Transportation Coordinator policies.

Standard Coordination/Operator Contract

NOW, THEREFORE, in consideration of the mutual covenants, promises and representations herein, the parties agree as follows:

#### THE AGENCY/OPERATOR SHALL:

- A. Provide services and vehicles according to the conditions specified in Attachment I.
- B. Coordinate available resources and make available transportation services to the Coordinator. Such services shall be provided in accordance with Attachment I.
- C. Every three (3) months, submit to the Coordinator a Quarterly Year to Date Operating Report (from the Annual Operating Report) detailing demographic, operational and financial data regarding coordination activities in the designated service area. The report shall be prepared on forms provided by the Commission for the Transportation Disadvantaged, hereinafter Commission, and according to the instructions for the forms.
- D. Comply with audit and record keeping requirements by:
  - 1. Utilizing the Commission recognized Chart of Accounts defined in the Transportation Accounting Consortium Model Uniform Accounting System for Rural and Specialized Transportation Providers (uniform accounting system) for all transportation disadvantaged accounting and reporting purposes. Agencies/Operators with existing and equivalent accounting systems are not required to adopt the Chart of Accounts in lieu of their existing Chart of Accounts but shall prepare all reports, invoices, and fiscal documents relating to the transportation disadvantaged functions and activities using the chart of accounts and accounting definitions as outlined in the above referenced manual.
  - 2. Maintaining and filing with the Coordinator such progress, fiscal, inventory and other reports as the Coordinator may require during the period of this contract.
  - 3. By reserving to the Coordinator, the right to conduct finance and compliance audits at any time. Such audits conducted by the Coordinator will be at the expense of the Coordinator.
- E. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of the five (5) years, the records shall be retained until resolution of the audit findings. The Agency/Operator shall assure that these records shall be subject to inspection, review, or audit at all reasonable times by persons duly

Standard Coordination/Operator Contract Form

authorized by the Coordinator or Commission or this Agreement. The Commission and the Coordinator shall have full access to and the right to examine any of the records and documents during the retention period.

## F. Comply with Safety Requirements by:

- 1. Complying with Section 341.061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;
- 2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
- 3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated service area.
- Comply with Commission insurance requirements by maintaining at least minimum G. liability insurance coverage in the amount of \$100,000 for any one person and \$300,000 per occurrence, general liability insurance rate of \$100,000 each accident and disease, and a \$1,000,000 policy limit in effect at all times during the existence of this Contract. Upon the execution of this Contract, the Agency/Operator shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency/Operator shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41-2.006(1), FAC.
- H. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations, including but not limited to 45 CFR, Part 205.50, except upon order of a court of competent jurisdiction, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

## I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, as amended. The Agency/Operator gives this

assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency/Operator shall also assure compliance with:

- a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
- b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.
- c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
- d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
- e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
- f. All regulations, guidelines, and standards lawfully adopted under the above statutes.
- g. The Americans with Disabilities Act of 1990, as it may be amended from time to time.
- 2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency/Operator, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that operators, subcontractors, sub grantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating

Standard Coordination/Operator Contract

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against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Agency/Operator agrees that the Coordinator may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

- J. Agency/Operator's obligation to indemnify, defend, and pay for the defense or at the Coordinator's option, to participate and associate with the Coordinator in the defense and trail of any claim and any related settlement negotiations, shall be triggered by the Coordinator's notice of claim for indemnification to the Agency/Operator. Agency/Operator's inability to evaluate liability or its evaluation of liability shall not excuse the Agency/Operator's duty to defend and indemnify within seven days after such notice by the Coordinator is given by registered mail. Only an adjudication or judgment after the highest appeal is exhausted specifically finding the Coordinator solely negligent shall excuse performance of this provision by the Agency/Operator. Agency/Operator shall pay all costs and fees related to this obligation and its enforcement by the Coordinator. The Coordinator's failure to notify Agency/Operator of a claim shall not release Agency/Operator of the above duty to defend.
- K Comply with all standards and performance requirements of the:
  - 1. The Commission for the Transportation Disadvantaged (Attachment II);
  - 2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
  - 3. Any entities that purchase service.

Failure to meet the requirements or obligations set forth in this Contract, and performance requirements established and monitored by the Coordinating Board in the approved Transportation Disadvantaged Service Plan shall be due cause for non-payment of reimbursement invoices until such deficiencies have been addressed or corrected to the satisfaction of the Coordinator.

L. Provide Corrective Action. A corrective action notice is a written notice to the Agency/Operator that the Agency/Operator is in breach of certain provisions of this Contract and that correction is required. Any corrective action notice will specify a reasonable time for corrective action to be completed. The Agency/Operator agrees to implement the Corrective Action specified in the notice and provide written documentation to substantiate the implementation of the Corrective Action.

Standard Coordination/Operator Contract Form

- M. All contracts, subcontracts, coordination contracts will be reviewed annually by the Coordinator and local Coordinating Board for conformance with the requirements of this Contract.
- N. Return to the Coordinator any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Contract that were disbursed to the Agency/Operator by the Coordinator. The Agency/Operator shall return any overpayment within thirty (30) calendar days after either discovery by the Agency/Operator, or notification of the Agency/Operator by the Coordinator or entity purchasing transportation, whichever is earlier. In the event that the Coordinator first discovers an overpayment has been made, the Coordinator will notify the Agency/Operator by letter of such a finding. Should repayment not be made in a timely manner, the Coordinator or purchasing entity will charge interest after thirty (30) calendar days after the date of notification or discovery, or the Coordinator will deduct said amount from future invoices.
- O. In performing this Contract, the Agency/Operator shall not discriminate against any employee or applicant for employment because of race, age, disability, creed, color, sex or national origin. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Agency/Operator shall insert the foregoing provision modified only to show the particular contractual relationship in all its contracts in connection with the development of operation of the Contract, except contracts for the standard commercial supplies or raw materials, and shall require all such contractors to insert a similar provision in subcontracts relating to the performance of this Contract, except subcontracts for standard commercial supplies or raw materials. The Agency/Operator shall post, in conspicuous places available to employees and applicants for employment for Project work, notices setting forth the provisions of the nondiscrimination clause.
- P. By execution of this Contract, the Agency/Operator represents that it has not paid and, also, agrees not to pay, any bonus or commission for the purpose of obtaining an approval of its application for the financing hereunder. Funds disbursed to the Agency/Operator under this Contract shall not be expended for the purpose of lobbying the Legislature, the judicial branch, or a state agency.

#### THE COORDINATOR SHALL:

A. Recognize the Agency/Operator as described in Chapter 427, F.S., and Rule 41-2,

Standard Coordination/Operator Contract

#### F.A.C.

- B. Insure that entities with transportation disadvantaged funds will purchase transportation disadvantaged services through the coordinated system.
- C. At a minimum, annually monitor the Agency/Operator for insurance, safety and reporting requirements, pursuant to Chapter 427, F.S., and Rule 41-2, F.A.C. The information contained in the Annual Operating Report must be collected, at a minimum, quarterly from the Agency/Operator.

## THE OPERATOR AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency/Operator to the end that the Agency/Operator may proceed as soon as possible with the provision of transportation services.
- B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.

### C. Termination Conditions:

- 1. Termination at Will This Contract may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
- 2. Termination due to Lack of Designation In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
- 3. Termination due to Disapproval of Memorandum of Agreement In the event that the Commission does not accept and approve any contracted transportation rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of

- delivery. Notice shall be effective upon receipt.
- 4. Termination due to Lack of Funds In the event funds to finance this contract become unavailable, the Coordinator may terminate the contract with no less than twenty-four (24) hours written notice to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt. The Coordinator shall be the final authority as to the availability of funds.
- 5. Termination for Breach Unless the Agency/Operator's breach is waived by the Coordinator in writing, the Coordinator may, by written notice to the Agency/Operator, terminate this Contract upon no less than twenty-four (24) hours notice. Notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Waiver by the Coordinator of breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Contract, and shall not act as a waiver or estoppel to enforcement of any provision of this Contract. The provisions herein do not limit the Coordinator's right to remedies at law or to damages.
- 6. Upon receipt of a notice of termination of this Contract for any reason, the Agency/Operator shall cease service and prepare all final reports and documents required by the terms of this Contract. A final invoice shall be sent to the Coordinator within thirty (30) days after the termination of this Contract.
- D. Renegotiations or Modifications of this Contract shall only be valid when they have been reduced to writing, duly approved by the Coordinator, and signed by both parties hereto.
- E. Agency/Operator shall assign no portion of this Contract without the prior written consent of the Coordinator.
- F. This Contract is the entire agreement between the parties.
- G. Attachments I and II are an integral part of the Contract and are hereby incorporated by reference into this Contract. All subsequent attachments are of an optional nature.

## ATTACHMENT I AGENCY/OPERATOR CONTRACT

#### SERVICE DESCRIPTION

1. The Agency/Operator will be able to provide:

Type of Service - ambulatory, wheelchair

2. The Agency/Operator will be available to provide transportation

6:00 AM through 6:00 PM, Monday through Friday

Days Agency/Operator will not be able to provide services:

Holidays and Sundays

3. Vehicles Agency/Operator will use to transport all passengers

Attach Inventory

4. Vehicle/Equipment Standards (if any)

Functioning air conditions/heating, grab rails, stanchions, first aid kits, fire extinguishers, adequate communication equipment are standard.

5. Driver Requirements

Current valid license, DOT Physical, working knowledge of Coordinators SSPP, pre hire and random drug test.

6. Training

Annual Driver training is required.

7. Agency/Operator' fare structure

#### H. Notice and Contact:

The name and address of the contract manager for the Coordinator for this Contract is:

Frances Terry, Executive Director P.O. Box 70 Live Oak, FL 32064

The representative/position of the Agency/Operator responsible for administration of the program under this contract is:

Sherry Ruszkowski, Executive Director P.O. Box 509 Starke, FL 32091

In the event that either party designates different representatives after the execution of this Contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this Contract.

This contract and its attachments contain all the terms and conditions agreed upon by the parties hereto.

WITNESS WHEREOF, the parties hereto have caused these presents to be executed.

AGENCY/OPERATOR:	COMMUNITY TRANSPORTATION COORDINATOR
Bradford ARC	Suwannee River Economic Council, Inc.
Sherry Ruszkowski	Frances Terry
Typed Name of Authorized Individual	Typed Name of Authorized Individual
Signature: Alary Rushawshi	Signature: Deanes De
Title: EXECUTIVE DIRECTOR	Title: Executive Director
Date: 1/5/12	Date: 1 _ 9 - 1 2
Standard Coordination/Operator Contract	

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\$1.50 per mile when providing services for Coordinator

8. Billing/Invoicing and Reimbursement procedure for Agency/Operator.

Submit invoice (if any) and reports monthly

## 9. Reporting Requirements

Total miles, revenue miles, trips, total drivers, total vehicles, accidents, driver hours, total transportation revenues, total expenses.

#### ATTACHMENT II

# The Commission for the Transportation Disadvantaged Standards and Performance Requirements

Pursuant to Rule 41-2.006, Florida Administrative Code, the Community Transportation Coordinator and any Transportation Operator/Agency from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Commission approved standards. These standards shall include:

- (a) Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post-accident, and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration;
- (b) An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Transportation Disadvantaged Service Plan;
- (c) Child restraint devices shall be determined locally as to their use, responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan;
- (d) Passenger property that can be carried by the passenger and/or driver in one trip and can be safely be stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices;
- (e) Vehicle transfer points shall provide shelter, security, and safety of passengers;
- (f) A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board;
- (g) Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips;
- (h) Interior of all vehicles shall be free from dirt, grime, oil, trash, torn upholstery,

- damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger;
- (I) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system;
- (k) Adequate seating for paratransit services shall be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time;
- (1) Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with the specific passenger, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle;
- (m) The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices, and closing the vehicle door. In certain paratransit service categories, the driver may also be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchair up or down more than one step, unless it can be performed safely as determined by the passenger, guardian, and driver;
- (n) All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and be audible to the driver at all times to the

- base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after the adoption date of this section of the Rule;
- (o) All vehicles ordered or put into service after the adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after the adoption date of this section of the Rule;
- (r) First Aid shall be determined locally and provided in the local Transportation Disadvantaged Service Plan; and
- (s) Cardiopulmonary Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

## LIST OF *OPTIONAL* ADDITIONAL ATTACHMENTS

Coordinator's Memorandum of Agreement, including Transportation Disadvantaged Service Plan (Attachment III)

Coordinator's and Local Coordinating Board's Grievance Procedures (Attachment IV)

Coordinator's Safety System Plan (Attachment V)

Annual Operating Report Instructions/Forms (Attachment VI)

Any Entities Purchasing Transportation's Standards (Attachment VII)

Any Reporting Forms (Quarterly Reports to Local Coordinating Board or Coordinator) (Attachment VIII)

Any Billing/Invoicing Forms (Attachment IX)

Current Coordinator Policies (Attachment X)

#### Contract Extension

## Between Agency and Provider

Hereby extends the Standard Coordination Contract between Suwannee River Economic Council, Inc. P.O. Box 70, Live Oak, Florida 32064 and

Coordinator Name

Sunshine Industries

P.O. Box 509 1351 JOUTH WATER STREET Starke, Florida 32091

Until 02/22/14. All conditions remain the same as in original contract.

Extension approval

Sherry Ruszkowski, Executive Director Bradford ARC

Frances Terry, Executive Director Suwannee River Economic Council, Inc.



# Florida Department of Transportation

RICK SCOTT GOVERNOR

2198 Edison Avenue MS2806 Jacksonville, FL 32204-2730

ANANTH PRASAD, P.E. SECRETARY

Date: October 17, 2012

To:

Ms. Frances Terry, Executive Director

Mr. Matt Pearson, Director of Transportation Suwannee River Economic Council, Inc. 1171 Nobles Ferry Road, Live Oak, FL 32064

Re:

Suwannee River Economic Council, Inc. - Bus Transit System Safety and Security Compliance

Audit, July 2012

Dear Ms. Terry/ Mr. Pearson,

Thank you for your response to the "Deficiencies" and "Areas of Concern" identified as a result of the Suwannee River Economic Council, Inc. Bus Transit System Safety and Security Compliance Audit conducted in July 2012. The Department has reviewed your Corrective Action Plan (CAP) as received through your correspondence to us dated September 24, 2012. We find the CAP to be acceptable and attached you will find a copy of Department's review document. Once we verify that the corrective actions have been completed, the Department will issue a 14-90 compliance letter.

Thank you again for the level of support you have provided us on this matter. We look forward to receiving subsequent information related to the CAP completion. If you have any questions or would like to discuss any concerns please contact me at (904) 360-5650.

Sincerely,

Mendoun

#### Phil Worth

District Public Transportation Manager FDOT District Two Modal Development Office 2198 Edison Avenue, MS 2813 Jacksonville, FL 32204

Phone: 904-360-5650

Email: phil.worth@dot.state.fl.us

Cc: Victor Wiley (FDOT); Sandra Collins (FDOT); Gene Lampp (FDOT); Santanu Roy (HDR); Micah Gilliom (HDR)

#### SUBSTANCE ABUSE MANAGEMENT REVIEW

For

#### SUWANNEE RIVER ECONOMIC COUNCIL

By

#### FLORIDA DEPARTMENT OF TRANSPORTATION

#### **DISTRICT 2 PUBLIC TRANSIT OFFICE**

#### **FINAL REPORT**

Review Date(s): 08/23/10

Draft Report Date: 09/16/10

Final Report Date: 9/20/10

Approved by:

Name:

Phil Worth

Title: D2 Modal Development Manager

Phone: 904-360-5687

Email: phil.worth@dot.state.fl.us

Reviewer/Consultant

Name:

Diana Byrnes

Phone: 813-426-6980

Email: byrnes@cutr.usf.edu

**Review Period:** 

August 23, 2009 through August 23, 2010

Contractor/Consultant:

University of South Florida - Center for Urban Transportation Research 4202 E. Fowler Avenue-CUT100, Tampa, FL 33620 813-974-3120

#### I. INTRODUCTION

On August 23, 2010 the Center for Urban Transportation Research conducted an on-site Substance Abuse Management Review for Suwannee River Economic Council located at 1171 Nobles Ferry Rd Live Oak Florida.

The purpose of the review is to determine compliance with the Federal Transit Administration's Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations; codified as 49 CFR Part 655 and the US Department of Transportation Procedures for Workplace Drug and Alcohol Testing Programs; codified as 49 CFR Part 40.

The FDOT representative and/or contractor/consultant who conducted the review: **Diana Byrnes, C-SAPA** 

The transit system representative who was interviewed and assisted in the review: **Mr. Matt Pearson** 

#### II. SYSTEM INFORMATION

#### **General Information**

Suwannee River Economic Council (SREC) is a state-designated Community Transportation Coordinator (CTC) and transportation provider for the Transportation Disadvantaged in Suwannee County. SREC is a sub-recipient of state Section 5311 funding received from the Federal Transit Administration for the purpose of supporting public transportation in areas of less than 50,000 populations.

## III. SUBSTANCE ABUSE MANAGEMENT REVIEW CHECKLIST ITEMS

- 1. Adoption and dissemination of an FDOT and FTA compliant substance abuse policy statement in accordance with 49 CFR Part 655.15
- 2. Implementation of a compliant education and training program in accordance with 49 CFR Part 655.14
- 3. Use of compliant providers for specimen collection, alcohol testing, laboratory analysis, program administration, MRO services and Substance Abuse Professional referrals, in accordance with 49 CFR Part 40
- 4. Pre-employment Drug and Alcohol Background Checks in accordance with 49 CFR Part 40.25
- 5. Implementation and execution of a compliant random testing program in accordance with 49 CFR Part 655.45
- 6. Post-accident testing conducted in accordance with established criteria, testing windows and in accordance with 49 CFR Part 655.44
- 7. Reasonable Suspicion training and protocol established in accordance with 49 CFR Part 655.43

8. Records management, security and retention in accordance with 49 CFR Part 655.71-73

#### IV. EXPLANATION OF FINDINGS

Any finding resulting from the review will be categorized as follows:

<u>Areas of Concern:</u> Weakness in the adoption and implementation of the required elements of a drug and alcohol testing program in compliance with US DOT and FTA regulations; 49 CFR Part 40 and Part 655. Recommendations will be provided to address areas of concern. The transit system must respond to all recommendations resulting from areas of concern.

<u>Deficiency:</u> Areas found to be deficient or inadequate in complying with US DOT and FTA regulations; 49 CFR Part 40 and Part 655. Requirements will be indicated to address deficiency. The bus transit system is required to initiate corrective action or develop a corrective action plan for deficiency.

<u>Observation:</u> An offered suggestion, view or comment regarding implementation of drug and alcohol testing practices. An observation may address or refer to information obtained during the review.

<u>Corrective Action Plan:</u> Action(s) required to correct deficiency, including individual(s) and departments responsible for completing each action, plan and actual date(s) of completion, and rational for incomplete or postponed action as necessary.

#### V. AREAS OF CONCERN, DEFICIENCIES, OBSERVATIONS

Described below are the findings derived from inspection of each of the 8 areas identified in the review. Findings shall consist of actual information obtained during the review and identified as an "Area of Concern" or "Deficiency," as applicable. A sampling of records may be performed for any individual area. Observations are not intended to reflect a condition of non-compliance.

## (1) Substance Abuse Policy Statement Requirements (49 CFR Part 655.15)

SREC has adopted and disseminated one of the two state model substance abuse policies. State model policies are provided to the state's Section 5311 sub-recipient agencies to ensure that a consistent, US DOT and FTA compliant policy is adopted by all agencies whose drug and alcohol testing programs fall under state oversight. SREC has chosen to adopt the Zero Tolerance model policy, which provides for the termination of employment following a positive drug or alcohol test result or a refusal to submit to US DOT required testing. Agency policy was adopted and approved by the governing board. Agency provided documentation that the current policy has been disseminated to all covered employees.

Areas of Concern: None

Deficiency:

None

Observation:

None

## (2) Education and Training Program (49 CFR Part 655.14)

SREC has established an education and training program that meets the requirements of 655.14(a) and (b).

Areas of Concern: None

Deficiency:

None

**Observation:** SREC employees and administration are encouraged to attend training sessions offered through the Center for Urban Transportation Research sponsored by the Florida Department of Transportation at no cost to participants. SREC can obtain information regarding upcoming training opportunities by visiting the FDOT Substance Abuse Management website: sam.cutr.usf.edu

## (3) Use of Compliant Drug and Alcohol Service Provider (49 CFR Part 40)

SREC is compliant in the use of service providers that meet the US DOT qualifications for the collection, analysis and reporting of urine drug specimens. Equipment and technicians used to administer alcohol testing also meet the US DOT qualifications. Agency provided documentation that the Substance Abuse Professional used as a resource to be provided to violating employees, meets the US DOT qualifications in accordance with 49 CFR Part 40-Subpart 0

**Areas of Concern: None** 

Deficiency:

None

Observation:

None

## (4) Pre-employment Drug and Alcohol Background Checks (49 CFR Part 40.25)

49 CFR Part 40.25 requires applicants sign a consent form allowing the release of drug and alcohol testing information from previous USDOT employers (for a period of two years prior) to the applicant's perspective employer. Additionally, USDOT regulations require that employers ask applicants if they have ever tested positive or refused to submit to any USDOT required drug or alcohol test. SREC provided documentation that good faith efforts to obtain drug and

alcohol background information from previous USDOT employers are made, as part of the pre-employment administrative functions and that the employment application includes the inquire of violations, made directly to the applicant.

Areas of Concern: None

Deficiency: None

Observation: None

## (5) Implementation of a Compliant Random Testing Program (49 CFR Part 655.45)

49 CFR Part 655.45 (g) states that each employer shall ensure that random drug and alcohol tests conducted under this part are unannounced and unpredictable, and that the dates for administering random tests are spread reasonably throughout the calendar year. Random testing must be conducted at all times of day when safety-sensitive functions are performed.

SREC is conducting random testing in accordance with FTA requirements.

Areas of Concern: None.

Deficiency: None.

Observation: None.

## (6) Post Accident Testing (49 CFR Part 655.44)

Agency records indicate that one post accident testing occurred during the period of review. SREC implemented the use of an FTA approved post accident decision and documentation form to determine that the event met the FTA criteria to conduct post accident drug and alcohol testing.

Areas of Concern: None.

Deficiency: None.

Observation: None.

## (7) Reasonable Suspicion Testing and Protocol (49 CFR Part 655.43)

Testing records reveal SREC did not conduct any reasonable suspicion testing during the review period. Reviewer confirmed that agency has implemented the use of an FTA Reasonable Suspicion Documentation form for use when required.

Areas of Concern: None

Deficiency:

None

Observation:

None

## (8) Records Management, Security and Retention (49 CFR Part 655.71-73)

Agency has developed and implemented a secure location with which to keep all drug and alcohol testing records and limited access is granted only to administration. Records are maintained for a period of no less than five years; which exceeds the regulatory requirements regarding record retention. Agency files are orderly, legible and well maintained.

Areas of Concern: None

**Deficiency:** 

None

Observation:

None

#### VI. SUMMARY OF REVIEW AND ADDITIONAL COMMENTS

Agency's Drug and Alcohol Program Manager (Designated Employer Representative); Mr. Matt Pearson was cooperative and helpful during the review process. Records were made readily available and agency was receptive to best practices/recommendations made during the review.

# Commission for the Transportation Disadvantaged NET Safety Compliance and Emergency Management Self Certification

THIS CE	RTI	FIES CALENDAR YEAR <u>2013</u>	DATE:	3/13/2013
SUBCO	NTR	ACTED TRANSPORTATION PROVIDER:	SUWANNEE RIVER ECON	IOMIC COUNCIL, INC.
ADDRES	SS:_	P.O. BOX 70, LIVE OAK, FLORIDA, 32064	<u> </u>	
	with	e with the Medicaid Non-Emergency Trans n the Commission for the Transportation Di		
1.	Mar ens	e adoption of a System Safety Program P nagement Plan) based on established standar sure the continuation of appropriate services do s of nature, accidents, and technological an nmade;	rds set forth in <i>Rule Chapt</i> uring an emergency, includi	ter 14.90, F.A.C. Such plansing but not limited to localized
2.	Cor	mpliance with its adopted System Safety Progr	am Plan and Security Prog	ram Plan, including:
	a.	Safety inspections of all service vehicles;		
	b.	Applicable Drug and Alcohol procedures, in	cluding training and monito	ring;
	C.	Driver Training and Monitoring.		
3.	Con	npliance with requirement of monitoring subco	ntracted operators;	
4.	Compliance with maintenance of support documentation for plans, inspections, training and monitoring and that said documentation is available upon request by an authorized representative of the Commission or the Agency for Health Care Administration.			
understa	and th	nat providing false information may result in an	unfavorable action by the	Commission.
Signature	:	Dianes Day		
Name:		FRANCES L. TERRY (Type or Print)	Title: EXECUTIVE [	DIRECTOR

## **COMPLIANCE WITH RULE 41-2 FLORIDA ADMINISTRATIVE CODE**

How is the Community Transportation Coordinator using school buses in the coordinated system? 1. Suwannee River Economic Council does not have a contract with the Bradford County School Board to use their vehicles. How is the Community Transportation Coordinator using public transportation services in the 2. coordinated system? Not applicable Is there a goal for transferring passengers from paratransit to transit? 3. ☐ Yes ☐ No √ Not applicable What are the minimum liability insurance requirements? \$100,00/\$200,000 4. What are the minimum liability insurance requirements in the operator and coordination 5. contracts? \$100,000/\$200,000 Does the minimum liability insurance requirements exceed \$1 million per incident? 6. ☐ Yes √ No

Standards	Comments
Local toll free phone number must be posted in all vehicles.	Suwannee River Economic Council posts local toll free phone number in all vehicles.
Vehicle Cleanliness	Suwannee River Economic Council cleans all vehicles (interior/exterior) at least once a week.
Passenger/Trip Database	Suwannee River Economic Council maintains a passenger database.
Adequate seating	Suwannee River Economic Council provides adequate seating for all passengers.
Driver Identification	Suwannee River Economic Council requires drivers to identify themselves in a manner that is conducive to communications with specific passengers.
Passenger Assistance	Suwannee River Economic Council requires drivers to provide passengers with boarding and exiting assistance.
Smoking, Eating and Drinking	Smoking is prohibited in any vehicle. Eating and drinking on board vehicles is not permitted unless medically necessary.
Two-way Communications	All vehicles are equipped with two-way communications.
Air Conditioning/Heating	All vehicles have working air conditioners and heaters.
Billing Requirements	Suwannee River Economic Council complies with Section 287.0585, Florida Statutes.
Transport of Escorts and dependent children policy	Suwannee River Economic Council requires children under the age of 16 to be accompanied by and escort. Escorts must be provided by the passenger and able to provide necessary assistance to the passenger. Escorts are transported at the rates described in the established rate structure.
Use, Responsibility, and cost of child restraint devices	Suwannee River Economic Council requires all passengers under the age of 4 and or 50 pounds to use a child restrain device. Child restraint devices must be provided by the passenger.
Out-of-Service Area trips	Suwannee River Economic Council may require medical provider

Standards	Comments
	verification for any out of county transportation.
CPR/1st Aid	Suwannee River Economic Council does not require drivers to be trained in CPR. Suwannee River Economic Council requires that all vehicles be equipped with biohazard kits as required by State and Federal regulations.
Driver Criminal Background Screening	Suwannee River Economic Council conducts motor vehicle registration checks on drivers every six months.
Passenger Property	Suwannee River Economic Council allows passengers to have personal property that they can place on their lap or stow under the seat. Passengers must be able to independently carry all items brought on the vehicle.
Advance reservation requirements	Suwannee River Economic Council requires trips to be scheduled by 4:00 p.m. the day before service is requested.
Pick-up Window	Passengers shall be picked up 30 minutes before or 30 minutes after their scheduled pick-up time.

Measurable Standards/Goals	Standard/Goal	Is the Community Transportation Coordinator meeting the Standard?
Public Transit Ridership	Not applicable	Not applicable
On-time performance	90%	Yes
Accidents	No more than 1/100,000 miles	Yes
Roadcalls	No more than 5 roadcalls during the evaluation period.	Yes
Complaints	No more than 2/1,000 trips.	Yes
Call-Hold Time	Not applicable	Not applicable

# GENERAL QUESTIONS

1.	What was the designation date of the Community Transportation Coordinator? 7/01/13		
2.	What is the complaint process? See attached complaint process.		
3,	Does the community transportation coordinator have a complaint form? $\sqrt{\text{Yes (attached)}}$		
4.	Does the form have a section for resolution of the complaint? $\sqrt{\text{Yes}}  \Box \text{ No}$		
5.	Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis? $\sqrt{\text{Yes}}$ $\square$ No		
6.	When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline?		
	If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Helpline		
7.	When a complaint is forwarded to your office from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process? $\sqrt{\text{Yes}}$ $\Box$ No		
8.	Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services? √Yes (attached) □ No		
9.	Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number? $\sqrt{\text{Yes}}$ $\square$ No		
10.	Does the rider/ beneficiary information or brochure list the complaint procedure? $\sqrt{\text{Yes}}  \Box \text{ No}$		
11.	What is the eligibility process for Transportation Disadvantaged sponsored riders? <u>Individuals needing transportation assistance from Florida's Transportation Disadvantaged</u> <u>Program must complete an eligibility application (attached).</u>		
13.	Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board? $\Box$ Yes $\sqrt{No}$		
14.	What innovative ideas have you implemented in your coordinated system?  Providing and administering "regional" transportation service in four counties saves money. Our service rates are lower compared to other Community Transportation Coordinators in our region.		

13,	Does the vehicle have two-way communications in good working order?  √ Yes  □ No
14.	If used, was the lift in good working order?  ☐ Yes ☐ No ✓ Not Applicable
15.	Was there safe and appropriate seating for all passengers? $\checkmark$ Yes $\Box$ No
16.	Did the driver properly use the lift and secure the passenger?  ☐ Yes ☐ No ✓ Not Applicable

## PURCHASING AGENCY SURVEY

Purchasing Agency: Florida Commission for the Transportation Disadvantaged
1) Does your agency purchase transportation from Suwannee River Economic Council, Inc.?  YES  NO
What is your agency's primary purpose for purchasing transportation services for your clients?  Medical  Employment  Education/Training/Day Care  Nutritional  Life Sustaining/Other
On average, how often do your clients use Suwannee River Economic Council, Inc.'s service?  7 Days/Week 1-2 Times/Week 3-5 Times/Week 1-3 Times/Month Less than 1 Time/Month
<ul> <li>Have you or your clients had any problems with Suwannee River Economic Council, Inc.'s service?</li> <li>Yes</li> <li>No If no, skip to question 6</li> </ul>
What type of problems have you or your clients had with Suwannee River Economic Council, Inc.'s service?  Advance notice requirement Cost Service area limits Pick up times not convenient Vehicle condition Lack of passenger assistance Accessibility concerns Complaints about drivers Complaints about timeliness Length of call hold time for reservations Other
6) Overall, are you satisfied with the transportation services that your clients receive from Suwannee River Economic Council, Inc.?
Yes No If no, why?
c:\users\godfrey\appdata\local\microsoft\windows\temporary internet files\content.outlook\k4j0dzx0\purchasing

## PURCHASING AGENCY SURVEY

Pur	chasing Agency:
1)	Does your agency purchase transportation from Suwannee River Economic Council, Inc.?
2)	What is your agency's primary purpose for purchasing transportation services for your clients?  Medical  Employment  Education/Training/Day Care  Nutritional  Life Sustaining/Other
3)	On average, how often do your clients use Suwannee River Economic Council, Inc.'s service?  Days/Week  1-2 Times/Week  3-5 Times/Week  T-3 Times/Month
4)	Have you or your clients had any problems with Suwannee River Economic Council, Inc.'s service?  Yes  No If no, skip to question 6
5)	What type of problems have you or your clients had with Suwannee River Economic Council, Inc.'s service?  Advance notice requirement  Cost Service area limits Pick up times not convenient Vehicle condition Lack of passenger assistance Accessibility concerns Complaints about drivers Complaints about drivers Complaints about timeliness Length of call hold time for reservations Tother Complaints Avon one vide vegantive Wellyatonis When have been workers  One of problems have your elients had with Suwannee River Economic Council, Inc.'s
	Overall, are you satisfied with the transportation services that your clients receive from Suwannee River Economic Council, Inc.? Yes  No If no, why?
	ments: Mark Plantson has been responsive a helpful whenever called him.

1) Where you charged a ☐ Yes √ No	n amount in addition to th	e passenger fare?		
2) How often do you use  □ Daily 7 Days/We  √ 1-2 Times/Week □ 3-5 Times/Week □ Other	eek			
3) Have you ever been of □ Yes √ No If no, skip to	denied transportation serv	ces?		
A. How many tir  None If  1-2 Time 3-5 Time 6-10 Tim	none, skip to question # · s s	ave you been denied transportation s	ervices?	
□• Ineligible □• Lack of f	e unds on outside service area ot available	you transportation services?		
<ul><li>□• Employn</li><li>□• Nutrition</li></ul>	n/Training/Day Care nent			
5) Do you have concerns with your transportation service?  — Yes. If yes, please state or choose problem from below				
□ · Advance	notice imes not convenient ce Area Limits specify	<ul> <li>□ Cost</li> <li>□ Late pick up-specify time of</li> <li>□ Accessibility</li> <li>□ Late return pick up - length</li> <li>□ Reservations - specify length</li> <li>□ Other</li> </ul>	of wait th of wait	
	kip to question # 6			
10		rate the transportation you have beer	n receiving.	

<ul><li>1) Where you charged an amount in addition to the passenger fare?</li><li></li></ul>
2) How often do you use transportation?  □ Daily 7 Days/Week □ 1-2 Times/Week □ 3-5 Times/Week ✓ Other
B) Have you ever been denied transportation services?  ☐ Yes  √ No If no, skip to question # 4
A. How many times in the last 6 months have you been denied transportation services?  □ · None If none, skip to question # 4  □ · 1-2 Times □ · 3-5 Times
□ 6-10 Times
B. What was the reason given for refusing you transportation services?  □ Ineligible □ Lack of funds □ Destination outside service area □ Space not available □ Other
l) What do you normally use the service for?  √· Medical  □· Education/Training/Day Care  □· Employment  □· Nutritional  □· Life-Sustaining/Other
Do you have concerns with your transportation service?  Yes. If yes, please state or choose problem from below Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify  Reservations - specify length of wait Other Other
$\sqrt{\cdot}$ No. If no, skip to question # 6
) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.
dditional Comments:

1) Where you charged an amount in addition to the pa $\hfill\Box$ Yes $\hfill \checkmark$ No	ssenger fare?
2) How often do you use transportation?  □ Daily 7 Days/Week  □ 1-2 Times/Week  □ 3-5 Times/Week  ✓ Other	
3) Have you ever been denied transportation services?  ☐ Yes  √ No If no, skip to question # 4	
A. How many times in the last 6 months have  - None If none, skip to question # 4  - 1-2 Times - 3-5 Times - 6-10 Times	you been denied transportation services?
B. What was the reason given for refusing you  I neligible Lack of funds Destination outside service area Space not available Other	transportation services?
4) What do you normally use the service for? å Medical □• Education/Training/Day Care □• Employment □• Nutritional □• Life-Sustaining/Other	
5) Do you have concerns with your transportation serv	ice?
□ · Yes. If yes, please state or choose problen □ · Advance notice	n from below □• Cost
<ul><li></li></ul>	<ul><li>□• Late pick up-specify time of wait</li><li>□• Accessibility</li></ul>
□ · Service Area Limits	<ul> <li>Late return pick up - length of wait</li> </ul>
□ · Drivers - specify	Reservations - specify length of wait
<ul><li>□ · Vehicle condition ·</li></ul>	Other
$\sqrt{\cdot}$ No. If no, skip to question # 6	
6) On a scale of 1 to 10 (10 being most satisfied) rate10	
Additional Comments:	

1) Where you charged an amount in addition to the passenger $\hfill\Box$ Yes $\hfill \checkmark$ No	fare?	
2) How often do you use transportation?  □ Daily 7 Days/Week □ 1-2 Times/Week □ 3-5 Times/Week √ Other		
3) Have you ever been denied transportation services?  □ Yes  √ No If no, skip to question # 4		
A. How many times in the last 6 months have you beer  □ None If none, skip to question # 4  □ 1-2 Times  □ 3-5 Times  □ 6-10 Times	denied transportation services?	
B. What was the reason given for refusing you transpos  I neligible  Lack of funds  Destination outside service area  Space not available  Other	tation services?	
4) What do you normally use the service for?  å Medical  □• Education/Training/Day Care  □• Employment  □• Nutritional  □• Life-Sustaining/Other		
□ • Assistance □ • Acc	st e pick up-specify time of wait essibility	
□ • Drivers - specify □ • Res	e return pick up - length of wait servations - specify length of wait ner	
å No. If no, skip to question # 6		
6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8		
Additional Comments:		

# PASSENGER SURVEY

<ul><li>1) Where you charged an amount in addition to the passenger fare?</li><li>☐ Yes</li><li>√ No</li></ul>
2) How often do you use transportation?  □ Daily 7 Days/Week □ 1-2 Times/Week √ 3-5 Times/Week □ Other
<ul><li>3) Have you ever been denied transportation services?</li><li></li></ul>
A. How many times in the last 6 months have you been denied transportation services?  - None If none, skip to question # 4  - 1-2 Times - 3-5 Times - 6-10 Times
B. What was the reason given for refusing you transportation services?  I leligible Lack of funds Destination outside service area Space not available Other
4) What do you normally use the service for?  å Medical  □• Education/Training/Day Care  □• Employment  □• Nutritional  □• Life-Sustaining/Other
5) Do you have concerns with your transportation service?
□ · Yes. If yes, please state or choose problem from below
□ • Pick up times not convenient □ • Late pick up-specify time of wait □ • Assistance □ • Accessibility □ • Late return pick up - length of wait
<ul> <li>□ • Drivers - specify</li> <li>□ • Vehicle condition</li> <li>□ Other</li> </ul>
- Vehicle condition
$\checkmark$ No. If no, skip to question # 6
6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. 8
Additional Comments:

## PASSENGER SURVEY

<ul><li>1) Where you charged an amount in addition to the passenger fare?</li><li>□ Yes</li><li>√ No</li></ul>
2) How often do you use transportation?  □ Daily 7 Days/Week  √ 1-2 Times/Week  □ 3-5 Times/Week  □ Other
<ul> <li>3) Have you ever been denied transportation services?</li> <li>□ Yes</li> <li>√ No If no, skip to question # 4</li> </ul>
A. How many times in the last 6 months have you been denied transportation services?  □• None If none, skip to question # 4  □• 1-2 Times  □• 3-5 Times  □ 6-10 Times
B. What was the reason given for refusing you transportation services?  I tack of funds Destination outside service area Space not available Other
4) What do you normally use the service for?  √- Medical  □- Education/Training/Day Care  □- Employment  □- Nutritional  □- Life-Sustaining/Other
5) Do you have concerns with your transportation service?
$\sqrt{\cdot}$ No. If no, skip to question # 6
6) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving10
Additional Comments:

# LEVEL OF COST

Insert Cost page from the AOR.

-75-

# **Annual Operations Report Section VII: Expense Sources**

County: Bradford		Fiscal Year: July 1	l, 2012 - June 30, 201
Status: Submitted to FLCTD			
Status: Submitted to FLCTD Section VII: Financial Data  2. Expense Sources  Community			
2. Expense Sources			
Expense Item	Transportation	Coordination Contractor	TOTAL EXPENSES
	\$142,676.00	\$97,373.00	\$240,049.00
Fringe Benefits (502):	\$69,982.00	\$30,623.00	\$100,605.00
Services (503):	\$22,939.00	\$2,818.00	\$25,757.00
Materials and Supplies Cons. (504):	\$122,493.00	\$55,956.00	\$178,449.00
		\$0.00	\$12,079.00
Casualty and Liability (506):	\$19,659.00	\$36,690.00	\$56,349.00
Taxes (507):	\$300.00	\$712.00	\$1,012.00
Purchased Transportation Services (	508)		
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$0.00	\$0.00	\$0.00
Miscellaneous (509):	\$1,061.00	\$0.00	\$1,061.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$15,389.00	\$0.00	\$15,389.00
Annual Depreciation (513):	\$0.00	\$32,878.00	\$32,878.00
Contributed Services (530):	\$16,870.00	\$0.00	\$16,870.00
		\$10,281.00	\$10,281.00
GRAND TOTAL:	\$423,448.00	\$267,331.00	\$690,779.00

### LEVEL OF COMPETITION

1. Inventory of Transportation Operators in the Service Area

	Transportation Providers Available	Transportation Providers Contracted in the System.
Private Non-Profit	3	2
Private For-Profit	0	0
Government	0	0
Public Transit Agency	0	0
Total	3	2

2	How many of the operators a	re coordination contractors?	1
۷.	HOW Illamy of the operators a	IC COOLUMNACION CONCIGOCO.S.	

3.	Does the Community Transportation Coordinator have a competitive procurement process?
	√Yes
	□ No

4. What methods have been used in selection of the transportation operators?

Low bid
Requests for qualifications
Negotiation only

<b>√</b>	Requests for proposals
	Requests for interested parties

#### **LEVEL OF COORDINATION**

1.	Public Information – How is public information distributed about transportation services in the community?
All pla	ns for providing transportation disadvantaged services are coordinated.
2.	Eligibility – How is passenger eligibility coordinated for local transportation services?
Suwar	nnee River Economic Council determines passenger eligibility.
3.	Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?
Individ	duals call Suwannee River Economic Council to schedule all trips.
4.	Reservations –How is the duplication of a reservation prevented?
Suwar	nnee River Economic Council handles all trip reservations.
5.	Trip Allocation – How is the allocation of trip requests to providers coordinated?
Suwar	nnee River Economic Council handles all trip allocations.
6.	Scheduling – How is the trip assignment to vehicles coordinated?
Suwar	nnee River Economic Council schedules all trips.
7.	General Service Monitoring – How is the overseeing of transportation operators coordinated?
Suwan	nnee River Economic Council monitors transportation operators.





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October 7, 2013

TO:

Bradford County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

Rural Area Capital Assistance Program Grant Application

#### **RECOMMENDATION**

Approve Suwannee River Economic Council's application for Rural Capital Assistance Program Grant funds.

#### **BACKGROUND**

The Rural Area Capital Assistance Program is administered by the Florida Commission for the Transportation Disadvantaged. Grant funds awarded by this program can be used to address capital transportation needs in rural areas of the State. Eligible applicants are designated Community Transportation Coordinators.

Attached is Suwannee River Economic Council's application for Rural Area Capital Assistance Program Grant funds. If you have any questions concerning this grant application, please do not hesitate to contact me.

#### Attachment

# **EXHIBIT A**

# Commission for the Transportation Disadvantaged Grant Application Information Form for the Shirley Conroy Rural Area Capital Assistance Program Grant

1.	DATE SUBMITTED: September 13, 2013		
2.	LEGAL NAME OF APPLICANT: Suwannee River Economic Council, Inc.		
3.	FEDERAL IDENTIFICATION NUMBER: 59-1101989		
4.	REMITTANCE ADDRESS: PO Box 70		
5.	CITY AND STATE: Live Oak, FL ZIP CODE: 32064		
6.	CONTACT PERSON FOR THIS GRANT: Frances Terry		
7.	PHONE NUMBER: 386-362-4115 FAX NUMBER: 386-362-4078		
8.	E-MAIL ADDRESS: fterry@suwanneeec.net		
9.	PROJECT LOCATION [County(ies)]: Bradford		
10.	PROPOSED START DATE: October 1, 2013 ENDING DATE: June 30, 2014		
11.	ESTIMATED PROJECT FUNDING REQUESTED:		
	Grant Funds \$ 59,400.00		
	Local \$ 6,600.00		
	TOTAL \$ 66,000.00		

12. I hereby certify that this document has been duly authorized by the governing body of the applicant, and the applicant intends to complete the project, and to comply with any attached assurances if the assistance is awarded.
Frances Terry, Executive Director
TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE
Franco Do.
SIGNATURE OF AUTHORIZED REPRESENTATIVE
September 13, 2013 DATE
13. Local Coordinating Board Approval
I hereby certify that this grant has been reviewed in its entirety by the
County Coordinating Board.
COORDINATING BOARD CHAIRPERSON'S SIGNATURE
DATE

## **EXHIBIT B**

#### PROPOSED PROJECT FUNDING

I. <u>Project Description and Cost</u>

II.

C.

Capital equipment - Prioritize based on need. If vehicle, specify type of vehicle and fuel type (gas, diesel, alternative) \$66,000.00 1. Small Cutaway Van (gas) 2. 3. \$<u>66,000.00</u> **Total Project Cost Funding Participation** Transportation Disadvantaged A. (90%) \$59,400.00 Trust Funds (10%) \$6,600.00 B. Local Match

\$<u>66,000.00</u>

**Total Project Cost** 

## **EXHIBIT C**

#### SCOPE

#### Who:

Suwannee River Economic Council, Inc. currently provides transportation services to the disadvantaged in Bradford County. Approximately 32,124 trips are expected to be performed in the upcoming year. Many of these riders have no other means of transportation to and from medical facilities. In most cases it is over 30 miles to the nearest medical facility from these rural areas. Many of these riders are elderly and in need of life sustaining treatments. Approval of this grant will ensure the quality of service these people receive will be at a level that is deserved.

#### What:

SREC, Inc. will use this grant to replace a small existing bus, which is past the recommended mileage for replacement by purchasing a cutaway van that will seat eight with two wheelchair stations. Therefore, enhancing the service that so many in Bradford County depend on for the sustaining of life.

#### Where:

Services will be provided for residents in Bradford County in routes that will take clients to Gainesville and other areas that have medical facilities for medical treatment.

#### When:

SREC, Inc. predicts that the services provided by this grant can begin by October 1, 2013. This will allow time for the new vehicle to be purchased.

#### How:

SREC, Inc. predicts that the services provided by this grant can begin by October 1, 2013. This will allow time for the new vehicle to be purchased.

#### Why:

SREC, Inc. recognizes the need for higher quality yet more efficient transportation service in Bradford County. SREC, Inc. also recognizes that it operates in an extremely rural area with few paved roads and great distances to travel to the nearest medical facilities. Therefore, the needs to continually replace vans is very important to the continued success of the transportation program in Bradford County.

#### **AUTHORIZING RESOLUTION**

A RESOLUTION of the BOARD OF DIRECTORS of the <u>SUWANNEE RIVER ECONOMIC</u> <u>COUNCIL</u>, <u>INC</u>. (Applicant), hereinafter BOARD, hereby authorizes the filing of a Rural Capital Assistance Support Grant Application with the Florida Commission for the Transportation Disadvantaged.

WHEREAS, this BOARD has the authority to file this Grant Application and to undertake a transportation disadvantaged service project as authorized by Section 427.0159, Florida Statutes, and Rule 41-2, Florida Administrative Code.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD THAT:

- 1. The BOARD has the authority to file this grant application.
- 2. The BOARD authorizes <u>FRANCES TERRY, EXECUTIVE DIRECTOR</u> to file and execute the application on behalf of the <u>SUWANNEE RIVER ECONOMIC</u> <u>COUNCIL, INC.</u> with the Florida Commission for the Transportation Disadvantaged.
- The BOARDS Registered Agent in Florida is <u>FRANCES TERRY</u>, <u>EXECUTIVE DIRECTOR</u>.
   The Registered Agents address is: <u>P.O. Box 70</u>, <u>Live Oak</u>, <u>Florida 32064</u>.
- The BOARD authorizes <u>FRANCES TERRY</u>, <u>EXECUTIVE DIRECTOR</u> to sign any and all agreements or contracts which are required in connection with the application.
- 5. The BOARD authorizes <u>FRANCES TERRY</u>, <u>EXECUTIVE DIRECTOR</u> to sign any and all assurances, reimbursement invoices, warranties, certifications and any other documents which may be required in connection with the application or subsequent agreements.

DULY PASSED AND ADOPTED THIS 10th DAY OF September, 2013.

BOARD OF SUWANNEE RIVER ECONOMIC COUNCIL, INC.

Richard Tillis, Vice President Typed name of Chairperson

Signature of Chairperson

ATTEST: Signatu

### **EXHIBIT E**

#### STANDARD ASSURANCES

The recipient hereby assures and certifies that:

- (1) The recipient will comply with the federal, state, and local statutes, regulations, executive orders, and administrative requirements which relate to discrimination on the basis of race, color, creed, religion, sex, age, and handicap with respect to employment, service provision, and procurement.
- Public and private for-profit, transit and paratransit operators have been or will be afforded a fair and timely opportunity by the local recipient to participate to the maximum extent feasible in the planning and provision of the proposed transportation planning services.
- (3) The recipient has the requisite fiscal, managerial, and legal capacity to carry out the Transportation Disadvantaged Program and to receive and disburse State funds.
- (4) The recipient intends to accomplish all tasks as identified in this grant application.
- (5) Transportation Disadvantaged Trust Funds will not be used to supplant or replace existing federal, state, or local government funds.
- (6) All project equipment or vehicles shall meet or exceed the applicable criteria set forth in the Florida Department of Transportation's Guidelines for Acquiring Vehicles on file with the Commission on July 1, 2000 or criteria set forth by any other federal, state, or local government agency.
- (7) Capital equipment purchased through this grant shall comply with the competitive procurement requirements of Chapter 287 and Chapter 427, Florida Statutes.
- (8) If capital equipment is purchased through this grant, the demand response service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:
  - (a) response time,
  - (b) fares,
  - (c) geographic service area,
  - (d) hours and days of service,
  - (e) restrictions on trip purpose,

Shirley Conroy Rural Area Capital Assistance Program Grant Application Rev. 8/23/2013

- (f) availability of information and reservation capability, and
- (g) contracts on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand response systems for the general public which receive financial assistance under 49 U.S.C. 5310 or 5311 of the Federal Transit Administration (FTA) have filed a certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds have also filed a certification with the appropriate program office. Such public entities receiving FTA funds under any other section of the FTA have filed a certification with the appropriate FTA regional office.

This certification is valid for no longer than the contract period for which the grant application is filed.

Date:	September 13, 2013	Signature: Lanes Deg
	Name:	Frances Terry
	Title:	Executive Director

# **EXHIBIT F**

## **CURRENT VEHICLE INVENTORY FORM**

Name of CTC: Suwannee River Economic Council, Inc.

Model	Vehicle	FDOT	W/C	Avg. Miles	Current	Anticipated	Source
Year	Make And	Control	Equp	Per Year	Mileage	Retire date	Funded
	Туре	No. or Vin				1	Ву
		No.					
2011	Chevy	1GB3G2BG	Υ	13,432	25,864	2016	FDOT
	Cutaway	7B1161526					
2009*	Ford	1FDFE45S7	Υ	14,223	56,893	2014	5311-STIM
	Cutaway	9DA88334					
2010	Ford	1FTNE2EL	Υ	4,155	12,465	2015	FDOT
	Cutaway	XADA75692	1				
2009*	Chevy	1GBJG31K7	Y	17,596	70,385	2014	TD-RC
	Cutaway	81231943	II.				
2010	Chevy	1GBJG31K7	Υ	15,374	46,123	2015	FDOT
	Cutaway	91172605			1		
2011	Chevy	1GB3G2BG	Y	13,538	27,076	2016	FDOT
	Cutaway	4B1172032	4				
2011	Chevy	1GB3G2BG	Υ	5,485	10,970	2016	TD-RC
	Cutaway	4B1171589					

NOTE: Identify the Vehicle(s) that would be replaced with this or other grants by placing \* next to the model year.

#### Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Purchase one replacement vehicle.	2013/14	Bradford County	\$59,400 State	Rural Area Capital Assistance Program Grant
			\$6,600 Local	Suwannee River Economic Council

#### Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged	2013/14	Bradford County	\$121,230 State	Transportation Disadvantaged Trust Fund
individuals.			\$13,470 Local	Suwannee River Economic Council

#### Medicaid Non-Emergency Transportation Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide trips to Medicaid Program beneficiaries.	2013/14	Bradford County	\$144,179 State	Medicaid Non- Emergency Transportation Program





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October 7, 2013

TO:

Bradford County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

2012-2013 Annual Operations Report

#### **RECOMMENDATION**

Review the 2012/2013 Annual Operations Report.

#### **BACKGROUND**

Suwannee River Economic Council is required to submit an annual operations report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. Attached is Suwannee River Economic Council's 2012-2013 Annual Operations Report for Bradford County. If you have any questions concerning the attached report, please contact me at extension 110.

#### Attachment

t:\lynn\td13\bradford\memos\aor.docx

# **Annual Operations Report Section I: Face Sheet**

County: Bradford	Fiscal Year: July 1, 2012 - June 30, 2013
Status: Submitted to FLCTD	
Report Date:	09/10/2013
Period Covered:	July 1, 2012 - June 30, 2013
Coordinator's Name:	Suwannee River Economic Council, Inc.
Address:	P.O. Box 70
City:	Live Oak
Zip Code:	32064
Service Area:	Bradford
Contact Person:	Frances Terry
Title:	Executive Director
Phone:	(386) 362 - 4115
Fax:	(386) 362 - 4078
Email:	francesterry@suwanneeec.net
Network Type:	Partial Brokerage
Organization Type:	Private Non-Profit
CTC Certification:	
certify, under the penalties of periury	mmunity Transportation Coordinator (CTC) Representative, hereby as stated in Chapter 837.06, F.S., that the information contained in ordance with the accompanying instructions.
Frances Terry - 09/10/2013	
LCB Statement:	
I,accordance with Rule 41-2.007(7) F.S. Planning Agency has received a copy  LCB Signature	, as the local Coordinating Board Chairperson, hereby, certify in S. that the local Coordinating Board has reviewed this report and the .

# **Annual Operations Report** Section II: General Info

County: Bradford

Fiscal Year: July 1, 2012 - June 30, 2013

Status: Submitted to FLCTD

Section II: Coordinated System General Information

1. Provider Listing (include the CTC, if the CTC provides transportation

services)

Number of Private Non-Profits: 2 Number of Private For-Profits: 0

**Public Entities:** 

School Board: 0 Municipality: 0

County: 0

Transit Authority: 0

Other: 0

Total: 2

2. How many of the providers listed in 1 are coordination contractors?

1

# **Annual Operations Report Section III: Passenger Trip Info**

County: Bradford		Fiscal Year: July 1, 2012 -	June 30, 2013	
Status: Submitted to FLCTD				
ection III: Passenger Trip Informati	on			
1a. One-Way Passenger Trips				
Type of Service				
Fixed Route/Fixed Schedule	Within	Outside	Total	
Daily Trip Tickets	0	0	0	
Weekly Passes	0	0	0	
Monthly Passes	0	0	0	
Deviated Fixed Route Service	0	0	0	
Paratransit			7	
Ambulatory	25885	3915	29800	
Non-Ambulatory	1914	301	2215	
Stretcher	109	0	109	
Other Services				
School Board Trips	0	0	0	
Total Trips	27908	4216	32124	
1b. How many of the total trips were providers (do not include the CTC, if the Country trips were considered to the total	TC provides to	ransportation services)?	19992	
2. One-Way Trips by Funding Sour			4795	
Agency for Health Care Administrat			19992	
Agency for Persons with Disabilities	3			
Agency for Workforce Innovation			4152	
Commission for the Transportation I			4153	
Department of Children and Familie	S		0	
Department of Community Affairs			0	
Department of Education			0	
Department of Elder Affairs			3030	
Department of Health			4.13	

Department of Juvenile Justice		0
Florida Department of Transportation		0
Local Government		0
Local Non-Government		154
Other Federal Programs		0
	Total:	32124
3. One-Way Trips by Passenger Type		
Was this information obtained by sampling?		yes
Elderly		
	Low Income:	4373
	Disabled:	320
L	ow Income and Disabled:	428
	Other:	0
Children		
	Low Income:	398
	Disabled:	98
L	ow Income and Disabled:	0
	Other:	0
Other		
	Low Income:	4881
	Disabled:	636
L	ow Income and Disabled:	20990
	Other:	0
	Total:	32124
4. One-Way Passenger Trips - by Purpose		
Was this information obtained by sampling?		yes
Medical Purpose		9101
Employment Purpose		0
Education/Training/Daycare Purpose		19992
Nutritional Purpose		2771
Life-Sustaining/Other Purpose		260
	Total:	32124
5. Unduplicated Passenger Head Count		
5a. Paratransit/Deviated Fixed Route/ School Brd		480

5b. Fixed Route	0
Total:	480
6. Number of Unmet Trip Requests	20
Unmet Trip Requests by Type of Trip	
Unmet Medical	0
Unmet Employment	0
Unmet Education/Training/Daycare	0
Unmet Nutritional	0
Unmet Life-Sustaining/Other	20
Reason Trip was Denied (Optional)	
Lack of Funding:	0
Lack of Vehicle Availability:	
Lack of Driver Availability:	0
Other:	0
7.) Number of Passenger No-shows	188
7.) Number of Lassenger No Shows	
Passenger No-Shows by Funding Source (optional)	
CTD:	0
AHCA:	188
AWI:	0
DCF:	
APD:	0
DOE:	
DOEA:	-
Other:	
9. Complaints	
8. Complaints  Complaints by Service	3
Complaints by Policy	0
Complaints by Vehicle	0
Complaints by Vehicle  Complaints by Other	0
Complaints by Other  Complaint Total:	
9. Commendations	

	Total Commendations:	0
Commendations by Coordination Contractors		0
Commendations by Transportation Providers		0

# **Annual Operations Report**

Section IV: Vehicle Info

3 4 D 16 1		Fiscal Year: July 1, 2012 - June 30,		
County: Bradford		2013	1	
Status: Submitted to FLCTD				
Section IV: Vehicle Information				
1. Mileage Information	ون المستان الم		No.	
	Vehicle Miles		Revenue Miles	
CTC:	128401		93415	
Transportation Providers:	0		0	
	109400		103340	
School Bus Utilization Agreement:	0		0	
Total:	237801		196755	
2. Roadcalls	0			
3. Accidents				
	Chargeable		Non-Chargeable	
Total Accidents Person Only:	0		0	
Total Accidents Person Only: Total Accidents Vehicle Only:			0	
	0			
Total Accidents Vehicle Only:	0		0	
Total Accidents Vehicle Only: Total Accidents Person & Vehicle:	0		0	
Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents:	0 0		0	
Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: Grand Total:	0 0		0	
Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents:	0 0 0	Count	0	
Total Accidents Vehicle Only: Total Accidents Person & Vehicle: Total Accidents: Grand Total:	0 0 0 0	Count 13	0 0 0	

# **Annual Operations Report Section V: Employee Info**

County: Bradford		iscal Year: <b>July 1, 2012 - June 30,</b> <b>013</b>		
Status: Submitted to FLCTD				
Section V: Employee Informa	tion			
1. CTC and Transportation	Pro	vider Employee Information		
			Hours	
Full-Time Drivers	3		6500	
Part-Time Drivers	3		3710	
Volunteer Drivers	0		0	
		Total Hours:	10210	
Maintenance Employees	0	ſ		
Dispatchers	1			
Schedulers	0			
Call Intake/Reserv./Cust. Serv.	0			
Other Operations Employees	0			
		<u> </u>		
			Hours	
Other Volunteers	0		0	
Administrative Support	1			
Management Employees				
Total	9			
	•			
2. Coordination Contractors	En	aployee Information		
			Hours	
Full-Time Drivers	3		7300	
Part-Time Drivers	3		3350	
Volunteer Drivers	0		0	
		Total Hours:	10650	
	_	<b>*************************************</b>		
Maintenance Employees	-			
Dispatchers	_			
Schedulers	-			
Call Intake/Reserv./Cust. Serv.	0			

Other Operations Employees	0		
			Hours
Other Volunteers	0		0
Administrative Support			
Management Employees	0		
Total	6		
		TOTAL HOURS:	20860

# **Annual Operations Report Section VI: Revenue Sources**

County: Bradford		Fiscal Year: <b>July 1, 2012 - June 30, 2013</b>			
Status: Submitted to FLCTD					
Section VI: Financial Data					
1. Detailed Revenue	and Trips Provid	ed by Funding Source	•		
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES		
Agency for Health Ca	re Administration				
Medicaid Non-Emergency	\$129,674.00	\$0.00	\$129,674.00		
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$0.00	\$0.00	\$0.00		
Agency for Persons wi	ith Disabilities				
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00		
Developmental Services	\$0.00	\$144,385.00	\$144,385.00		
Other (specify)	\$0.00	\$0.00	\$0.00		
Agency for Workforce Innovation					
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00		
Other (specify)	\$0.00	\$0.00	\$0.00		
Commission for the T	ransportation Dis	advantaged			
Non-Sponsored Trip Program	\$96,016.00	\$0.00	\$96,016.00		

Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00
Rural Capital Equip.	\$0.00	\$0.00	\$0.00
TD Other (specify)	\$0.00	\$0.00	\$0.00
Department of Childs	ren and Familie	S	
Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00
Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Comn	nunity Affairs		
Community Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Educa	ition		
Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$0.00	\$0.00	\$0.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Elder	Affairs		
Older Americans Act	\$32,423.00	\$0.00	\$32,423.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Healt	h		
Children's Medical Services	\$0.00	\$0.00	\$0.00
Office of Disability Deter.	\$0.00	\$0.00	\$0.00

County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Juveni	le Justice	1	
(specify)	\$0.00	\$0.00	\$0.00
Department of Trans	portation		
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$55,813.00	\$0.00	\$55,813.00
49 USC 5311 (Section 18)	\$114,583.00	\$0.00	\$114,583.00
490USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$0.00	\$0.00	\$0.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify)5316	\$0.00	\$32,582.00	\$32,582.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$0.00	\$0.00	\$0.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
Local Non-Governme	nt		
Farebox	\$0.00	\$0.00	\$0.00

Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$27,043.00	\$0.00	\$27,043.00
Other Federal or State	Programs		
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$455,552.00	\$176,967.00	\$632,519.00

# **Annual Operations Report Section VII: Expense Sources**

County: Bradford	Fiscal Year: July 1, 2012 - June 30, 2013		
Status: Submitted to FLCTD			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$142,676.00	\$97,373.00	\$240,049.00
Fringe Benefits (502):	\$69,982.00	\$30,623.00	\$100,605.00
Services (503):	\$22,939.00	\$2,818.00	\$25,757.00
Materials and Supplies Cons. (504):	\$122,493.00	\$55,956.00	\$178,449.00
Utilities (505):	\$12,079.00	\$0.00	\$12,079.00
Casualty and Liability (506):	\$19,659.00	\$36,690.00	\$56,349.00
Taxes (507):	\$300.00	\$712.00	\$1,012.00
Purchased Transportation Services (	508)		
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$0.00	\$0.00	\$0.00
	Non-control to the control to the co		
Miscellaneous (509):	\$1,061.00	\$0.00	\$1,061.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$15,389.00	\$0.00	\$15,389.00
Annual Depreciation (513):	\$0.00	\$32,878.00	\$32,878.00
Contributed Services (530):	\$16,870.00	\$0.00	\$16,870.00
Allocated Indirect Expenses:	\$0.00	\$10,281.00	\$10,281.00
GRAND TOTAL:	\$423,448.00	\$267,331.00	\$690,779.00

#### PERFORMANCE TRENDS BRADFORD COUNTY, 2011-2013

PERFORMANCE STANDARD	PERFORMANCE MEASURE	Fiscal Year 2010/2011	Fiscal Year 2011/2012	Fiscal Year 2012/2013	Percent Change (2011/2012 - 2012/2013)
• • • • • • • • • • • • • • • • • • • •	Total Passenger Trips	23,017	35,177	32,124	-10%
	Ambulatory Trips	20,528	32,635	29,800	-10%
	Non-ambulatory trips	2,019	2,182	2,215	1%
	Stretcher Trips	470	360	109	-230%
	Total Revenue Vehicle Miles	206,520	197,533	196,755	0%
TOTAL	Total Vehicle Miles	236,033	238,046	237,801	0%
SERVICE	Total Driver Hours	10,010	10,120	10,210	1%
OZIKI102	Passenger Trips/Revenue Vehicle Mile	0.11	0.18	0.16	-9%
	Miles Per Trip	10	7	7	9%
SERVICE	Passenger Trips/Vehicle Mile	0.10	0.15	0.14	-9%
EFFECTIVENESS	Passenger Trips/Driver Hour	2.3	3.5	3.1	-10%
LITEOTIVENESS	Total Revenue	\$572,636.00	\$598,479.00	\$632,519.00	5%
	Total Expenses	\$613,430.00	\$700,581.00	\$690,779.00	-1%
	Cost/Passenger Trip	\$26.65	\$19.92	\$21.50	7%
	Cost/Revenue Vehicle Mile	\$2.97	\$3.55	\$3.51	-1%
COST	Cost/Vehicle Mile	\$2.60	\$2.94	\$2.90	-1%
EFFECTIVENESS	Cost/ Vehicle	\$43,816.43	\$50,041.50	\$49,341.36	-1%
& EFFICIENCY	Cost/Driver Hour	\$61.28	\$69.23	\$67.66	-2%
& ELITICIENT	Total Vehicles	14	14	14	0%
	Passenger Trips/Vehicles	1,644	2,513	2,295	-10%
VEHICLE	Total Vehicle Miles/Vehicle	16,860	17,003	16,986	0%
UTILIZATION	Total Revenue Vehicle Miles/Vehicle	14,751	14,110	14,054	0%
OTILILATION	Total Number of Accidents	0	0	0	#DIV/0
SAFETY	Accidents/100,000 Miles	0	0	0	#DIV/0
OALETT	Average Miles Between Roadcalls	236,033	238,046	237,801	0%
	Roadcalls	0	0	0	#DIV/0
SERVICE	Number of Unmet Trip Requests	21	19	20	5%
AVAILABILITY	Passenger No-Shows	129	141	188	25%

<sup>\*</sup> Source: Annual Operations Reports.





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October 7, 2013

TO:

Bradford County Transportation Disadvantaged Coordinating Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

Statewide Medicaid Managed Care Program

#### **RECOMMENDATION**

For information only. No action is required.

#### **BACKGROUND**

Attached information concerning the Statewide Medicaid Managed Care Program as it relates to Medicaid non-emergency medical transportation.

If you have any questions concerning the attached information, please do not hesitate to contact me.

Attachment

t:\lynn\td13\bradford\memos\medicaidmanagedcare2.docx

#### Lynn Godfrey

From:

Holmes, Steven [Steven.Holmes@dot.state.fl.us]

Sent:

Thursday, September 26, 2013 10:47 AM

To: Cc: Holmes, Steven CO-CTD Staff

Subject:

Managed Medical Assistance Plans Awarded by Region

Attachments:

MMA Plans Awarded by Region.xlsx

AHCA announced the winners of the health plans for the Managed Medical Assistance program on Monday at 3:00 p.m. The blackout period should finish at 3:00 p.m. today. At that time, or soon thereafter, AHCA may know which areas will see protests. Once that information is known AHCA should schedule the dates for the rollout in those areas where there are no protests, or areas where the number of plans awarded are less than the maximum number of plans that could have been awarded.

Attached are the Standard Plans Awarded by Region. This will give you the plans that will need to include a transportation entity in their network by AHCA Region. If you have not reached out to them you should now.

Thanks

#### Steve Holmes

Executive Director Florida Commission for the Transportation Disadvantaged 850 688-2953 (c)







Join us on Facebook and Twitter

#### Lynn Godfrey

From:

Holmes, Steven [Steven.Holmes@dot.state.fl.us]

Sent:

Thursday, September 26, 2013 12:45 PM

To:

Holmes, Steven

Subject:

FW: Health Plan Selected for SMMC - MMA Program

Below is AHCA's Press Release from Monday. It contains both the Standard and Specialty Plans.

#### Steve Holmes

Executive Director Florida Commission for the Transportation Disadvantaged 850 688-2953 (c)







Join us on Facebook and Twitter

From: "Office of Communications, Florida Agency for Health Care Administration Press Secretary "

<a href="mailto:ahca.myflorida.com">ahca.com</a> Date: September 23, 2013, 4:00:10 PM EDT

To: < chiefs@ahca.myflorida.com>

Subject: Health Plans Selected for the Statewide Medicaid Managed Care Managed Medical Assistance Program



## PRESS RELEASE

#### **1MEDIATE RELEASE**

nber 23, 2013 t: AHCA Communication ommunications@ahca.myflorida.com 12-3623

> Health Plans Selected for the Statewide Medicaid Managed Care Managed Medical Assistance Program ~Florida-based plan selected in every region~

Issee, Fla. –The Agency for Health Care Administration (Agency) selected the health plans it will contract with for the Managed Medical Assistar program. The Agency selected 10 general, non-specialty MMA plans via a competitive bidding process. In addition, the Agency selected five nies to provide specialty plans, including specialty plans focused on HIV/AIDS, child welfare and foster care, severe and persistent mental illness with chronic conditions. A listing of the plans selected for each region and relevant information about the procurement can be found via the ment of Management Services' Vendor Bid System at <a href="http://www.myflorida.com/apps/vbs/vbs www.main menu">http://www.myflorida.com/apps/vbs/vbs www.main menu</a>. A summary chart of the plans

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ed in each region is below.

we our evaluation and negotiation teams did an excellent job in selecting nationally accredited, top caliber plans that will be able to meet the new 's Medicaid population," said Secretary Liz Dudek. "The Agency has confidence these plans will be able to provide high quality care through robusts, a variety of extra benefits, and increased flexibility in meeting the unique health care needs of each recipient they serve."

acts of note regarding the selected plans:

The Agency selected eight Florida-based plans: Better Health, LLC; First Coast Advantage, LLC; Integral Health Plan, Inc. d/b/a Integral Qual Care; Preferred Medical Plan, Inc.; Prestige Health Choice; Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida; Freedom Health, In Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan.

Five different companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition; the plans are tailored to meet the specific needs of the specialty population.

ents who qualify to enroll in a Managed Medical Assistance plan will receive information at least 90 days ahead of when any change will take efformation is anticipated to begin in mid-2014. Additional information about the Statewide Medicaid Managed Care (SMMC) program and the unity to sign up to receive email updates about can be found on the SMMC website at: <a href="http://ahca.myflorida.com/SMMC">http://ahca.myflorida.com/SMMC</a>.

the competitive procurement, the Agency is in a statutorily imposed "Blackout Period" until 72 hours after the award announcement and cannot interpretation or additional information not included in the MMA ITN documents. As stated in s.287.057(23), F.S., "Respondents to this solicita s acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting of intended award, excluding Saturdays, Sundays, and state holidays, any employee or officer of the executive or legislative branch concerning a of this solicitation, except in writing to the procurement officer or as provided in the solicitation documents. Violation of this provision may be given a response."

ency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, lic gulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at <u>loridaHealthFinder.gov</u>. Additional information about Agency initiatives is available via <u>Facebook (AHCAFlorida)</u>, <u>Twitter (@AHCA\_FL)</u> and <u>YouT VFlorida)</u>.

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	REGION											
RESPONDENT NAME	1	2	3	4	5	6	7	8	9	10	11	Nu of A
General, Non-specialty Plans	-							-				
group Florida, Inc.					Х	Х						
Health, LLC - PSN	Х					Х			4	Х		
loast Advantage, LLC - PSN				Х		100						
na Medical Plan, Inc.	Х				100	Х		200	Х	Х	Х	
al Health Plan, Inc. d/b/a Integral Quality Care - PSN						Х	-	Х				
red Medical Plan, Inc.		V.									Х	
ge Health Choice - PSN		Х	Х	-	Х	Х	Х		Х		Х	
ine State Health Plan, Inc.			Х	Х	Х	Х	Х	Х	Х	Х	Х	
IHealthcare of Florida, Inc.				Х							Х	
are of Florida, Inc. d/b/a Staywell Health Plan of Florida		Х	Х		Х	Х	Х	Х			Х	
General, Non-specialty Plans Awarded	2	2	3	3	4	7	3	3	3	3	6	
Specialty Plans						_						
CO of Florida, Inc. d/b/a Positive Healthcare Florida HIV/AIDS Specialty Plan		23								Х	Х	
a MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness Specialty Plan		Х		Х	Х	Х	Х		Х	Х	Х	
om Health, Inc. Cardiovascular Disease (CVD) Specialty Plan			Х		Х	Х	Х	Х	Х	Х	Х	
om Health, Inc. Chronic Obstructive Pulmonary Disease (COPD) Specialty Plan			Х		Х	Х	Х	Х	Х	Х	Χ	
om Health, Inc. Congestive Heart Failure (CHF) Specialty Plan			Х		Х	Х	Х	Х	Х	Х	Χ	
om Health, Inc. Diabetes Specialty Plan			Х		Х	Х	Х	Х	Х	Х	Х	
/ Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan		Χ	χ		Х	Х	Х	Х	Х	Х	Х	
ine State Health Plan, Inc. Child Welfare Specialty Plan	Χ	Χ	Х	X	Х	Х	Х	Χ	Χ	Х	Χ	
Specialty Plans Awarded	2	3	6	2	7	7	7	6	7	8	8	

###

gency for Health Care Administration

This message was sent from Florida Agency for Health Care Administration to <a href="mailto:chiefs@ahca.myflorida.com">chiefs@ahca.myflorida.com</a>. It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.



From: Brimage, Cheryl L. (CMS/CMCHO) [mailto:Cheryl.Brimage@cms.hhs.gov]

Sent: Tuesday, September 24, 2013 6:38 AM





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2009 NW 67th Place, Gainesville, FL 32653-1603 • 352.955.2200

October 7, 2013

TO:

Bradford County Transportation Disadvantaged Board

FROM:

Lynn Godfrey, AICP, Senior Planner

SUBJECT:

**Operations Reports** 

#### RECOMMENDATION

No action required. This agenda item is for information only.

#### **BACKGROUND**

Attached are the following reports for the Board's review:

- Suwannee River Economic Council's Operations Report April June 2013; 1.
- Fiscal Year 2013/14 Transportation Disadvantaged Trust Fund Status Report; 2.
- Medicaid Non-Emergency Transportation Program Encounter Data Report July 2012-3. August 2013; and
- Suwannee River Economic Council Complaint/Commendation Report April June 2013. 4.

If you have any questions regarding the attached reports, please do not hesitate to contact me.

#### Attachments

#### QUARTERLY OPERATING REPORT BRADFORD COUNTY APRIL - JUNE 2013

#### SREC **ARC of Bradford** TOTAL **OPERATING DATA** 2,707 2.707 NUMBER OF INVOICED TRIPS 1.037 Not reported 1,037 Medicaid 660 Not reported 660 Title III-B 1.010 Not reported 1,010 TD Trust Fund 0 Not reported Agency for Persons with Disabilities 19,944 19.944 Not reported TOTAL VEHICLE MILES 15,103 TOTAL REVENUE VEHICLE MILES 15,103 Not reported 1,537 1.537 Not reported TOTAL VEHICLE HOURS \$90,079 TOTAL DOLLARS INVOICED \$90,079.32 \$0.00 \$53,273 \$53,272.92 Not reported Medicaid \$10,137.60 Not reported \$10,138 Title III-B Not reported \$26,669 \$26,668.80 **TD Trust Fund** Not reported \$0 \$0.00 Medwaiver #DIV/0! \$33.28 \$33.28 **AVERAGE COST PER TRIP** \$51.37 #VALUE! \$51.37 Medicaid #VALUE! \$15.36 \$15.36 Title III-B #VALUE \$26.40 \$26.40 TD Trust Fund #VALUE! #DIV/0! Other **#VALUE!** \$4.52 \$4.52 AVERAGE COST PER MILE **#VALUE!** \$5.96 \$5.96 AVERAGE COST PER REV. VEH. MI. **#VALUE!** \$58.61 \$58.61 AVERAGE COST PER HOUR TRIP PURPOSE\* 2.047 Not reported 2,047 Medical Not reported 0 Employment 0 ol Not reported Education/Training 0 ol Not reported Fixed 0 ol Not reported Inclusion ol Not reported 0 Shopping 660 Not reported 660 Meal Site ol Not reported Recreation 0 ol Not reported Other 0 ol Not reported NUMBER OF TRIPS DENIED 0 NUMBER OF SINGLE PASSENGER 413 413 Not reported TRIPS PROVIDED 15% PERCENT OF SINGLE PASSENGER TRIPS 15% **#VALUE!** 0 Not reported NUMBER OF ACCIDENTS 0 18 8 10 NUMBER OF VEHICLES 150 338 0 AVERAGE TRIPS PER VEHICLE 7 **AVERAGE MILES PER TRIP** 7 **#VALUE!** 0 Not reported NUMBER OF ROADCALLS

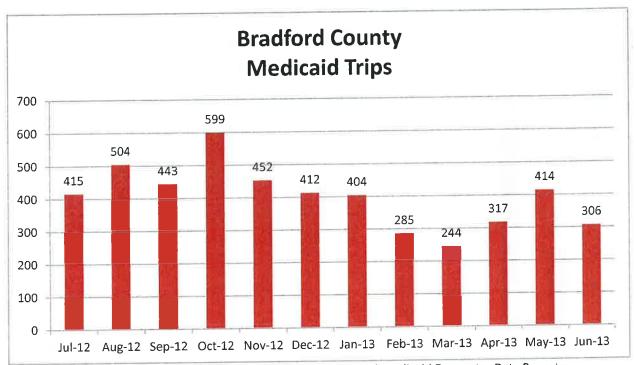
#### QUARTERLY OPERATING REPORT BRADFORD COUNTY APRIL - JUNE 2012

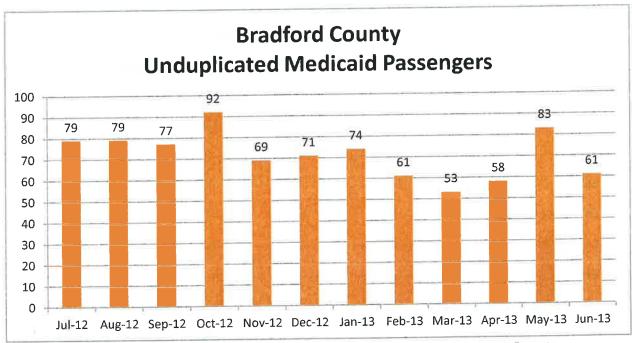
OPERATING DATA	TOTAL
NUMBER OF INVOICED TRIPS	8,614
Medicaid	1,396
Title III-B	785
TD Trust Fund	834
Agency for Persons with Disabilities	5,599
TOTAL VEHICLE MILES	61,822
TOTAL REVENUE VEHICLE MILES	52,347
TOTAL VEHICLE HOURS	3,640
TOTAL DOLLARS INVOICED	\$140,691
Medicaid	\$71,391
Title III-B	\$5,574
TD Trust Fund	\$24,770
Medwaiver	\$38,956
AVERAGE COST PER TRIP	\$16.33
Medicaid	\$51.14
Title III-B	\$7.10
TD Trust Fund	\$29.70
Other	2
AVERAGE COST PER MILE	\$2.28
AVERAGE COST PER REV. VEH. MI.	\$2.69
AVERAGE COST PER HOUR	\$38.65
TRIP PURPOSE*	
Medical	2,230
Employment	158
Education/Training	0
Fixed	5,293
Inclusion	148
Shopping	0
Meal Site	785
Recreation	2
Other	0
NUMBER OF TRIPS DENIED	0
NUMBER OF SINGLE PASSENGER	
TRIPS PROVIDED	109
PERCENT OF SINGLE PASSENGER TRIPS	
NUMBER OF ACCIDENTS	
NUMBER OF VEHICLES	19
AVERAGE TRIPS PER VEHICLE	453
AVERAGE MILES PER TRIP	
NUMBER OF ROADCALLS	

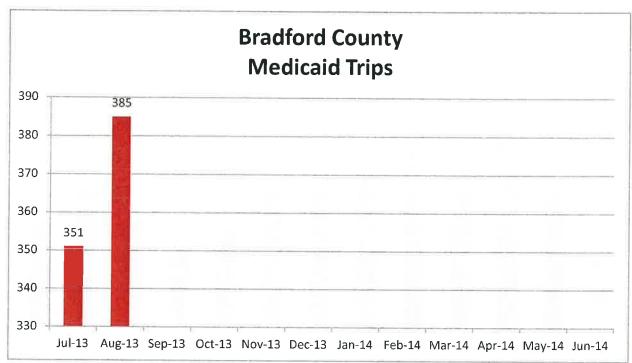
### 2012-2013 TRIP/EQUIPMENT GRANT SUMMARY AQO24 BRADFORD COUNTY

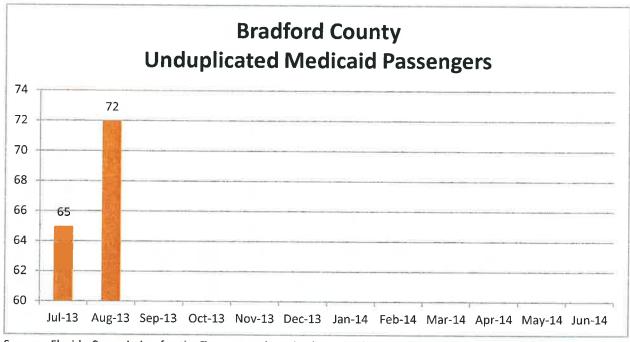
**CONTRACT AMOUNT: \$106,684.00** 

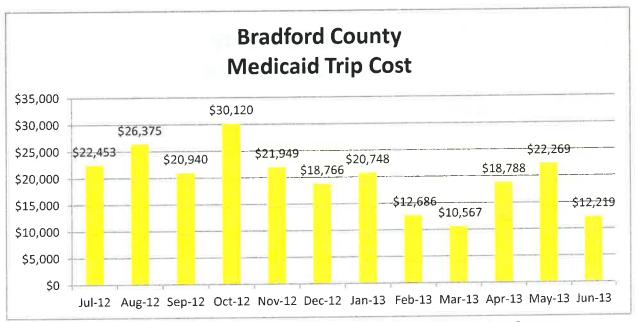
MONTH/	TOTAL	TRUST	LOCAL	TOTAL	NUMBER	AVERAGE
YEAR	DOLLARS	FUND	MATCH	AMOUNT	OF TRIPS	COST PER
	SPENT	(90%)	(10%)	REMAINING		TRIP
Jul-12	\$8,904.64	\$8,014.18	\$890.46	\$97,779.36	306	\$29.10
Aug-12	\$8,888.27	\$7,999.44	\$888.83	\$88,891.09	306	\$29.05
Sep-12	\$8,887.76	\$7,998.98	\$888.78	\$80,003.33	314	\$28.30
Oct-12	\$8,887.85	\$7,999.07	\$888.78	\$71,115.48	399	\$22.28
Nov-12	\$8,854.45	\$7,969.01	\$885.44	\$62,261.03	366	\$24.19
Dec-12	\$7,488.95	\$6,740.05	\$748.90	\$54,772.08	368	\$20.35
Jan-13	\$8,886.69	\$7,998.02	\$888.67	\$45,885.39	368	\$24.15
Feb-13	\$8,887.92	\$7,999.13	\$888.79	\$36,997.47	353	\$25.18
Mar-13	\$10,329.18	\$9,296.26	\$1,032.92	\$26,668.29	363	\$28.46
Apr-13	\$8,887.98	\$7,999.18	\$888.80	\$17,780.31	333	\$26.69
May-13	\$8,889.58	\$8,000.62	\$888.96	\$8,890.73	331	\$26.86
Jun-13	\$8,891.24	\$8,002.12	\$889.12	-\$0.51	346	\$25.70
Adjustment	(\$0.51)	(\$0.46)	(\$0.05)		4153	

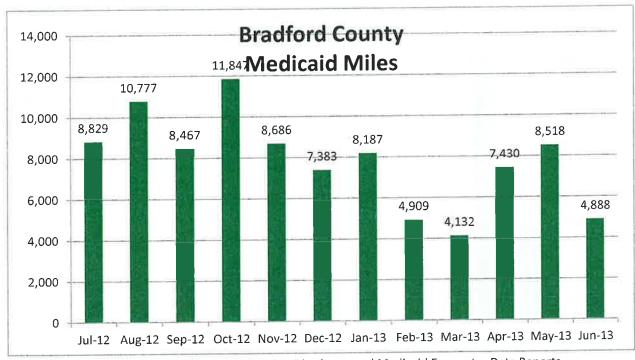


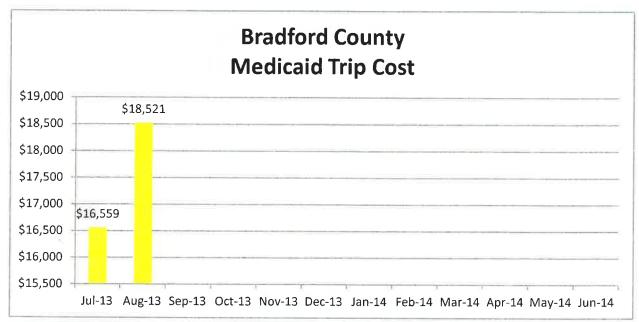


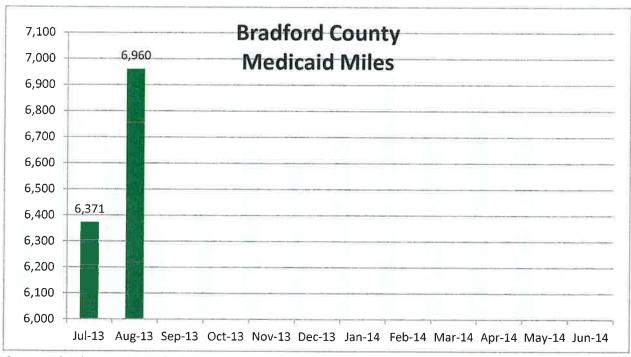


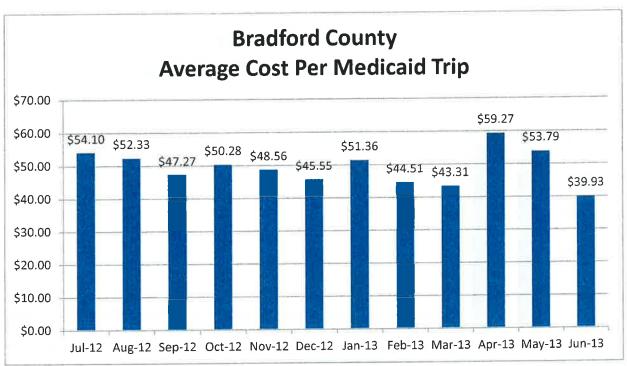


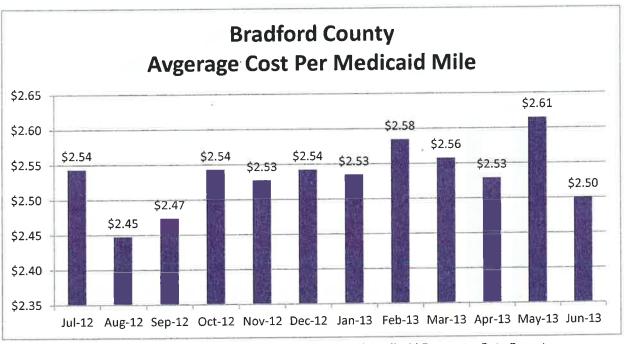


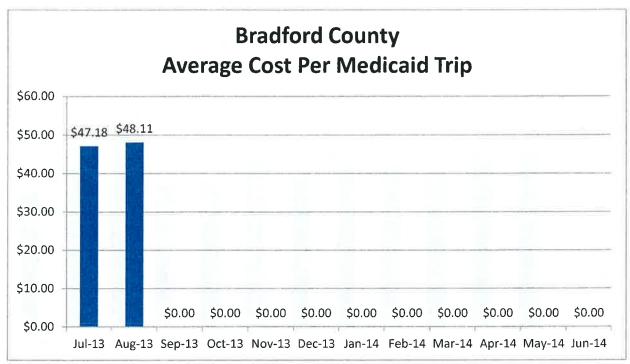


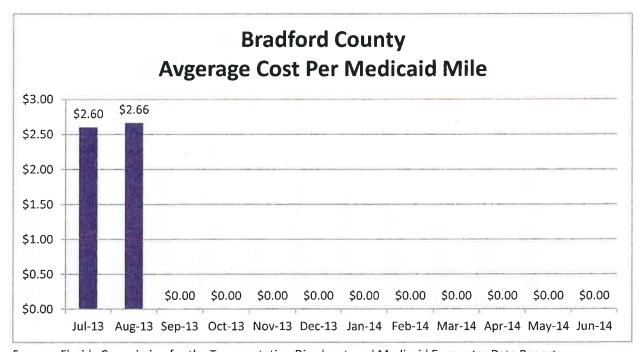


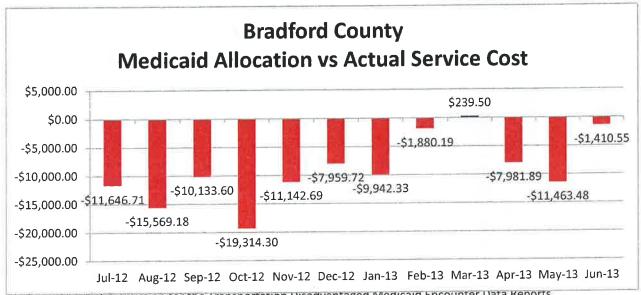


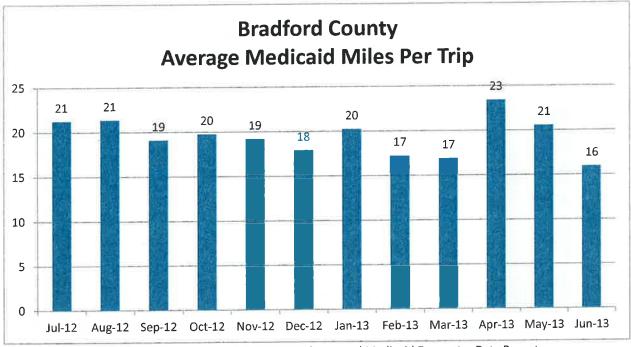


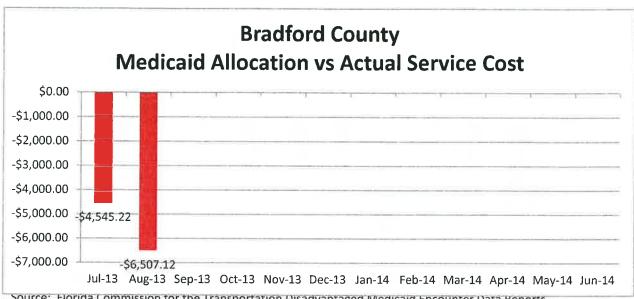


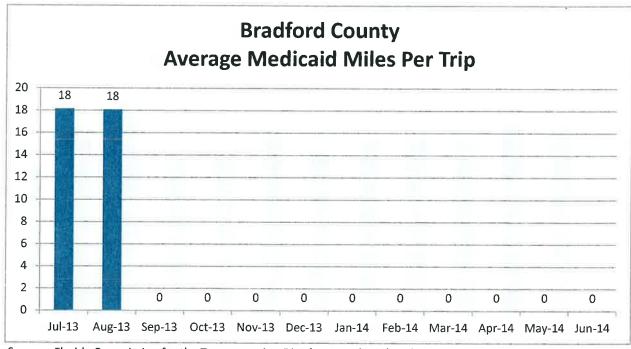












# BRADFORD COUNTY QUARTERLY SUMMARY OF SERVICE COMPLAINTS/COMMENDATION! APRIL - JUNE 2013

	Suwannee River Economic	
TYPE OF COMPLAINT	Council	Resolved
Vehicle Condition	0	
Driver's Behavior	0	
Client Behavior	0	-
Tardiness - Late pickup	0	<u>-</u>
Tardiness - Late dropoff	0	-
No Show by Operator	0	-
Dispatch/Scheduling	0	
Service Denial	0	-
Other	0	-
TOTALS	0	<u>-</u>
COMMENDATIONS	0	<b>₩</b> y

#### ATTENDANCE RECORD

## BRADFORD COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	10/16/12	1/8/13	4/16/13	7/16/13
Chair	Commissioner Danny Riddick	Р	P	А	Р
Alternate Chairperson	Commissioner Tommy Chastai	Linda Johns	Linda Johns	Α	Α
Florida Department of Transportation	Sandra Collins	P	Α	Р	P
Alternate Member	Janell Damato		A	Α	Α
Florida Department of Children and Familie	Brad Seeling	Р	Р	Р	Р
Alternate Member	(Vacant)				
Agency for Health Care Administrtaion	Alana McKay	Р	Р	Р	Р
Alternate Member	Andrew Singer	Α	Α	Α	Α
Florida Department of Education	Jeffrey Aboumrad	Р	Р	P	Р
Alternate Member	(Vacant)				
Public Education	Richard Sapp	P	Α	Α	Α
Alternate Member	(Vacant)				
Citizen Advocate	(Vacant)				
Alternate Member	William Harris	Α	Α	Α	Α
Citizen Advocate-User	Patricia Fountain	Α	Р	Α	Р
Alternate Member	Lou Hall	Α	Α	Α	Α
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	Barbara Fischer	Α	P	Α	Р
Alternate Member	(Vacant)				
Persons with Disabilities	Mary Lou Black	Α	Α	Α	Α
Alternate Member	Sherry Ruszkowski	Α	A	Α	Р
Florida Association for Community Action	Janice Johnson				
Alternate Member	(Vacant)			7	
Florida Department of Elder Affairs	Cindy Roberts	Α	Р	Р	Α
Alternate Member	(Vacant)				
Children at Risk	Kyle Bonesteel	Α	Α	Α	Α
Alternate Member	(Vacant)				
Private Transit	Steve Futch	Р	Α	Р	Α
Alternate Member	Laura Crews				
Regional Workforce Board	Linda Tatum	Р	Р	Р	P
Alternate Member	(Vacant)				

LEGEND KEY: P-Present A-Absent - Not Applicable (newly appointed member)

ATTENDANCE POLICY: According to Article III, Section 5 of the Coordinating Board bylaws: "The North Central Florida Regional Planning Council shall review and consider rescinding the appointment of any voting member of the Board who falls to attend three consecutive meetings."