North Central Florida Regional Planning Council

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

December 31, 2013

TO: Union County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Union County Transportation Disadvantaged Coordinating Board will meet **Tuesday, January 7, 2014 at 1:15 p.m.** in the **A & A Transport Office located at the Union County Transportation Facility, 255 SW 9th Avenue, Lake Butler, Florida.** All Board members are encouraged to attend 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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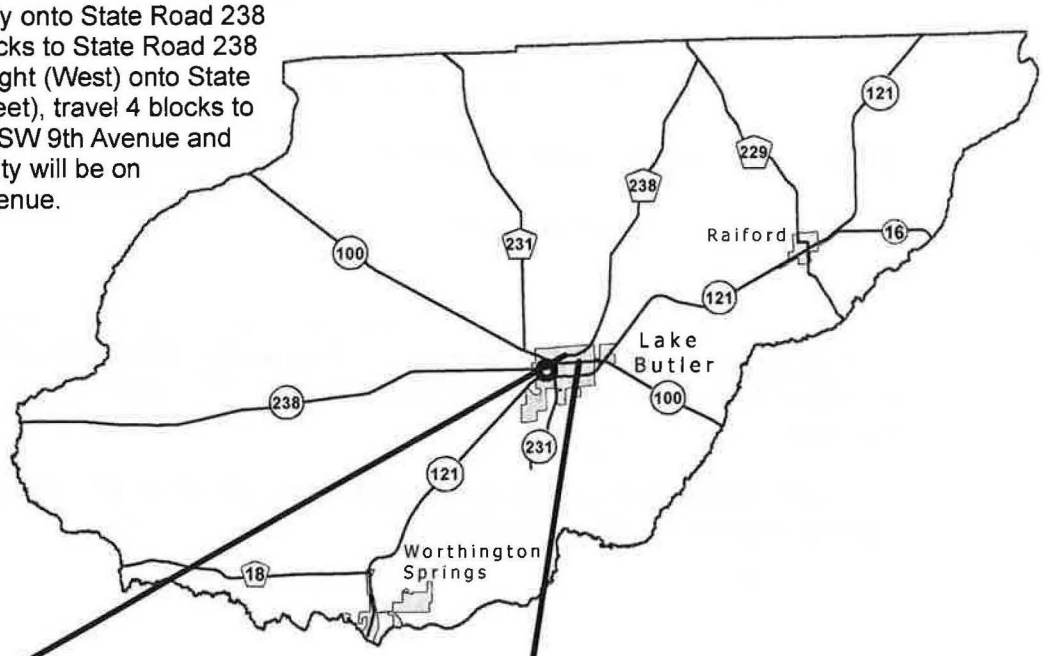
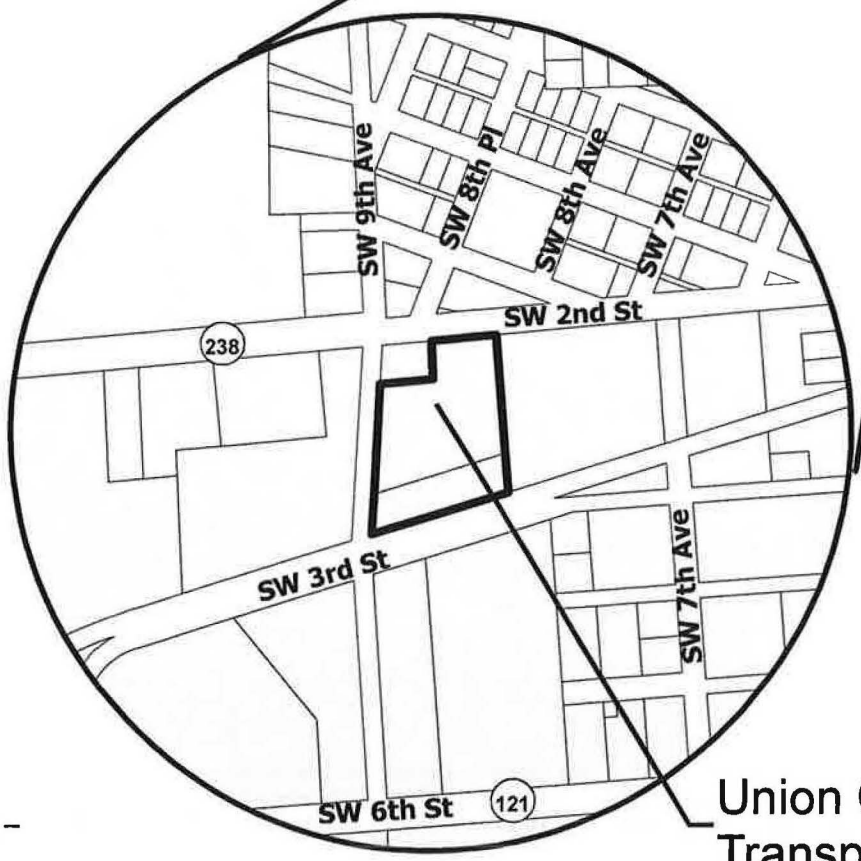
Union County Transportation Facility
A & A Transport Office
255 SW 9th Avenue
Lake Butler, Florida 32054

Directions: From the intersection of State Road 100 (also known as Main St) and State Road 238 (also known as 6th Ave) in the City of Lake Butler, head Southwesterly onto State Road 238 (also known as 6th Ave) travel two blocks to State Road 238 (also known as SW 2nd Street), turn right (West) onto State Road 238 (also known as SW 2nd Street), travel 4 blocks to SW 9th Avenue, turn left (South) onto SW 9th Avenue and the Union County Transportation Facility will be on the left, on the East side of SW 9th Avenue.





1 inch = 500 feet

Union County
Transportation Facility

North Central Florida Regional Planning Council

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UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

PUBLIC HEARING AND BUSINESS MEETING AGENDA

A & A Transport Office
Union County Transportation Facility
255 SW 9th Avenue
Lake Butler, Florida

Tuesday
January 7, 2014
1:15 p.m.

I. PUBLIC HEARING – CALL TO ORDER

A. Introductions

B. Receive Public Testimony

C. Close Public Hearing

II. BUSINESS MEETING – CALL TO ORDER

A. Approval of the Meeting Agenda — **ACTION REQUIRED**

B. Approval of the October 15, 2013 Minutes Minutes — **ACTION REQUIRED**

III. NEW BUSINESS

A. Union County Transportation Disadvantaged Service Plan — **ACTION REQUIRED**

The Board needs to review and approve the Union County Transportation Disadvantaged Service Plan

B. Florida's Managed Medical Assistance Program — **NO ACTION REQUIRED**

Enclosed is the Managed Medical Assistance Program Implementation Plan

C. **Operations Reports** **NO ACTION REQUIRED**

IV. OTHER BUSINESS

A. **Comments**

1. **Members**

2. **Citizens**

V. FUTURE MEETING DATES

A. **Tuesday, April 15, 2014 at 1:15 p.m.**
B. **Tuesday, July 15, 2014 at 1:15 p.m.**
C. **Tuesday, October 14, 2014 at 1:15 p.m.**

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

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

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UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Wayne Smith Local Elected Official/Chair	
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Jaime Sanchez-Bianchi Florida Department of Children and Families	Vacant Florida Department of Children and Families
Rayford Riels Florida Department of Education	Barbara Harrington Florida Department of Education
Cindy Roberts Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
Alana McKay Florida Agency for Health Care Administration	Andrew Singer Florida Agency for Health Care Administration
Vacant Regional Workforce Board	Vacant Regional Workforce Board
Matthew Pearson Florida Association for Community Action Term ending June 30, 2014	Vacant Florida Association for Community Action Term ending June 30, 2014
Mike Pittman Public Education	Vacant Public Education
Barbara Fischer Veterans Term ending June 30, 2014	Vacant Veterans Term ending June 30, 2014
Doyle Archer Citizen Advocate Term ending June 30, 2015	Vernon Dukes Citizen Advocate Term ending June 30, 2015
Vacant Citizen Advocate - User Term ending June 30, 2015	Vacant Citizen Advocate - User Term ending June 30, 2015
Bill McGill Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Donald Pettit Elderly Term ending June 30, 2014	Vacant Elderly Term ending June 30, 2014
Vacant Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Alberta Hampton Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
Vacant Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

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

UNION COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING MINUTES

County Commissioners' Meeting Room	Tuesday
Union County Courthouse	October 15, 2013
Lake Butler, Florida	1:15 p.m.

VOTING MEMBERS PRESENT

Commissioner M. Wayne Smith, Chairman
Doyle Archer, Citizen Advocate
Sandra Collins, Florida Department of Transportation
Barbara Fischer, Veterans Representative
Bill McGill, Persons with Disabilities Representative
Donald Pettit, Elderly Representative
Jaime Sanchez-Bianchi, Florida Department of Children and Families
Andrew Singer representing Alana McKay, Florida Agency for Health Care Administration – Medicaid

VOTING MEMBERS ABSENT

Kyle Bonesteel, Early Childhood Services Representative
Mike Pittman, Public Education Representative
Rayford Riels, Florida Department of Education

ALTERNATE MEMBERS PRESENT

Vernon Dukes, Citizen Advocate

OTHERS PRESENT

Curtis Allen, A & A Transport

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Chairman Smith called the meeting to order at 1:15 p.m.

A. Introductions

Chairman Smith asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

ACTION: Andrew Singer moved to approve the meeting agenda. Sandra Collins seconded; motion passed unanimously.

C. Approval of the July 16, 2013 Minutes

ACTION: Andrew Singer moved to approve the July 16, 2013 meeting minutes. Vernon Dukes seconded; motion passed unanimously.

II. NEW BUSINESS

A. Community Transportation Coordinator Annual Performance Evaluation

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Board is required to evaluate A & A Transport's performance as the Community Transportation Coordinator for Union County annually. She said a draft evaluation is included in the meeting packet for the Board's review.

The Board reviewed the A & A Transport's annual performance evaluation.

Ms. Sandra Collins asked staff to notify Board members when the next on-site observation will be conducted so that Board members have the opportunity to participate.

ACTION: Andrew Singer moved to approve A & A Transport's annual performance evaluation. Barbara Fischer seconded; motion passed unanimously.

B. Elect Vice-Chair

The Board elected Mr. Vernon Dukes as Vice-Chair.

C. 2012/2013 Annual Operations Report

Ms. Godfrey stated that A & A Transport is required to submit an Annual Operations Report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. She said A & A Transport's 2012/13 Annual Operations Report was distributed to the Board members prior to the meeting.

The Board reviewed the Annual Operations Report.

D. Statewide Medicaid Managed Care Program

Mr. Andrew Singer stated that three Health Maintenance Organizations have been selected by the Florida Agency for Health Care Administration to provide Medicaid Program services in Region 3. He said the Health Maintenance Organizations will be responsible for providing Medicaid non-emergency transportation. He said the Medicaid Area 3 Office does not know how the Health Maintenance Organizations will provide the Medicaid transportation.

Chairman Smith stated that the State is requiring the Counties to be more financially responsible for the Medicaid Program.

E. Operations Reports

Mr. Curtis Allen, A & A Transport General Manager, stated that he was unable to prepare the reports prior to the meeting.

III. OTHER BUSINESS

A. Comments

1. Members

Ms. Sandra Collins announced that the Florida Department of Transportation District 2 Office has a new Modal Development Manager, Doreen Howard Joyner. She said Ms. Joyner plans to attend some of the Transportation Disadvantaged Board meetings in the Region.

Chairman Smith stated that Union County completed the construction of the new transportation facility. He encouraged Board members to tour the facility.

2. Citizens

There were no citizen comments.

IV. FUTURE MEETING DATES

Chairman Smith stated that the next Board meeting is scheduled for Tuesday, January 7, 2014 at 1:15 p.m.

ADJOURNMENT

The meeting was adjourned at 1:35 p.m.

_____ _____

Coordinating Board Chair Date

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III.A.

December 31, 2013

TO: Union County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Union County Transportation Disadvantaged Service Plan

STAFF RECOMMENDATION

Approve the Union County Transportation Disadvantaged Service Plan.

BACKGROUND

Chapter 427, Florida Statutes requires A & A Transport to prepare a Transportation Disadvantaged Service Plan in cooperation with the North Central Florida Regional Planning Council for the local Coordinating Board's approval. This plan provides information needed by the local Coordinating Board to continually review and assess transportation disadvantaged needs for the service area. The Service Plan must be submitted to the Florida Commission for the Transportation Disadvantaged annually.

Attached is the draft Union County Transportation Disadvantaged Service Plan. If you have any questions concerning the Plan, please do not hesitate to contact me at extension 110.

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Union County
2014 Transportation Disadvantaged Service Plan

January 7, 2014

Union County Transportation Disadvantaged Coordinating Board

Union County Transportation Disadvantaged Service Plan

Approved by the

Union County
Transportation Disadvantaged Coordinating Board

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

M. Wayne Smith, Chair

with Assistance from

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

and

A & A Transport
P.O. Box 70
Live Oak, FL 32060
386.362.4115

January 7, 2014

North Central Florida Regional Planning Council

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Chapter I: Development Plan

A. Introduction to The Service Area

The purpose of this section is to provide information about the organization and development of Florida's Transportation Disadvantaged Program in Union County. This Plan shall serve as the Coordinated Public Transit-Human Services Transportation Plan under the federal Moving Ahead for Progress in the 21st Century Act (MAP-21).

1. Background of Florida's Transportation Disadvantaged Program

Florida's Transportation Disadvantaged Program began in 1979 with the adoption of Chapter 427, Florida Statutes. The Florida Legislature adopted this legislation to provide transportation disadvantaged services in a coordinated fashion.

The transportation disadvantaged are defined in Chapter 427, Florida Statutes, as:

> "those persons who because of physical or mental disability, income status, age are unable to transport themselves or purchase transportation and are, therefore, dependent on others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities or children who are handicapped or high-risk or at-risk as defined in s. 411.202, Florida Statutes."

In 1989, the Florida Legislature reviewed Chapter 427, Florida Statutes according to the State's Regulatory Sunset Act (Section 11.61, Florida Statutes). During this legislative review, the Legislature decided to reenact Chapter 427, Florida Statutes with several revisions.

In 1990, Rule 41-2 of the Florida Administrative Code was adopted to implement the provisions of Chapter 427, Florida Statutes. In addition, Rule 41-2 of the Florida Administrative Code assigns the Florida Commission for the Transportation Disadvantaged with the responsibility to accomplish the coordination of transportation services provided to the transportation disadvantaged.

The following sections discuss each of the major components of the Transportation Disadvantaged Program.

a. Florida Commission for the Transportation Disadvantaged

The Florida Commission for the Transportation Disadvantaged is independent and reports to the Governor and the Legislature. Chapter 427, Florida Statutes states that:

> "the purpose of the Commission is to accomplish the coordination of transportation services to the transportation disadvantaged."

The Governor appoints seven members to the Florida Commission for the Transportation Disadvantaged. Five of the members must have significant experience in the operation of a business and two of the members must have a disability and use the transportation disadvantaged system. The Chair is appointed by the Governor and Vice-Chair is elected annually from the membership of the Florida Commission for the Transportation Disadvantaged.

b. Designated Official Planning Agency

The Designated Official Planning Agency is responsible for transportation disadvantaged planning in a given area. In the urbanized areas of the state, the planning agencies are metropolitan planning organizations. In the rural areas of the state, organizations which are eligible to be planning agencies are:

- county or city governments
- regional planning councils
- metropolitan planning organizations
- local planning organizations who are currently performing planning activities in the service area

The North Central Florida Regional Planning Council is the Designated Official Planning Agency for Union County. According to Rule 41-2 of the Florida Administrative Code, responsibilities of the Designated Official Planning Agency include:

- Appointment of members to the local coordinating boards.
- Provision of staff support to the local coordinating boards.
- Recommendation to the Florida Commission for the Transportation Disadvantaged regarding the initial selection or re-designation of the Community Transportation Coordinator.

c. Local Coordinating Boards

The Designated Official Planning Agency is responsible for appointing a local coordinating board in each county. The purpose of the coordinating board is to provide advice and direction to the Community Transportation Coordinator concerning the coordination of transportation services.

According to Rule 41-2 of the Florida Administrative Code, the Designated Official Planning Agency appoints an elected official, to serve as the official chairperson for all local coordinating board meetings. The Board shall elect a Vice-Chair.

In addition to the Chair, the following agencies or other groups serve on the local coordinating boards as voting members:

- An elected official from Union County.
- A representative of the Florida Department of Transportation.
- A representative of the Florida Department of Children and Family Services.
- A representative of the Public Education Community.

- A representative of the Florida Department of Education.
- A person recommended by the local Veterans Service Office representing veterans of the county.
- A person who is recognized by the Florida Association for Community Action as representing the economically disadvantaged.
- A person over age sixty representing the elderly.
- A person with a disability representing the disabled.
- Two citizen advocate representatives in the county; one who must be a person who uses the transportation services of the system as their primary means of transportation.
- A local representative for children at risk.
- In areas where they exist, the Chairperson or designee of the local mass transit or public transit system's Board.
- A representative of the Florida Department of Elderly Affairs.
- An experienced representative of the local private for profit transportation industry.
- A representative of the Florida Agency for Health Care Administration.
- A representative of the Regional Workforce Development Board.
- A representative of the local medical community.

The following are some of the duties of the local coordinating board:

- Approving the Transportation Disadvantaged Service Plan.
- Annually evaluating the Community Transportation Coordinator's performance.
- Reviewing all applications for local, state and federal transportation disadvantaged funds.

d. Community Transportation Coordinator

The Community Transportation Coordinator is responsible for ensuring that coordinated transportation services are provided to serve the transportation disadvantaged. A & A Transport is the designated Community Transportation Coordinator for Union County.

A & A Transport may provide all or a portion of transportation service in a designated service area. A & A Transport may subcontract or broker services if it is cost effective and efficient. The following are some responsibilities of A & A Transport:

- In cooperation with the planning agency, develop and implement a Transportation Disadvantaged Service Plan.
- Execute contracts for service with transportation operators.

- Review all applications for federal, state and local funding (in conjunction with the local coordinating board).
- Prepare an annual operating report.

2. Designation Date/History

A & A Transport is a private non-profit corporation formed November 7, 1983 to provide transportation assistance to disadvantaged individuals. A & A Transport is organized and operated exclusively for charitable purposes.

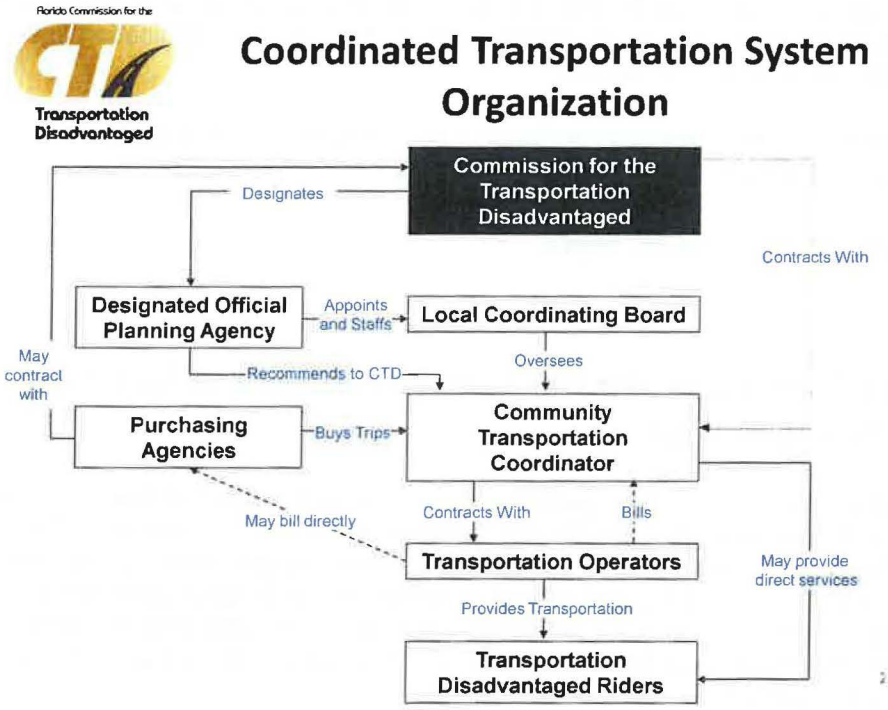
A & A Transport was appointed as the provider of transportation disadvantaged services in March 1985 by the Union County Board of County Commissioners. A & A Transport was recommended for designation as the Community Transportation Coordinator by the North Central Florida Regional Planning Council in1990. The Florida Commission for the Transportation Disadvantaged approved A & A Transport's designation as the Community Transportation Coordinator for Union County in 1990. A & A Transport was selected as the Community Transportation Coordinator through a non-competitive negotiation process.

In 2008, the North Central Florida Regional Planning Council issued a request for proposals for the Union County Community Transportation Coordinator designation. The Council received one responsive proposal from A & A Transport, Inc. The North Central Florida Regional Planning Council recommended that A&A Transport be designated the Community Transportation Coordinator for Union County. The Florida Commission for the Transportation Disadvantaged designated A&A Transport as the Union County Community Transportation Coordinator.

The North Central Florida Regional Planning Council was designated the official planning agency for Union County in April 1990. The North Central Florida Regional Planning Council was selected through a non-competitive selection process.

3. Organization Chart

The following chart identifies the partners involved in Florida's Transportation Disadvantaged Program.



4. Consistency Review of Other Plans

a. Local Government Comprehensive Plans

The local comprehensive planning process involves essentially four basic steps:

1. the collection and analysis of pertinent data concerning the physical and socio-economic characteristics of the study area;

2. the formulation of goals for future growth and development;

3. the development of objectives and policies guided by the goals which are the essence of the Comprehensive Plan;

4. the implementation of the Comprehensive Plan.

The Transportation Disadvantaged Service Plan is consistent, to the maximum extent feasible, with the Union County Comprehensive Plan.

b. Regional Policy Plans

The North Central Florida Strategic Regional Policy Plan as adopted by the North Central Florida Regional Planning Council is a long-range guide for the physical, economic and social development of a planning region which identifies regional goals and policies. The plan serves as a basis for the review of the resources and facilities found in local government comprehensive plans originating in the region. Public transit is addressed in Section V of the plan.

The Transportation Disadvantaged Service Plan is consistent, to the maximum extent feasible, with the Strategic Regional Policy Plan.

c. Transit Development Plans

Not applicable.

d. Florida Commission for the Transportation Disadvantaged 5-Year/20-Year Plan

The Florida Commission for the Transportation Disadvantaged 5-Year/20-Year Plan establishes goals, objectives and a plan of action for the Florida Commission for the Transportation Disadvantaged. The plan presents forecasts of demand for transportation disadvantaged services, the cost of meeting the forecasted demand, forecasts of future funding for transportation disadvantaged services and approaches to balancing the supply and demand for these services. The plan also provides forecasts of the transportation disadvantaged population, demand for trips, number of trips supplied, unmet demand for trips and operating expenses.

The Transportation Disadvantaged Service Plan is consistent, to the maximum extent feasible, with the Florida Commission for the Transportation Disadvantaged 5-Year/20-Year Plan.

e. Metropolitan Planning Organization Long-Range Transportation Plans

Not applicable.

f. Transportation Improvement Program

Not applicable.

5. Public Participation

The Union County Transportation Disadvantaged Board includes representatives of public, private and non-profit transportation and human services providers as well as the public to participate in the development and update of the Union County Transportation Disadvantaged Service Plan. The Transportation Disadvantaged Service Plan is developed through input of the Union County Transportation Disadvantaged Board whose membership includes citizens and human service providers.

6. Union County Coordinating Board Membership Certification

UNION COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD MEMBERSHIP CERTIFICATION

Name: North Central Florida Regional Planning Council
Address: 2009 N.W. 67th Place
Gainesville, Florida 32653-1603

The Designated Official Planning Agency named above hereby certifies to the following:

1. The membership of the Local Coordinating Board, established pursuant to Rule 41-2.012(3), Florida Administrative Code, does in fact represent the appropriate parties as identified in the following list; and
2. The membership represents, to the maximum extent feasible, a cross section of the local community.

Signature: Garth R. Nobles, Jr., Chair Date: 12 12 13

REPRESENTATION	MEMBER	ALTERNATE	TERM ENDING
Chairperson	Wayne Smith	Vacant	No Term
Elderly	Donald Petit	Vacant	6/30/2014
Disabled	Bill McGill	Vacant	6/30/2015
Citizen Advocate	Doyle Archer	Vacant	6/30/2015
Citizen Advocate/User	Vacant	Vacant	6/30/2015
Children at Risk	Alberta Hampton	Vacant	6/30/2016
Community Action	Matthew Pearson	Vacant	6/30/2014
Public Education	Mike Pittman	Vacant	No Term
Department of Transportation	Sandra Collins	Janell Damato	No Term
Department of Children and Families	Jaime Sanchez-Bianchi	Vacant	No Term
Department of Elder Affairs	Cindy Roberts	Vacant	No Term
Department of Education	Rayford Riels	Vacant	No Term
Agency for Health Care Administration	Alana McKay	Andrew Singer	No Term
Regional Workforce Development Board	Vacant	Vacant	No Term
Veteran Services	Barbara Fischer	Vacant	6/30/2014
Local Mass Transit	Not Applicable	Not Applicable	No Term
Transportation Industry	Vacant	Vacant	6/30/2016
Local Medical Community	Vacant	Vacant	6/30/2016

Union County Transportation Coordinating Board Membership

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
Commissioner Wayne Smith Local Elected Official/Chair	
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Jaime Sanchez-Bianchi Florida Department of Children and Families	Vacant Florida Department of Children and Families
Rayford Riels Florida Department of Education	Barbara Harrington Florida Department of Education
Cindy Roberts Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
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Vacant Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

B. Service Area Profile and Demographics

1. Union County Service Area Description

Union County has a land area of approximately 240 square miles or 155,730 acres. The County is located in the north central portion of the State of Florida and is bordered on the north by Baker County, on the east by Bradford County, on the south by Alachua County and on the west by Columbia County.

2. Demographics

a. Land Use

The purpose of this section is to provide information concerning Union County's existing land use. This information was obtained from Union County's Comprehensive Plan. The land use for approximately 77 percent of the acreage within the unincorporated area of the County has been designated as agricultural and approximately 2 percent is residential. Union County has four urban development areas surrounding the incorporated municipalities of Lake Butler, Raiford and Worthington Springs, as well as the unincorporated community of Providence.

Within the unincorporated areas of the County, four types of growth have occurred. The first type of land use pattern is concentrated within existing public facility service areas immediately surrounding the municipal urban areas. The second form of development concentrates around the unincorporated market centers which, although minus public facilities, have developed over time into urbanizing settlements. The third type of land use pattern is the development of residential lots along the Santa Fe River within the County. This type of rural residential development has occurred in varying degrees with lot sizes ranging from one-half acre to 10 acre lots. The fourth pattern is radial growth along major roadways throughout the County.

b. Population/Composition

Table 1.25 of the 2011 Florida Statistical Abstract estimated Union County's total population in 2010 as 15,535. Table 1.25 of the 2011 Florida Statistical Abstract also estimated the population of the City of Lake Butler as 1,897, the Town of Raiford as 255, the Town of Worthington Springs as 181 and the unincorporated area as 13,202.

As Table 1 shows, 82 percent of the County's population is located within the unincorporated areas. Table 2 indicates that Union County's population is not evenly distributed. In 2010-, approximately 57 percent of the population lived in the Lake Butler census division which covers 46 percent of the County's land area. Population/land area percentages for the Raiford census division and the Worthington census division are 21.4/26.3 and 22.1/27.2 respectively.

TABLE 1

POPULATION COUNTS AND ESTIMATES
UNION COUNTY

AREA	POPULATION COUNT 2000	POPULATION ESTIMATE 2010
Union County	13,442	15,535
City of Lake Butler	1,927	1,897
Town of Raiford	187	255
Town of Worthington Springs	193	181
Unincorporated Area	11,135	13,202

Source: 2011 Florida Statistical Abstract, Table 1.25

It is important to note that, according to Table 1.80 of the 2011 Florida Statistical Abstract, 4,832 individuals in Union County are inmates and patients residing in federal and state government-operated institutions. They are considered nonresidents of the local area for revenue-sharing purposes. Institutionalized individuals are counted as part of the general population, so they are reflected in statistics on age. However, they are not included in the statistics for income or poverty levels for households.

c. Population Densities

With approximately 240 miles of land area, the County population density in 2010 was approximately 55.9 persons per square mile.

Table 2 shows that the City of Lake Butler is the most densely populated area in Union County, with 1,121 persons per square mile. However, the Lake Butler census division, of which the City of Lake Butler is a part of, has 58.9 persons per square mile. Thus the unincorporated area of the Lake Butler census division has a much lower population density than the City of Lake Butler while still maintaining a major percentage of the County's population (35.9 percent).

TABLE 2

POPULATION DISTRIBUTION
UNION COUNTY

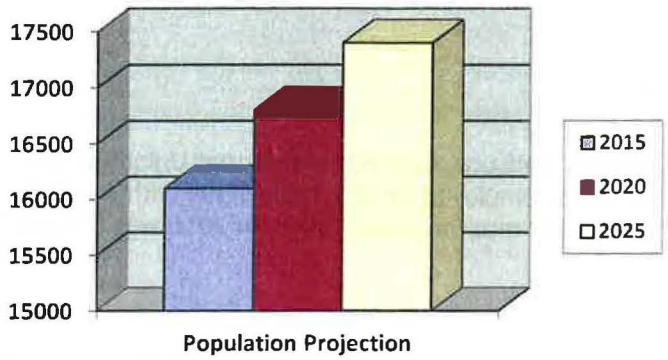
2010 U.S. CENSUS POPULATION	SQUARE MILES	PERSONS PER SQUARE MILE
15,535	244	64

Source: U.S. Census Bureau: 2010 State and County QuickFacts

d. Population Projections

According to Table 1.41 of the 2011 Florida Statistical Abstract, by the year 2015, Union County will have a total County population of 16,100 and by the year 2025, the total County population will be 17,400. Illustration I shows population projections for 2015, 2020 and 2025.

ILLUSTRATION I



Source: 2011 Florida Statistical Abstract, Table 7.19

e. Population Age Distribution

Population age distribution is useful in determining mobility needs which transit might meet. The elderly typically are less likely to have access to a vehicle and thus are more dependent on the transit system for their travel needs. Table 3 shows estimates of the County's population by age group. The 25-44 year-old age group is the largest age group within the County. The 65 and over population is the smallest age group within the County, comprising 13 percent of the population.

TABLE 3
Population Estimates By Age Group
Union County
April 2010

Age Group	Population	Percent
0-17	5,635	20.3%
18-34	6,900	25.9%
35-54	8,360	29.4%
55-64	3,512	11%
65-79	3,103	9.7%
80 & Over	1,010	3.8%
TOTAL	28,520	100%

Source: 2011 Florida Statistical Abstract, Table 1.34

f. Disability and Self Care Limitations

The 2010 Census reported that 9.7 percent of civilian residents of Union County who are 16 to 64 years of age and who are not institutionalized have work disabilities. The work disability prevents 5.3 percent of these individuals from working. According to this information, 9.3 percent of individuals 16 to 64 years old have a mobility limitation (unable to move easily and quickly) and 3.5 percent have a self-care limitation (unable to care for themselves).

The 2010 Census also reported that 36.3 percent of civilian non-institutionalized persons 65 years and over have a mobility limitation and 12.5 percent have a self-care limitation. It should be noted that some of the 1990 Census information contained in this Chapter is based on samples and is subject to sampling variability.

g. Employment

Table 6.11 of the 2011 Florida Statistical Abstract reports that Union County's labor force (individuals who are able to work but may not be employed) in 2010 was 5,394 with 4,924 people employed and 470 unemployed. The unemployment rate for Union County in 2010 was 8.7 percent.

h. Income

Table 5.48 of the 2011 Florida Statistical Abstract estimates that the median household income for Union County in 2010 was $40,523. Table 4 characterizes the levels of household income in Union County. Table 5 shows income levels that are currently used to define the federal poverty level.

TABLE 4

HOUSEHOLD INCOME
UNION COUNTY, 2009

HOUSEHOLDS	MEDIAN HOUSEHOLD INCOME	PERCENT OF PERSONS BELOW POVERTY LEVEL
4,566	$45,645	18%

Source: U.S. Bureau of the Census, Census 2010, State &County Quick Facts

TABLE 5

POVERTY THRESHOLDS: POVERTY LEVEL
BASED ON MONEY INCOME BY FAMILY SIZE
IN THE UNITED STATES

FAMILY SIZE	2010 INCOME
1	$11,369
2	$14,634
3	$17,094
4	$22,541
5	$27,183
6	$31,266
7	$35,975
8	$40,235
9 or More	$48,400

Source: 2011 Florida Statistical Abstract, Table 5.47

Table 6 shows income and poverty status data for cities and designated census places.

TABLE 6

INCOME AND POVERTY STATUS DATA
UNION COUNTY

LOCATION	PER CAPITA INCOME 2009	MEDIAN HOUSEHOLD INCOME 2009	PERCENT OF PERSONS BELOW POVERTY LEVEL 2009
Union County	$13,126	$38,077	26.5%

Source: Bureau of the Census, 2010, State and County Quick Facts

Low-income households often have no mobility choice other than public transportation and thus generally have high potential to use public transportation. According to Tables 7.20 and 7.22 of the 2011 Florida Statistical Abstract the total number of Medicaid recipients in 2008-2009 in Union County was 2,560. Table 7 shows individuals who received Supplemental Security Income.

TABLE 7

PUBLIC ASSISTANCE: AVERAGE MONTHLY
CASES BY TYPE OF ASSISTANCE
UNION COUNTY, DECEMBER 2009

TYPE OF ASSISTANCE	AVERAGE MONTHLY CASES
Aged Assistance	17
Aid to the Blind and Disabled	342
Total	359

Source: 2011 Florida Statistical Abstract, Table 7.19

i. Housing

Table 2.05 of the 2011 Florida Statistical Abstract estimates that in 2010, the total number of households in Union County was 4,048 and that the average household size was 2.66.

According to the 2000 Census, 18.5 percent of Union County's housing units did not have a telephone. Lack of a telephone makes it difficult for an individual to arrange paratransit transportation, since people must telephone to arrange a trip through the transportation disadvantaged system.

Table 8 presents data on housing units for specific areas of the County. The Lake Butler census division contains approximately half the County's housing units.

TABLE 8

HOUSING OCCUPANCY
UNION COUNTY, 2010

LOCATION	HOUSING UNITS	AVERAGE HOUSEHOLD SIZE
Union County	4,566	3.11

Source: Bureau of the Census, 2010, State and County Quick Facts

j. Health

One hospital is located in Union County. Tables 20.33,and 20.37 of the 2011 Florida Statistical Abstract provide information regarding licensed occupations and indicate the limited availability of medical care in the community. There are 8 licensed doctors of medicine, 198 advanced registered nurse practitioners, registered and practical nurses.

k. Transportation

According to the 2010 Census, 103 owner-occupied housing units had no vehicle available. 128 renter-occupied housing units in Union County had no vehicle available.

l. Major Trip Generators/Attractors

Major trip generators/attractors include the North Florida Reception Center, local government offices, Lake Butler Hospital, Suwannee River Economic Council's meal site and the Industrial Complex of Raiford.

Travel to Gainesville continues to be necessary for many County residents, particularly for medical and employment purposes.

C. Service Analysis

1. General and Critical Need Transportation Disadvantaged Populations

The National Center for Transit Research Center for Urban Transportation Research developed a methodology for estimating the general and critical need Transportation Disadvantaged population based on the most current U.S. Census Bureau demographic and socio-economic data available. The general Transportation Disadvantaged population includes the estimates of all disabled, elderly, low income persons and children who are 'high-risk" or "at-risk."

The critical need Transportation Disadvantaged population includes individuals who, due to sever physical limitations or low incomes, are unable to transport themselves or purchase transportation and are dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life sustaining activities.

The following tables show general and critical need Transportation Disadvantaged population estimates for Union County.

FORECAST OF GENERAL AND CRITICAL NEED TRANSPORTATION DISADVANTAGED POPULATIONS

Union County

General TD Population Forecast	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Overlapping Circle Component											
E - Estimate non-elderly/disabled/ low income	427	431	434	438	441	445	448	452	456	459	463
B - Estimate non-elderly/ disabled/not low income	1,410	1,422	1,433	1,445	1,457	1,468	1,480	1,492	1,504	1,516	1,529
G - Estimate elderly/disabled/low income	114	115	115	116	117	118	119	120	121	122	123
D- Estimate elderly/ disabled/not low income	649	654	659	664	670	675	681	686	692	697	703
F - Estimate elderly/non-disabled/low income	35	36	36	36	37	37	37	37	38	38	38
A - Estimate elderly/non-disabled/not low income	780	787	793	800	806	813	819	826	832	839	846
C - Estimate low income/not elderly/not disabled	1,463	1,475	1,487	1,499	1,511	1,523	1,535	1,548	1,560	1,573	1,586
TOTAL GENERAL TD POPULATION	**4,878**	**4,918**	**4,958**	**4,998**	**5,038**	**5,079**	**5,120**	**5,162**	**5,204**	**5,246**	**5,288**
TOTAL POPULATION	**15,400**	**15,525**	**15,651**	**15,777**	**15,905**	**16,034**	**16,164**	**16,295**	**16,427**	**16,560**	**16,694**

Union County

Critical Need TD Population Forecast	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Critical TD Population											
Disabled	541	545	550	554	559	563	568	572	577	582	586
Low Income Not Disabled No Auto/Transit	408	411	414	418	421	424	428	431	435	438	442
Total Critical Need TD Population	***948***	***956***	***964***	***972***	***979***	***987***	***995***	***1,003***	***1,012***	***1,020***	***1,028***
Daily Trips - Critical Need TD Population											
Severely Disabled	26	27	27	27	27	28	28	28	28	28	29
Low Income - Not Disabled - No Access	774	780	786	793	799	806	812	819	825	832	839
Total Daily Trips Critical Need TD Population	**800**	**814**	**828**	**842**	**856**	**871**	**886**	**902**	**918**	**934**	**949**
Annual Trips	**292,135**	**297,072**	**302,093**	**307,198**	**312,390**	**317,919**	**323,546**	**329,273**	**335,101**	**341,032**	**346,386**

Assumes Annual Service Days = **365**

Annual Population Growth (as a percent) 0.81%

2. Paratransit Service Demand Estimation

The National Center for Transit Research Center for Urban Transportation Research developed a paratransit service demand estimation tool based on the most current U.S. Census Bureau demographic and socio-economic data available. The following table shows trip demand for the critical Transportation Disadvantaged population.

CALCULATION OF CRITICAL NEED TRANSPORTATION DISADVANTAGED POPULATION

Union County

Census Data from: 2011

County Pop. By Age	Total Population with a Disability by Age	% with a Severe Disability by Age	Total Population with a Severe Disability by Age	% of Total Pop with Severe Disability by Age	% of Severe Disability Below Poverty Level	Total Severe Disability Below Poverty Level
<18	177	6.10%	67	2.30%		
18-64	1,661	15.20%	361	3.30%		
Total Non Elderly	**1,837**	**13.29%**	**427**	**3.09%**	**28.60%**	**122**
65+	762	48.30%	114	7.20%		
Total Elderly	**762**	**48.30%**	**114**	**7.20%**	**11.70%**	**13**
Total	**2,600**	**16.88%**	**541**	**3.51%**		**135**

Critical Need - Severely Disabled TD Population			
	Not Low Income	*Low Income*	*Totals*
Non-Elderly	305	122	427
Elderly	100	13	114
TOTAL	**405**	**135**	**541**

TRIP RATES USED	
Low Income Non Disabled Trip Rate	
Total	**2.400**
Less	
Transit	**0.389**
School Bus	**0.063**
Special Transit	**0.049**
	1.899
Severely Disabled Trip Rate	
Special Transit	**0.049**

	Low Income & Not Disabled = C + F	**1,498**
Assumes 27.2%	**xx % without auto access**	**408**
100%	**xx % without transit access**	**408**

CALCULATION OF DAILY TRIPS FOR THE CRITICAL NEED TD POPULATION

Calculation of Daily Trips

Total Actual Critical TD Population		Daily Trip Rates Per Person	Total Daily Trips
Severely Disabled	**541**	**0.049**	**26**
Low Income ND	**408**	**1.899**	**774**
Totals	**948**		**800**

3. Barriers to Coordination

Lack of agency knowledge of Chapter 427, Florida Statutes and its requirements is a barrier to coordination. More education of the Transportation Disadvantaged Program and benefits of the coordinated transportation system is needed for agencies that provide transportation to their clients. The Florida Commission for the Transportation Disadvantaged could assist in this effort by requesting that State agencies that purchase transportation services for their clients educate their district and local offices of Florida's Transportation Disadvantaged Program.

Increasing Florida's Transportation Disadvantaged Program requirements is a potential barrier to coordination because increasing requirements add to the cost of transportation services. If transportation services can be purchased at a lesser cost outside of the coordinated system, agencies may choose to do so.

4. Needs Assessment

United States Code Section 5310 Grant Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide transportation services to the transportation disadvantaged.	2014/15	Union County	$56,000 $7,000 $7,000	United States Code Section 5310 Florida Department of Transportation A & A Transport

United States Code Section 5311 Grant Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide transportation services for the transportation disadvantaged.	2014/154	Union County	$140,000 $140,000	United States Code Section 5311 A & A Transport

United States Code Section 5311 ARRA Grant Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Construction of maintenance facilities for van repairs, cleaning and safety inspections	2009/10	Dixie, Dixie, Gilchrist and Lafayette Counties	$150,000	United States Code Section 5311 ARRA

Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Purchase one replacement vehicle.	2013/14	Union County	$59,400 $6,600	Rural Area Capital Assistance Program Grant A & A Transport

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	LOCATION	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2013/14	Union County	$121,230 $13,470	Transportation Disadvantaged Trust Fund A & A Transport

Medicaid Non-Emergency Transportation Program

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

5. Goals, Objectives and Strategies

GOAL I: **Coordinate all transportation disadvantaged services that are funded with local, state and/or federal government funds.**

OBJECTIVE: Identify agencies that receive local, state and/or federal government transportation funds that are not coordinated through the Community Transportation Coordinator.

Strategy a: Identify agencies in Union County that receive local, state and/or federal funds to transport clients or purchase vehicles.

Strategy b: Contact agencies to obtain information about coordination opportunities.

Strategy c: Determine whether a purchase of service contract, coordination contract or subcontract should be executed with the identified agencies to coordinate the transportation services that are being provided.

GOAL II: **Identify unmet transportation needs in Union County.**

OBJECTIVE: Identify unmet transportation needs and discuss ways to meet these needs at each local Coordinating Board meeting.

Strategy: The Community Transportation Coordinator shall report quarterly the number and types of transportation services that are requested which it is unable to provide.

GOAL III: **The Community Transportation Coordinator shall provide transportation services that are consumer oriented and effectively coordinate trips.**

OBJECTIVE: Provide transportation services that maximize the use of all vehicles to eliminate duplication of service without unduly inconveniencing the rider.

Strategy a: The Community Transportation Coordinator shall report on a quarterly basis the number of single passenger trips provided.

Strategy b: The Community Transportation Coordinator shall work with purchasing agencies and service providers (doctors' offices, hospitals, etc.) to arrange appointments to group trips.

Strategy c: The Community Transportation Coordinator shall document the reduction of single passenger trips.

Strategy d: The local Coordinating Board shall measure the total passenger trips per vehicles quarterly.

GOAL IV: **The Community Transportation Coordinator shall develop creative ways to provide additional trips.**

OBJECTIVE: Identify additional funding opportunities to provide transportation.

Strategy: Using information concerning unmet needs, the Community Transportation Coordinator shall determine the level of demand and cost of providing additional service.

GOAL V: **The Community Transportation Coordinator shall ensure that the demand responsive transportation services offered to individuals with disabilities is equivalent to the level and quality of transportation services offered to individuals without disabilities.**

OBJECTIVE: The Community Transportation Coordinator shall comply with the requirements of the *Americans with Disabilities Act (ADA)* regarding the access to and provision of transportation services.

Strategy a: The Community Transportation Coordinator shall eliminate physical barriers preventing the use of transportation services by persons who are elderly and/or disabled.

Strategy b): The Community Transportation Coordinator shall train its staff members regarding the utilization of special equipment for persons with disabilities as well as the abilities of persons with disabilities.

GOAL VI: **The local Coordinating Board shall annually evaluate the Community Transportation Coordinator's performance based on specific criteria.**

OBJECTIVE: The local Coordinating Board shall annually evaluate the Community Transportation Coordinator's performance in general and relative to Commission standards as referenced in *Rule 41-2.006 of the Florida Administrative Code.*

GOAL VII: **The Community Transportation Coordinator shall continue to provide accessible 24-hour, seven days per week transportation service as required in the designated service area by any federal, state or local government agency requiring such services. The provision of said services shall be furnished in accordance with the advance reservation requirement included in the Quality Assurance Section of the Transportation Disadvantaged Service Plan.**

OBJECTIVE: The Community Transportation Coordinator shall provide or contract for the provision of transportation services after hours as required by federal, state or local government agencies sponsoring such services.

Strategy a: The Community Transportation Coordinator shall contract with an adequate number of transportation operators to provide after-hours services as required by federal, state or local government agencies sponsoring such services.

Strategy b: The Community Transportation Coordinator shall implement an accessible system for individuals to request after-hour service and on weekends as required by federal, state or local government agencies sponsoring such services.

GOAL VIII: **The Community Transportation Coordinator shall utilize the Transportation Disadvantaged Trust Fund allocation in the most cost efficient manner.**

OBJECTIVE: The Community Transportation Coordinator shall adhere to a strict budget of Transportation Disadvantaged Trust Funds to ensure that these funds are spent in the most efficient manner.

Strategy a: The Community Transportation Coordinator and Local Coordinating Board shall determine the most efficient manner to expend the Transportation Disadvantaged Trust Funds.

Strategy b: The Community Transportation Coordinator shall inform the Local Coordinating Board of any difficulties experienced concerning the under expenditure or over expenditure of the Transportation Disadvantaged Trust Funds.

GOAL IX: **The Community Transportation Coordinator shall comply with all reporting requirements of the Florida Commission for the Transportation Disadvantaged and the Local Coordinating Board.**

OBJECTIVE: The Community Transportation Coordinator shall complete all reports which require Local Coordinating Board review and/or approval.

Strategy: The Community Transportation Coordinator shall complete and submit all final reports to the planning agency staff a minimum of two weeks prior to the meeting date to be reviewed and included in the Local Coordinating Board's meeting packet.

GOAL X: **The Community Transportation Coordinator shall improve the quality of service.**

OBJECTIVE: The local Coordinating Board shall monitor the quality of service provided by the Community Transportation Coordinator.

Strategy: The Community Transportation Coordinator shall report complaints to the Local Coordinating Board.

OBJECTIVE: **The Community Transportation Coordinator shall provide courteous and professional service.**

Strategy: Reservationists and other office staff shall receive sensitivity and courtesy training annually.

GOAL XI: **The Community Transportation Coordinator shall promote cost and service efficiency through efficient routing, scheduling and operation procedures.**

OBJECTIVE: The local Coordinating Board shall encourage the Community Transportation Coordinator to provide the greatest number of trips using the most cost effective methods possible.

Strategy: The Community Transportation Coordinator shall maintain a database with pertinent information relative to clients' needs and limitations.

GOAL XII: **The Community Transportation Coordinator shall insure the provision of safe transportation services.**

OBJECTIVE: The Community Transportation Coordinator shall insure the safety and well being of passengers through inspection and maintenance of all vehicles in the coordinated system and driver training.

Strategy: he System Safety Program Plan shall meet all established requirements and adhere to *Chapter 341 Florida Statutes* and *Rule and 14-90, Florida Administrative Code.*

6. Implementation Plan

STRATEGIES	IMPLEMENTATION DATE
(1) Identify agencies located in Union County receiving local, state and/or federal funds to transport clients or purchase vehicles. (2) Contact the identified agencies to obtain information about the funding they receive. (3) Determine type of contract to execute to coordinate transportation services.	(1) Ongoing (2) Ongoing (3) Ongoing

(1) Discuss transportation needs at local Coordinating Board meetings. (2) Report unmet trip requests.	(1) Quarterly (2) Quarterly
(1) Maximize the use of vehicles without unduly inconveniencing the rider. (2) Work with purchasing agencies and service providers to arrange appointments to group trips. (3) Document the reduction of single passenger trips. (4) Measure total passenger trips per vehicle.	(1) Ongoing (2) Ongoing (3) 2014 (4) 2014
(1) Identify additional funding opportunities to provide trips. (2) Report the types of funding opportunities that may be available for additional trips.	(1) Ongoing (2) Ongoing (3) Ongoing
(1)Ensure that the demand responsive transportation services offered to individuals with disabilities is equivalent to the level and quality of services offered to individuals without disabilities. (2) Provide alternative methods for accessing transportation services for individuals with disabilities. (3) Train staff members regarding the utilization of special equipment for persons with disabilities.	(1) Ongoing (2) Ongoing (3) Ongoing
Evaluate the performance of the Community Transportation Coordinator in general and relative to Florida Commission for the Transportation Disadvantaged standards, completion of service plan elements and Florida Commission for the Transportation Disadvantaged workbook modules.	2014
(1) Continue to provide accessible 24-hour, seven days per week transportation service as required in the designated service area by any federal, state or local government agency. (2) Contract with an adequate number of transportation operators to provide after hours and weekend service. (3) Implement an accessible system for individuals to request service after hours and on weekends.	(1) Ongoing (2) Ongoing (3) Ongoing
(1) Adhere to a strict budget of Transportation Disadvantaged Trust Funds to insure that the Trust Funds are spent in the most efficient manner. (2) Determine the most efficient manner to expend the Transportation Disadvantaged Trust Funds. (3) Inform the local Coordinating Board of any difficulties experienced concerning the expenditure of the Transportation Disadvantaged Trust Funds.	(1) Ongoing (2) Annually (3) Quarterly
(1) Complete all reports for review and/or approval. (2) Final reports shall be completed and submitted to planning agency staff a minimum of two weeks prior to next local Coordinating Board meeting.	(1) Ongoing (2) Ongoing
(1) Monitor the quality of service. (2) Make recommendations to improve the quality of service. (3) Provide courteous and professional service. (4) Provide sensitivity and courtesy training annually. (5) Collect on-time performance data.	(1) Ongoing (2) Ongoing (3) Ongoing (4) Ongoing (5) Annually

(1) Maintain a data base with pertinent information relative to clients needs and limitations.	(1) Ongoing
The System Safety Program Plan shall meet all established requirements and adhere to Chapter 341, Florida Statutes and Rule 14-90, Florida Administrative Code.	Annually

Chapter II: Service Plan

A. Operations

The operations element is a profile of the Union County coordinated transportation system. This element is intended to provide basic information about the daily operations of A & A Transport and its contracted transportation operators.

1. Types, Hours and Days of Service

	Ambulatory	Wheelchair	Stretcher	Advance Reservation	Subscription	Door to Door
A & A Transport	✔	✔	✔	✔	✔	✔
Industrial Complex of Raiford	✔				✔	✔

a. Bariatric Transportation

Transportation Disadvantaged Program: A & A Transport is required to transport all "common wheelchairs. A common wheelchair is defined as a device which does not exceed 30 inches in width and 48 inches in length measured two inches above the ground and does not weigh more than 600 pounds when occupied. Wheelchairs that exceed these dimensions and weight may not to be transported.

Medicaid Non-Emergency Transportation Program: A & A Transport shall make provisions for transportation services to Medicaid beneficiaries whose weight exceeds the limits of A & A Transport's equipment (STP Agreement – V. Transportation Provider Network D. Coverage Provisions 3. Bariatric Transportation).

b. Hours and Days of Service

Transportation Disadvantaged Program: Monday through Friday, 6:00 a.m. to 6:00 p.m. excluding holidays (see below).

Medicaid Non-Emergency Transportation Program: Twenty-four hours per day, seven days per week.

c. Holidays

Transportation Disadvantaged Program sponsored service will not be provided on the following observed holidays.

Veteran's Day
Thanksgiving Day
Christmas Day

New Year's Day
Martin Luther King, Jr.'s Birthday
Memorial Day
Independence Day
Labor Day

Medicaid Non-Emergency Transportation Program sponsored service except for urgent care service will not be provided on the following observed holidays:

Veteran's Day
Thanksgiving Day
Christmas Day
New Year's Day
Martin Luther King, Jr.'s Birthday
Memorial Day
Independence Day
Labor Day1

2. Accessing Services

a. Office Hours

Monday through Friday, 8:00 a.m. to 5:00 p.m.

b. Phone Number

386.496.2056

c. Advance Notification Time

Transportation Disadvantaged Program - Twenty-four hours advance notification must be given for trips provided Tuesday through Saturday. Forty-eight hours advance notification must be given for trips provided on Sundays. Seventy-two hours advance notification must be given for trips provided on Mondays.

Medicaid Non-Emergency Transportation Program

Trip Type	Reservation Period	Acknowledgement Period	Pick Up Period
Routine	Three (3) Business Days	At Time of Call	As Scheduled
Hospital/Facility Discharges	At Time of Call	Within One (1) Hour From Time of Call	Within Three (3) Hours From Time of Call*
Urgent Care	At Time of Call	Within One (1) Hour From Time of Call	Within Three (3) Hours From Time of Call*
Emergency Room/Facility Discharges	At Time of Call	Within One (1) Hour From Time of Call	Within Three (3) Hours From Time of Call*
Will Call	At Time of Call	Within One (1) Hour	From Time of Call

Medicaid Non-Emergency Transportation urgent care is an unscheduled episodic situation in which there is no threat to life of limb but the recipient must be seen on the day of the request under currently accepted standards of care, and qualified medical personnel have determined that treatment cannot be put off until the next day. Hospital discharges shall also be considered as urgent care. This requirement shall also apply to appointments established by medical care providers allowing for insufficient time for routine (3) day scheduling. Valid requests for urgent care transport and hospital discharges shall be acknowledged for scheduling within three (3) hours of the time the request is made.

d. Trip Cancellation Process

Trip cancellations should be made to A & A Transport with 24-hour advance notification.

e. No-Show Policies

Transportation Disadvantaged Program - Trips must be canceled a minimum of two hours before the scheduled pick-up time. If trips are not cancelled at least two hours in advance, the passenger will be considered a no-show. Cancellations at the door will be considered no-shows. If an individual is charged with frequent no-shows, they may be temporarily suspended from service.

On the first "no-show," the driver will leave a "no-show" notice on the client's door. On the second "no-show" occurrence, a letter of warning will be sent from the Community Transportation Coordinator. If a third infraction occurs within 60 days, the Community Transportation Coordinator will send a letter notifying the client that they have been suspended from service for a 30 day period. When the client is again reinstated to the program, and if three (3) infractions occur within 60 days, the suspension will be 45 days. When the client is again reinstated to the program and if three (3) infractions occur within 60 days, the suspension will be 60 days.

Medicaid Non-Emergency Transportation Program - Individuals whose transportation is sponsored by the Agency for Health Care Administration Medicaid Non-Emergency Transportation Program must comply with Medicaid Program policies.

f. After Hours Service

After hours service is only provided through the Medicaid Program. After hours trips (i.e., hospital discharges) are scheduled according to standards outlined in the Medicaid Subcontracted Transportation Provider contract with the Florida Commission for the Transportation Disadvantaged.

g. Passenger Fares

Transportation Disadvantaged Program - Transportation Disadvantaged Program sponsored passengers must pay $1.00 per trip.

Individuals requesting private pay transportation will pay the rates established in this Plan.

Medicaid Non-Emergency Transportation Program - A & A Transport will charge a fare to Medicaid beneficiaries that is not greater than one dollar ($1.00) for each trip or two dollars ($2.00) per each round trip. The Medicaid Handbook describes beneficiaries who are exempt from paying co-payments.

Transportation services will not be denied to passengers sponsored by the Medicaid Non-Emergency Transportation Program based solely on the Medicaid beneficiary's inability to pay a co-payment. If the Medicaid beneficiary is unable to pay for transportation services at the time the transportation provider renders transportation services, A & A Transport may bill the Medicaid beneficiary for the unpaid charge.

h. Transportation Disadvantaged Program Eligibility

•Unable to transport themselves: Individual is not sponsored by any agency or organization for their transportation needs or have the ability to operate a vehicle; or

•**Unable to purchase transportation:** Individual's income is below the federal poverty level guideline Unable to obtain transportation: Individual does not have an operational vehicle in the household ; the ability to operate a vehicle; or the ability to find transportation from other sources.

A & A Transport will use the above criteria when determining Transportation Disadvantaged Program eligibility. A & A Transport determines eligibility by conducting phone interviews at the time assistance is requested. Additional eligibility verification may be required by A & A Transport.

i. Transportation Disadvantaged Program Trip Priorities

When funding availability and/or vehicle capacity necessitates the prioritization of Transportation Disadvantaged Program sponsored services, a 30 day notice will be given prior to the implementation of the following approved trip priorities:

1. Medical and medically related
2. Personal business (intra-county) - includes trips to government agencies, banks, bill payments (i.e. utilities), law offices, health department (WIC), etc. . .
3. Shopping (intra-county)
4. Education/Training (intra-county)
5. Employment (intra-county)
6. Social/Recreational (intra-county)
7. Other
8. Employment (inter-county)

3. Transportation Operators And Coordination Contractors

A & A Transport is the only transportation provider in Union County other than the Industrial Complex of Raiford. The Industrial Complex of Raiford provides transportation services for their clients.

4. Public Transit Utilization

Not applicable. There is no fixed route, public transit system operating in Union County.

5. School Bus Utilization

Currently, there is no need to use school buses at this time. If A & A Transport determines a need to use school buses in the future, the Union County School Board will be contacted for assistance.

6. Vehicle Inventory

A & A Transport's vehicle inventory is shown as Exhibit D.

7. System Safety Program Plan Certification

A & A Transport's System Safety Program Plan Certification is shown as Exhibit E.

8. Inter-County Services

A & A Transport does not have any inter-county agreements with other Community Transportation Coordinators at this time.

9. Natural Disaster/Emergency Preparedness

The Union County Emergency Management Department does not have a formal agreement with A & A Transport to provide transportation during natural disasters.

10. Marketing

Currently, there are no efforts to market the availability of transportation services sponsored by Transportation Disadvantaged Trust Funds due to the limited availability of these funds.

11. Acceptable Alternatives

There have been no acceptable alternatives for the provision of transportation service identified in Union County.

12. Service Standards

The Community Transportation Coordinator and any transportation operator from whom service is purchased or arranged by the Community Transportation Coordinator shall adhere to Florida Commission for the Transportation Disadvantaged approved standards. These standards include:

a. Drug and Alcohol Policy

Rule 41-2.006 (4) (a), F.A.C.: 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.

A & A Transport shall comply with this standard.

b. Transport of Escorts and Dependent Children

Rule 41-2.006 (4) (b), F.A.C.: An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Service Plan.

Local Policy: Children under age 16 will be required to be accompanied by an escort. Escorts must be provided by the passenger. Escorts must be able to provide the necessary assistance to the passenger. Escorts will be transported at the regular rate.

c. Use, Responsibility and Cost of Child Restraint Devices

Rule 41-2.006 (4) (c), F.A.C.: Use of child restraint devices shall be determined locally as to their responsibility, and cost of such device in the local Transportation Disadvantaged Service Plan.

Local Policy: All passengers under the age of 4 and/or under 50 pounds will be required to use a child restraint device. This device will be provided by the passenger.

d. Passenger Property

Rule 41-2.006 (4) (d), F.A.C.: Passenger property that can be carried by the passenger and/or driver in one trip and can be safely 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.

Local Policy: Passengers shall be allowed to have two pieces of personal property which they can place in their lap or stow under the seat. Passengers must be able to independently carry all items brought onto the vehicle.

e. Vehicle Transfer Points

Rule 41-2.006 (4) (e), F.A.C.: Vehicle transfer points shall provide shelter, security and safety of passengers.

The Community Transportation Coordinator shall comply with this standard.

f. Local Toll Free Phone Number

Rule 41-2.006 (4) (f), F.A.C.: A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The Transportation Disadvantaged Helpline phone number (1-800-983-2435) shall also be posted inside all vehicles of the coordinated system. 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. All rider information/materials (brochures, user's guides, etc.) Will include the Transportation Disadvantaged Helpline phone number.

The Community Transportation Coordinator shall comply with this standard.

g. Out-Of-Service Area Trips

Rule 41-2.006 (4) (g), F.A.C.: 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.

Local Policy: Out-of-service area trip requests are reviewed on an individual basis by the Community Transportation Coordinator. The provision of out-of-service area trips is based on riders' needs and the availability of service.

Transportation Disadvantaged Program sponsored out of service area trips for medical purposes will be restricted to appointment times no later than 12:00 p.m. when possible. Dialysis trips will be provided after 12:00 p.m.

Medicaid Non-Emergency Transportation Program sponsored passengers will be strongly encouraged to make their appointments prior to 12:00 p.m.

h. Vehicle Cleanliness

Rule 41-2.006 (4) (h), F.A.C. Interior of all vehicles shall be free of 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.

Local Policy: The Community Transportation Coordinator shall comply with this standard.

i. Billing Requirements

Rule 41-2.006 (4) (I), F.A.C. 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 seven (7) calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, in accordance with Section 287.0585, Florida Statutes.

Local Policy: If the Community Transportation Coordinator without reasonable cause fails to make payments to the subcontractors and suppliers within seven (7) working days after the receipt by the Community Transportation Coordinator of full or partial payment, the Community Transportation Coordinator shall pay to the subcontractors and suppliers a penalty in the amount of one-half of one percent of the amount due, per day, from the expiration of the period allowed herein for payment. (F.S. 2000/ Ch 287/Part I/287.0585 Late payments by contractors to subcontractors and suppliers; penalty.)

j. Passenger/Trip Database

Rule 41-2.006 (4) (j), F.A.C.: Passenger/trip data base must be maintained or accessible by the Community Transportation Coordinator on each rider being transported within the system.

The Community Transportation Coordinator shall comply with this standard.

k. Adequate Seating

Rule 41-2.006 (4) (k), F.A.C.: 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 searing 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.

The Community Transportation Coordinator shall comply with this standard.

l. Driver Identification

Rule 41-2.006 (4) (l), F.A.C.: 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 specific passengers, 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.

Local Policy: The Community Transportation Coordinator shall comply with this standard.

m. Passenger Assistance

Rule 41-2.006 (4) (m), F.A.C.: 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 wheelchair securement devices, storage of mobility assistive devices and closing the vehicle door. In the door-through-door paratransit service category, the driver shall 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 wheelchairs up or down more than one step, unless it can be performed safely as determined by the passenger, guardian and driver.

Local Policy: The Community Transportation Coordinator shall comply with this standard.

n. Smoking, Eating, and Drinking

Rule 41-2.006 (4) (n), F.A.C.: Smoking is prohibited in any vehicle. Requirements for drinking and eating on board the vehicle will be addressed in the local Transportation Disadvantaged Service Plan.

Local Policy: Eating and drinking on board the vehicle will not be allowed. Stops may be made to accommodate the needs of the passengers at the discretion of the driver.

o. Passenger No-Shows

Rule 41-2.006 (4) (o), F.A.C.: The Community Transportation Coordinator and the local Coordinating Board shall jointly develop a policy on passenger no shows. Assessing fines to passengers for no shows is acceptable but such policy and process shall be identified in the local Transportation Disadvantaged Service Plan.

Local Policy - The Community Transportation Coordinator shall attempt to reduce the number of no-shows annually.

p. Two-Way Communications

Rule 41-2.006 (4) (p), F.A.C.: All vehicles providing service within the coordinated system shall be equipped with two-way communications in good working order and audible to the driver at all times to the base.

The Community Transportation Coordinator shall comply with this standard.

q. Air Conditioning/Heating

Rule 41-2.006 (4) (q), F.A.C.: All vehicles 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.

The Community Transportation Coordinator shall comply with this standard.

r. First Aid

Rule 41-2.006 (4) (r), F.A.C.: First Aid policy shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

Local Policy: Drivers are not required to be trained and certified in first aid.

s. Cardiopulmonary Resuscitation

Rule 41-2.006 (4) (s), F.A.C.: Cardiopulmonary resuscitation policy shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

Local Policy: Drivers are not required to be trained in cardiopulmonary resuscitation.

t. Driver Criminal Background Screening

Rule 41-2.006 (4) (t), F.A.C.: Driver background screening shall be determined locally, dependent up on purchasing agencies' requirements and provided in the local Transportation Disadvantaged Service Plan.

Local Policy: All drivers in the coordinated system must have a criminal background check with local law enforcement and the Florida Department of Law Enforcement. All drivers must also have a driving records check.

u. Fixed Route Transit Utilization

Rule 41-2.006 (4) (u), F.A.C.: In areas where fixed route transportation is available, the Community Transportation Coordinator should jointly establish with the local Coordinating Board a percentage of total trips that will be placed on the fixed route system.

Local Policy: Not applicable.

v. Pick-Up Window

Rule 41-2.006 (4) (v), F.A.C.: The Community Transportation Coordinator should establish and address the passenger pick-up windows in the local Transportation Disadvantaged Service Plan. This policy should also be communicated to contracted operators, drivers, purchasing agencies and passengers.

Local Policy: Passengers must be ready at least two hours prior to their appointment time. A & A Transport may request that passengers be ready more than two hours prior to their appointment time depending on the number of passengers on the schedule. A &A Transport will call passengers the night before their appointment to notify them of their estimated pick-up time.

w. On-Time Performance

Rule 41-2.006 (4) (w), F.A.C.: The Community Transportation Coordinator and local Coordinating Board should jointly establish and address the percentage of trips that will be on-time in the local Transportation Disadvantaged Service Plan. This performance measure should be communicated to contracted operators, drivers, purchasing agencies and passengers. This measure should also be included as part of the Community Transportation Coordinaotr's evaluation of its contracted operators and the local Coordinating Board's evaluation of the Community Transportation Coordinator.

Local Policy: The Community Transportation Coordinator will have an 90 percent on-time performance rate for all completed trips. On-time performance will be measured by random sampling of trips.

x. Advance Reservation Requirement

Rule 41-2.006 (4) (x), F.A.C.: The Community Transportation Coordinator should establish and address in the local Transportation Disadvantaged Service Plan a minimum 24 hour advanced notification time to obain services. This policy should be communicated to contracted operators, purchasing agencies and passengers.

Local Policy: Twenty-four hours advanced notice is required for all trips scheduled within the coordinated system.

y. Safety

Rule 41-2.006 (4) (y), F.A.C.: The Community Transportation Coordinator and the local Coordinating Board should jointly establish and address in the local service plan a performance measure to evaluate the safety of the coordinated system. This measure should be used in the Community Transportation Coordinator's evaluation of the contracted operators and the local Coordinating Board's evaluation of the Community Transportation Coordinator.

Local Policy: There shall be no more than 1 accident per 100,000 miles during the evaluation period.

z. Reliability

Rule 41-2.006 (4) (z), F.A.C.: The Community Transportation Coordinator and the local Coordinating Board should jointly establish and address in the local service plan a performance measure to evaluate the reliability of the vehicles utilized in the coordinated system. This measure should be used in the Community Transportation Coordinator's evaluation of the contracted operators and the local Coordinating Board's evaluation of the Community Transportation Coordinator.

Local Policy: There shall be no more than 5 roadcalls during the evaluation period.

aa. Call-Hold Time

Rule 41-2.006 (4) (aa), F.A.C.: This performance measure can be used to address the accessibility of the service. The Community Transportation Coordinator and the local Coordinating Board should jointly determine if a standard for a call hold time is needed in the coordinated system and address this in the local service plan. If determined to be necessary, this standard should be included in the local Coordinating Board's evaluation of the Community Transportation Coordinator.

This standard is not applicable to this service area.

bb. Quality of Service

Rule 41-2.006 (4) (bb), F.A.C.: The Community Transportation Coordinator and the local Coordinating Board should jointly establish and address in the local service plan a performance measure to evaluate the quality of service provided within the coordinated system. The measure should be used in the Community Transportation Coordinator's evaluation of contracted operators and the local Coordinating Board's evaluation of the Community Transportation Coordinator.

Local Policy: There shall be no more than one complaint per 1,000 trips during the evaluation period.

13. Local Grievance Procedure/Process

The Transportation Disadvantaged Program Grievance Procedures are shown in Appendix A.

14. Medicaid Net Grievance System

a. Definitions

Complaint Process – the complaint process is the Commission's and the STP's procedure for addressing Medicaid Beneficiary Complaints, which are expressions of dissatisfaction about any matter other than an Action that are resolved at the Point of Contact rather than through filing a formal Grievance.

Grievance Process – The Grievance process is the Commission's and the STP's procedure for addressing Medicaid Beneficiary Grievances, which are expressions of dissatisfaction about any mater other than an Action.

Appeal Process – the Appeal process is the Commission's and the STP's procedure for addressing Medicaid Beneficiary Appeals, which are requests for review of an Action.

Medicaid Fair Hearing Process – The Medicaid Fair Hearing process is the administrative process which allows a Medicaid Beneficiary to request the State to reconsider an adverse decision made by the Commission or the STP.

b. General Requirements

As set forth herein, the following process constitutes A & A Transport's Medicaid Grievance/Complaint Process.

1. A & A Transport herein referred to as the STP, must obtain written approval of the Medicaid Grievance/Complaint Process prior to implementation.

2. The STP will refer all Medicaid Beneficiaries who are dissatisfied with the STP or its Actions to the STP's Grievance/Appeal Coordinator for processing and documentation in accordance with the Medicaid contract and established policies and procedures.

3. The STP shall provide reasonable assistance to Medicaid Beneficiaries in completing forms and other procedural steps, including, but not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

4. The STP shall acknowledge, in writing, the receipt of a Grievance or request for an Appeal, unless the Medicaid Beneficiary requests an expedited resolution.

5. The STP shall not allow any of the decision makers on a Grievance or Appeal if they were involved in any of the previous levels of review or decision-making when deciding any of the following:
   a. An Appeal or denial that is based on lack of Medical Necessity; and,

   b. A Grievance regarding the denial of an expedited resolution of an Appeal.

6. The Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, shall be allowed an opportunity to examine the Medicaid Beneficiary's case file before and during the Grievance or Appeal process, including all Medical Records and any other documents and records held by the STP.

7. The Medicaid Beneficiary and/or the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate shall be considered as parties to the Grievance/Appeal.

8. The STP shall maintain, monitor, and review a record/log of all Complaints, Grievances, and Appeals in accordance with the terms of the Medicaid contract in order to fulfill the requirements as set forth in this process.

9. The STP shall work with the Commission's Grievance/Appeals Coordinator to resolve all grievance related issues.

   a. The STP shall notify the Medicaid Beneficiary, in writing, using language at, or below the fourth (4th) grade reading level, of any action taken by the STP to deny a Transportation Service request, or limit transportation services in an amount, duration, or scope that is less than requested.

   b. The STP shall provide notice to the Medicaid Beneficiary as set forth below:

(1) The Action the Recipient has taken or intends to take;

(2) The reasons for the Action, customized for the circumstances of the Medicaid Beneficiary;

(3) The Medicaid Beneficiary's or the Health Care Professional's (with written permission of the Medicaid Beneficiary) right to file an Appeal;

(4) The procedures for filing an appeal;

(5) The circumstances under which expedited resolution is available and how to request it; and,

(6) The Medicaid Beneficiary's rights to request that transportation services continue pending the resolution of the appeal, how to request the continuation of transportation services, and the circumstances under which the Medicaid Beneficiary may be required to pay the costs of these services.

c. The STP must provide the notice of action within the following time frames:

(1) At least ten (10) calendar days before the date of the action or fifteen (15) calendar days if the notice is sent by surface mail (five [5] calendar days if the recipient suspects fraud on the part of the Medicaid Beneficiary).

(2) For denial of the trip request, at the time of any action affecting the trip request.

(3) For standard service authorization decisions that deny or limits transportation services, as quickly as the Medicaid Beneficiary's health condition requires, but no later than fourteen (14) calendar days following receipt of the request for service.

d. If the STP extends the time frame for notification, it must:

(1) Give the Medicaid Beneficiary written notice of the reason for the extension and inform the Medicaid beneficiary of the right to file a grievance if the Medicaid Beneficiary disagrees with the recipient's decision to extend the time frame; and,

(2) Carry out its determination as quickly as the Medicaid beneficiary's health condition requires, but in no case later than the date upon which the fourteen (14) calendar day extension period expires.

e. If the STP fails to reach a decision within the time frames described above, the Medicaid Beneficiary can consider such failure on the part of the STP a denial and, therefore, an action adverse to the Medicaid Beneficiary.

f. For expedited Service Authorization decisions, within three (3) business days (with the possibility of a fourteen (14) calendar day extension).

c. The Complaint Process

1. A Medicaid Beneficiary may file a Complaint, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a complaint.

2. General Duties

a. The STP must:

(1) Resolve each complaint within fifteen (15) business days from the day the STP received the initial complaint, be it oral or in writing;

(a) The STP may extend the complaint resolution time frame by up to ten (10) business days if the Medicaid Beneficiary request an extension, or the Recipient/Subcontractor documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.

(b) If the STP requests the extension, the Recipient/Subcontractor must give the Medicaid Beneficiary written notice of the reason for the delay.

(2) Notify the Medicaid Beneficiary, in writing, within five (5) business days of the resolution of the complaint if the Medicaid Beneficiary is not satisfied with the STP's resolution. The notice of disposition shall include the results and date of the resolution of the complaint, and shall include:

(a) A notice of the right to request a grievance or appeal, whichever I the most appropriate to the nature of the objection; and,

(b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, if appropriate, including the contact information necessary to pursue a Medicaid Fair Hearing (see Medicaid Fair Hearing System Section).

(3) The STP shall provide the Commission with a report detailing the total number of complaints received, pursuant to reporting requirements of the contract with the Commission.

(4) The STP nor any transportation provider shall take punitive action against a physician or other health care provider who files a complaint on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's complaint.

b. Filing Requirements

(1) The Medicaid Beneficiary or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent must file a complaint within fifteen (15) calendar days after the date of occurrence that initiated the complaint.

(2) The Medicaid Beneficiary or his/her representative may file a complaint either orally or in writing. The Medicaid Beneficiary or his/her representative may follow up an oral request with a written request, however the timeframe for resolution begins the date the STP receives the oral request.

d. The Grievance Process

A Medicaid Beneficiary may file a grievance, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a grievance.

1. General Duties

   a. The STP must:

      (1) Resolve each grievance within ninety (90) calendar days from the day the STP received the initial grievance request, be it oral or in writing;

      (2) Notify the Medicaid Beneficiary, in writing, within thirty (30) calendar days of the resolution of the grievance. The notice of disposition shall include the results and date of the resolution of the grievance, and for decisions not wholly in the Medicaid Beneficiary's favor, the notice of disposition shall include:

         (a) Notice of the right to request a Medicaid Fair Hearing, if applicable; and,

         (b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, including the contact information necessary to pursue a Medicaid Fair Hearing (see Medicaid Fair hearing System Section below);

      (3) Provide the Commission with a copy of the written notice of disposition upon request;

      (4) The STP nor any Subcontracted Transportation Provider shall take any punitive action against a physician or other health care provider who files a grievance on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's grievance; and,

      (5) Provide the Commission with a report detailing the total number of Grievances received, pursuant to the Reporting Requirements Section of these procedures.

   b. The STP may extend the Grievance resolution time frame by up to fourteen (14) calendar days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.

      (1) If the STP requests the extension, the STP must give the Medicaid Beneficiary written notice of the reason for the delay.

   c. Filing Requirements

      (1) The Medicaid Beneficiary or provider must file a grievance within one (1) year after the date of occurrence that initiated the grievance.

      (2) The Medicaid Beneficiary or provider may file a grievance either orally or in writing. The Medicaid Beneficiary may follow up an oral request with a written request, however the timeframe for resolution begins the date the STP receives the oral request.

e. The Appeal Process

A Medicaid Beneficiary may file an appeal, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file an appeal.

1. General Duties

   a. The STP shall:

      (1) Confirm in writing all oral inquiries seeking an appeal, unless the Medicaid Beneficiary or provider requested an expedited resolution.

      (2) If the resolution is in favor of the Medicaid Beneficiary, provide the services as quickly as the Medicaid Beneficiary's health condition requires;

      (3) Provide the Medicaid Beneficiary or provider with a reasonable opportunity to present evidence and allegations of fact or law, in person and/or in writing;

      (4) Allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity, before and during the appeal process, to examine the Medicaid Beneficiary's case file, including all documents and records;

      (5) Consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the appeal;

      (6) Continue the Medicaid Beneficiary's transportation services if:

         (a) The Medicaid Beneficiary files the appeal in a timely manner, meaning on or before the later of the following:

         (b) Within ten (10) business days of the date on the notice of action (add five [5] business days if the notice is sent via surface mail); or,

         (c) The intended effective date of the STP's proposed action.

         (d) The appeal involves the termination, suspension, or reduction of a previously authorized transportation service;

         (e) The transportation was for a Medicaid compensable service ordered;

         (f) The authorization period has not expired; and/or,

         (g) The Medicaid Beneficiary requests extension of transportation services.

      (7) Provide written notice of the resolution of the appeal, including the results and date of the resolution within two (2) business days after the resolution. For decision not wholly in the Medicaid Beneficiary's favor, the notice of resolution shall include:

         (a) Notice of the right to request a Medicaid Fair Hearing;

(b) Information about how to request a Medicaid Fair Hearing, including the DCF address necessary for pursuing a Medicaid Fair Hearing, as set forth in Medicaid Fair Hearing System Section, below;

(c) Notice of the right to continue to receive transportation services pending a Medicaid Fair Hearing;

(d) Information about how to request the continuation of transportation services; and

(e) Notice that if the STP's action is upheld in a Medicaid Fair Hearing, the Medicaid Beneficiary may be liable for the cost of any continued transportation services.

(8) Provide the Commission with a copy of the written notice of disposition upon request;

(9) The STP nor any transportation providers shall take any punitive action against a physician or other health care provider who files an appeal on behalf of a Medicaid Beneficiary or supports a Medicaid Beneficiary's appeal; and,

(10) Provide the Commission with a report detailing the total number of appeals received, pursuant to reporting requirements of this process.

b. If the STP continues or reinstates the Medicaid Beneficiary's transportation services while the appeal is pending, the STP must continue providing the transportation services until one (1) of the following occurs:

(1) The Medicaid Beneficiary withdraws the appeal;

(2) Ten (10) business days pass from the date of the STP's notice of resolution of the appeal if the resolution is adverse to the Medicaid Beneficiary and if the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of transportation services until a Medicaid Fair Hearing decision is reached;

(3) The Medicaid Fair Hearing panel's decision is adverse to the Medicaid Beneficiary; or,

(4) The authorization to provide services expires, or the Medicaid Beneficiary meets the authorized service limits.

c. If the final resolution of the appeal is adverse to the Medicaid Beneficiary, the STP may recover the costs of the services furnished from the Medicaid Beneficiary while the appeal was pending, to the extent that the STP furnished the services solely because of the requirements of this section.

d. If the STP did not furnish services while the appeal was pending and the appeal panel reverses the STP's decision to deny, limit or delay services, the STP must pay for disputed services in accordance with State policy and regulations.

e. If the STP furnished services while the appeal was pending and the appeal panel reverses the STP's decision to deny, limit or delay services, the STP must pay for disputed services in accordance with State policy and regulations.

3. Filing Requirements

a. The Medicaid Beneficiary or his/her representative must file an appeal within thirty (30) calendar days of receipt of the notice of the STP's action.

b. The Medicaid Beneficiary may file an appeal either orally or in writing. If the filing is oral, the Medicaid Beneficiary must also file a written, signed appeal within thirty (30) calendar days of the oral filing. The STP shall notify the requesting party that it must file the written request within ten (10) business days after receipt of the oral request. For oral filings, time frames for resolution of the appeal begin on the date the STP receives the oral filing.

c. The STP shall resolve each appeal within State-established time frames not to exceed forty-five (45) calendar days from the day the STP received the initial appeal request, whether oral or in writing.

d. If the resolution is in favor of the Medicaid Beneficiary, the STP shall provide the services as quickly as the Medicaid Beneficiary's health condition requires.

e. The STP may extend the resolution time frames by up to fourteen (14) calendar days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.

(1) If the STP requests the extension, the STP must give the Medicaid Beneficiary written notice of the reason for the delay.

(2) The STP must provide written notice of the extension to the Medicaid Beneficiary within five (5) business days of determining the need for an extension.

4. Expedited Process

a. The STP shall establish and maintain an expedited review process for appeals when the STP determines, the Medicaid Beneficiary requests or the provider indicates (in making the request on the Medicaid Beneficiary's behalf or supporting the Medicaid Beneficiary's request) that taking the time for a standard resolution could seriously jeopardize the Medicaid Beneficiary's life, health or ability to attain, maintain or regain maximum function.

b. The Medicaid Beneficiary may file an expedited appeal either orally or in writing. No additional written follow-up on the part of the Medicaid Beneficiary is required for an oral request for an expedited appeal.

c. The STP must:

(1) Inform the Medicaid Beneficiary of the limited time available for the Medicaid Beneficiary to present evidence and allegations of fact or law, in person and in writing;

(2) Resolve each expedited appeal and provide notice to the Medicaid Beneficiary, as quickly as the Medicaid Beneficiary's health condition requires, within State established time frames not to exceed seventy-two (72) hours after the Recipient/Subcontractor receives the appeal request, whether the appeal was made orally or in writing;

(3) Provide written notice of the resolution in accordance with the appeal process section, of the expedited appeal to the Medicaid Beneficiary;

(4) Make reasonable efforts to provide oral notice of disposition to the Medicaid Beneficiary immediately after the appeal panel renders a decision; and,

(5) The STP nor any transportation provider shall take any punitive action against a physician or other health care provider who requests an expedited resolution on the Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for expedited resolution of an appeal.

a. If the STP denies a request for an expedited resolution of an appeal, the STP must:

(1) Transfer the appeal to the standard time frame of no longer than forty-five (45) calendar days from the day the recipient/subcontractor received the request for appeal (with a possible fourteen [14] day extension);

(2) Make all reasonable efforts to provide immediate oral notification of the recipients/subcontractor's denial for expedited resolution of the appeal;

(3) Provide written notice of the denial of the expedited appeal within two (2) calendar days; and,

(4) Fulfill all requirements set forth in the appeal process section above.

f. Medicaid Fair Hearing Process

As set forth in Rule 65-2.042, FAC, the Recipient's/Subcontractor's grievance procedure and appeal and grievance processes shall state that the Medicaid Beneficiary has the right to request a Medicaid Fair Hearing, in addition to, and at the same time as, pursuing resolution through the Recipient's/Subcontractor's grievance and appeal processes.

a. A physician or other health care provider must have a Medicaid Beneficiary's written consent before requesting a Medicaid Fair Hearing on behalf of a Medicaid Beneficiary.

b. The parties to a Medicaid Fair Hearing include the STP, as well as the Medicaid Beneficiary, his/her representative or the representative of a deceased Medicaid Beneficiary's estate.

1. Filing Requirements

a. The Medicaid Beneficiary may request a Medicaid Fair hearing within ninety (90) days of the date of the notice of the STP's resolution of the Medicaid Beneficiary's grievance/appeal by contacting DCF at:

The Office of Appeal Hearings
1317 Winewood Boulevard, Building 5, Room 203
Tallahassee, FL 32399-0700

2. General Duties

a. The STP must:

(1) Continue the Medicaid Beneficiary's transportation services while the Medicaid Fair Hearing is pending if:

(a) The Medicaid Beneficiary filed for the Medicaid Fair Hearing in a timely manner, meaning on or before the later of the following:

(i) Within ten (10) business days of the date on the notice of action (add five [5] business days if the notice is sent via surface mail);

(ii) The intended effective date of the STP's proposed action.

(b) The Medicaid Fair Hearing involves the termination, suspension, or reduction of a previously authorized course of treatment;

(c) The authorization period has not expired; and/or,

(d) The Medicaid Beneficiary requests extension of transportation services.

(2) The STP nor any Transportation Provider shall take any punitive action against a physician, Transportation Provider, or other health care provider who requests a Medicaid Fair Hearing on a Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for a Medicaid Fair Hearing.

a. If the STP continues or reinstates Medicaid Beneficiary Transportation Services while the Medicaid Fair Hearing is pending, the STP must continue said Transportation Services until one (1) of the following occurs:

(1) The Medicaid Beneficiary withdraws the request for a Medicaid Fair Hearing;

(2) Ten (10) Business Days pass from the date of the STP's notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached (add five [5] Business Days if the Recipient/Subcontractor sends the notice of Action by surface Mail);

(3) The Medicaid fair Hearing officer renders a decision that is adverse to the Medicaid Beneficiary; and/or,

(4) The Medicaid Beneficiary's authorization expires or the Medicaid Beneficiary reaches his/her authorized service limits.

3. f the final resolution of the Medicaid Fair Hearing is adverse to the Medicaid Beneficiary, the STP may recover the costs of the services furnished while the Medicaid Fair Hearing was pending, to the extent that the STP furnished said services solely because of the requirements of this Section.

4. If the STP did not furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the STP's decision to deny, limit or delay services, the STP must authorize or provide the disputed services as quickly as the Medicaid Beneficiary's health condition requires.

5. If the STP did furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the STP's decision to deny, limit or delay services, the STP must pay for the disputed services in accordance with State policy and regulations.

Type	Time Frame to File	Provide Transportation Services During Review	Time Frame to Resolve	Extension Time Frame	Time Frame to Send Notification of Resolution	Next Step (if any)
Complaint	Ninety (90) calendar days from the date of the incident that precipitated the complaint.	Yes	Fifteen (15) business days.	Ten (10) business days.	Five (5) business days from the date of the complaint.	File a grievance.
Grievance	Ninety (90) calendar days from the date of the action that precipitated.	Yes	Ninety (90) calendar days.	Fourteen (14) calendar days.	Thirty (30) calendar days from the date of the resolution of the grievance.	Medicaid Fair Hearing.

15. Passenger Code of Conduct

For everyone's safety, drivers and riders of the system are expected to act in an appropriate manner at all times and abide by the policies of A & A Transport.

- Riders shall be ready to board the vehicle within 5 minutes of its arrival.
- Riders shall be prepared to share their ride with other passengers.
- No person may eat, drink or smoke on board any vehicle.
- No passenger may operate or tamper with any equipment on board any vehicle.
- Riders may not have radios, cassette tape players, CD players or other sound generating devices in operation while on board a vehicle, UNLESS it is connected to a headset.
- Disruptive behavior, which results in a distraction to the driver is deemed a safety hazard. Such behavior will not be tolerated and shall be grounds for suspension of transportation privileges.

a. Verbal Abuse

Verbal abuse by a rider against staff, drivers or other clients will not be tolerated. Verbal abuse includes but is not limited to use of profanity, obscene gestures, yelling or screaming. Riders who verbally abuse staff, drivers or other clients may be suspended from service.

b. Physical Abuse

Physical abuse of either a rider to another rider or rider to a driver will not be tolerated. Physical abuse includes but is not limited to grabbing, hitting or touching. Such abuse shall be deemed as assault. In such cases, the local police shall be notified, and the rider shall be issued a notice of suspension from service.

c. Substance Abuse

No passenger who is under the influence of alcohol or illegal drugs will be transported. If a passenger is scheduled to be returned home and they are under the influence, they will be required to find alternative means of transportation. If a pattern of such behavior exists, a suspension of transportation privileges shall be invoked.

d. Penalties

The following penalties shall apply to service sponsored by Florida's Transportation Disadvantaged Program. Service suspension for Medicaid NET sponsored passengers must follow the Medicaid Program guidelines.

Verbal Abuse

First offense – written warning
Second offense – one week suspension of services
Third offense – 30 day suspension of services
Fourth offense – 90 day suspension of services
Fifth offense – permanently removed from service

Physical Abuse

First offense - A & A Transport will issue a written notice of suspension for 90 days by certified mail. The notice will advise the rider that A & A Transport intends to suspend his or her riding privileges and the reason for such action.

Second offense – 180 day suspension of services

Third offense - permanently removed from service

e. Appeals

A rider has ten (10) calendar days from the date of issuance of suspension notice to request a reconsideration hearing on the suspension. If a reconsideration hearing is requested, the hearing will be held by the Union County Transportation Disadvantaged Coordinating Board Grievance Committee if the suspension involves transportation provided under Florida's Transportation Disadvantaged Program.
All requests for reconsideration must be in writing and delivered to:

A & A Transport
P.O. Box 70
Live Oak, FL 32060

and

Transportation Disadvantaged Program
Coordinating Board Grievance Committee
2009 N.W. 67 Place, Suite A
Gainesville, Florida 32653-1603

The written request must include the name and address of the person who is requesting the hearing and a statement as to why his or her riding privileges should not be suspended. If the request is not received within ten (10) calendar days from the issue date of the suspension, then the suspension becomes effective ten (10) calendar days from the date of issue. Upon receipt of letter requesting the reconsideration hearing, a hearing shall be held within 10 working days. The North Central Florida Regional Planning Council will advise the person requesting the reconsideration hearing by return correspondence of the date, time and location of the hearing.

The person will be given the opportunity to present the reasons why they believe the suspension should not take place. The Union County Transportation Disadvantaged Coordinating Board Grievance Committee will make a recommendation whether or not to uphold the suspension. A written statement of the recommendation shall be forwarded to the person requesting the hearing within two (2) working days after the hearing by the Grievance Committee. A written statement of the decision whether or not to uphold the suspension shall be forwarded by certified mail within two (2) working days by A & A Transport to the person requesting the hearing.

16. Evaluation Processes

A & A Transport in cooperation with the local Coordinating Board will determine whether agencies, from a total system approach, can perform more effectively and more efficiently their own transportation.

B. Cost/Revenue Allocation and Rate Structure Justification

See Appendix B.

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Chapter III: Quality Assurance

This section contains the steps the local Coordinating Board will take to monitor and evaluate the services provided by or coordinated through the Community Transportation Coordinator, based on the Florida Commission for the Transportation Disadvantaged standards and the locally established service standards.

A. Community Transportation Coordinator Evaluation Process

The local Coordinating Board will evaluate the Community Transportation Coordinator's performance on an annual basis using the Commission for the Transportation Disadvantaged Quality Assurance Program Evaluation/Local Coordinating Board, Community Transportation Coordinator Evaluation Workbook. This evaluation workbook was created to provide a formal process for evaluating the performance of the Coordinator (and its operators). The Commission requires worksheets regarding Cost, Competition and Coordination be completed during this review.

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Appendix A: Union County Transportation Disadvantaged Coordinating Board Grievance Procedures

A. Preamble

The following sets forth the procedures for the Union County Transportation Disadvantaged Coordinating Board to address grievances from agencies, users, potential users, sub-contractors, and other interested parties concerning Florida's Coordinated Transportation System.

B. Agency Description

The Union County Transportation Disadvantaged Coordinating Board, herein after referred to as the Board, is a public body appointed by the North Central Florida Regional Planning Council serving as the Designated Official Planning Agency as authorized by Section 427.015, Florida Statutes.

C. Definitions

Transportation disadvantaged means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in Section 411.202, Florida Statutes.

Agency means an official, officer, commission, authority, council, committee, department, division, bureau, board, section, or any other unit or entity of the state or of a city, town, municipality, county, or other local governing body or a private nonprofit transportation service-providing agency.

Community Transportation Coordinator means a transportation entity recommended by a metropolitan planning organization, or by the appropriate designated official planning agency as provided for in Section 427.011, Florida Statutes in an area outside the purview of a metropolitan planning organization, to ensure that coordinated transportation services are provided to the transportation disadvantaged population in a designated service area.

Coordinating Board means an advisory entity in each designated service area composed of representatives appointed by the metropolitan planning organization or designated official planning agency, to provide assistance to the community transportation coordinator relative to the coordination of transportation services.

Coordination means the arrangement for the provision of transportation services to the transportation disadvantaged in a manner that is cost-effective, efficient and reduces fragmentation and duplication of services.

Designated Official Planning Agency means the official body or agency designated by the Commission to fulfill the functions of transportation disadvantaged planning in areas not covered by a Metropolitan Planning Organization. The Metropolitan Planning Organization shall serve as the designated official planning agency in areas covered by such organizations.

Designated Service Area means a geographical area recommended by a designated official planning agency, subject to approval by the Florida Commission for the Transportation Disadvantaged, which defines the community where coordinated transportation services will be provided to the transportation disadvantaged.

Florida's Coordinated Transportation System means a transportation system responsible for coordination and service provisions for the transportation disadvantaged as outlined in Chapter 427, Florida Statutes.

Grievance means a written complaint to document any concerns regarding the operation or administration of services provided by Florida's Coordinated Transportation System by the Community Transportation Coordinator, subcontracted transportation operators, the Designated Official Planning Agency, or the Board. A grievance may also be a service complaint that has been left unresolved for more than 45 days.

Memorandum of Agreement is the state contract for transportation disadvantaged services purchased with federal, state or local government transportation disadvantaged funds. This agreement is between the Florida Commission for the Transportation Disadvantaged and the Community Transportation Coordinator and recognizes the Community Transportation Coordinator as being responsible for the arrangement of the provision of transportation disadvantaged services for a designated service area.

Service complaint means routine incidents that occur on a daily basis, are reported to the driver or dispatcher, or to other individuals involved with the daily operations, and are resolved within the course of a reasonable time period suitable to the complainant. All service complaints shall be recorded and a summary of complaints should be provided by the Community Transportation Coordinator on a quarterly basis, to the Board.

Transportation Disadvantaged Service Plan means an annually updated plan jointly developed by the Designated Official Planning Agency and the Community Transportation Coordinator which contains a development plan, service plan and quality assurance components. The plan shall be approved and used by the local Coordinating Board to evaluate the Community Transportation Coordinator.

D. Purpose

(1) The Board shall appoint a Grievance Committee to serve as a mediator to process, and investigate complaints from agencies, users, potential users of the system and the Community Transportation Coordinator in the designated service area, and make recommendations to the Board for the improvement of service.

(2) The Board shall establish procedures to provide regular opportunities for issues to be brought before the Grievance Committee and to address them in a timely manner. Members appointed to the Grievance Committee shall be voting members of the Board.

(3) The Grievance Committee and the Board shall have the authority to hear and advise on grievances. When an entity makes a determination of the rights, duties, privileges, benefits, or legal relationships of a specified person or persons, it is exercising "adjudicative" or "determinative" powers. Deciding a grievance between two independent parties may fall within these parameters, depending on the nature of the grievance. Chapter 427, Florida Statutes grants no adjudicative powers to anyone.

E. Membership

(1) The Chair, subject to approval by the Board, shall appoint five (5) voting members to a Grievance Committee. The membership of the Grievance Committee shall include broad geographic representation from members of the local Coordinating Board representing the County in the service area.

(2) Term limits on the Grievance Committee may coincide with term limits on the Board.

F. Officers

(1) The Grievance Committee shall elect a Chair and Vice-Chair.

G. Meetings

(1) The Grievance Committee may meet as often as necessary to fulfill their responsibilities. The Grievance Committee may meet following Board meetings to hear complaints.

(2) Notice of Meetings. Notices and agendas shall be sent to all Grievance Committee members and other interested parties at least two (2) weeks prior to each Grievance Committee meeting. Such notice shall state the date, time and the place of the meeting.

(3) Quorum. At all meetings of the Grievance Committee, the presence in person of a majority of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum, those present may, without notice other than by announcement at the meeting, recess the meeting from time to time, until a quorum shall be present. At any such recessed meeting, any business may be transacted which might have been transacted at the meeting as originally called.

(4) Voting. A majority vote is required for actions by the Grievance Committee. As required by Section 286.012, Florida Statutes, all Grievance Committee members, including the Chair, must vote on all official actions taken by the Grievance Committee except when there appears to be a possible conflict of interest with a member or members of the Grievance Committee.

(5) Conflict of Interest. In accordance with Chapter 112 (Part III), Florida Statutes, "No county, municipal, or other public office shall vote in an official capacity upon any measure which would inure to his or her special private gain or loss, or which the officer know would inure to the special private gain or loss of a principal by whom he or she is retained, of the parent organization or subsidiary of a corporate principal which he or she is retained, of a relative or of a business associate. The officer must publicly announce the nature of his or her interest before the vote and must file a memorandum of voting conflict on Ethics Commission Form 8B with the meeting's recording officer within 15 days after the vote occurs disclosing the nature of his or her interest in the matter."

In cases where a grievance involves the private or personal interests of a member of the Grievance Committee, such member shall be disqualified from hearing such grievance. If a Grievant claims a conflict between the Grievant and a Grievance Committee member, the Grievance Committee member identified as having a conflict shall recues themselves from hearing the grievance. No member of the Grievance Committee shall appear before the Grievance Committee as an agent or attorney for any person.

(6) Proxy Voting. Proxy voting is not permitted.

(7) Parliamentary Procedures. The Grievance Committee will conduct business using parliamentary procedures according to Robert's Rules of Order, except when in conflict with these Grievance Procedures.

H. Administration

(1) Staff Support. The North Central Florida Regional Planning Council shall provide the Grievance Committee with sufficient staff support and resources to enable the Grievance Committee to fulfill their responsibilities.

(2) Minutes. The North Central Florida Regional Planning Council is responsible for maintaining an official set of minutes for each Grievance Committee meeting.

I. Duties

The Grievance Committee shall make recommendations to the Board, the Community Transportation Coordinator, and/or to the Florida Commission for the Transportation Disadvantaged for improvement of service.

J. Procedures

(1) The grievance procedures shall be open to addressing concerns by any person or agency including but not limited to: purchasing agencies, users, potential users, private-for-profit operators, private-nonprofit operators, Community Transportation Coordinators, Designated Official Planning Agencies, elected officials, and drivers. The grievant, in their formal complaint, should demonstrate or establish their concerns as clearly as possible.

(2) The Board must make a written copy of the grievance procedures available to anyone, upon request. All documents pertaining to the grievance process will be made available, upon request, in accessible format. The following procedures are established to provide regular opportunities for grievances to be brought before the Grievance Committee.

(3) Should an interested party wish to file a grievance with the Board, that grievance must be filed in writing within ninety (90) days after the occurrence of the event giving rise to the grievance. The grievance shall be sent to:

Union County Transportation Disadvantaged Coordinating Board
Grievance Committee
2009 N.W. 67th Place
Gainesville, FL 32653-1603

(4) If requested, the North Central Florida Regional Planning Council staff will provide assistance individuals to prepare written grievances.

(5) The grievance should try to demonstrate or establish a clear violation of a specific law, regulation, or contractual arrangement. Copies of pertinent laws and regulations may be obtained from North Central Florida Regional Planning Council staff.

(6) The grievance shall include:

a. the name, address and telephone number of the Complainant;

b. a statement of the grounds for the grievance and be supplemented by supporting documentation, made in a clear and concise manner; and

c. an explanation by the Complainant of the improvements needed to address the complaint.

(7) If the Board receives a grievance pertaining to the operation of services by the Community Transportation Coordinator, that grievance shall be forwarded to the Community Transportation Coordinator for a written response. The Community Transportation Coordinator's written response shall be provided to the Grievance Committee at least one week prior to the Grievance Committee meeting to hear such grievance.

(8) If the Complainant does not want to be contacted by the Community Transportation Coordinator concerning the grievance before the grievance is heard, the Community Transportation Coordinator is prohibited from contacting the Complainant.

(9) Within fifteen (15) working days following the date of receipt of the formal grievance, North Central Florida Regional Planning Council staff shall advise the Grievance Committee of the grievance to schedule a hearing on the grievance and inform the Complainant of the hearing date.

(10) The Grievance Committee shall meet to hear the grievance within forty-five (45) calendar days from the date of receipt of the grievance.

(11) North Central Florida Regional Planning Council staff shall send notice of the Grievance Committee's scheduled hearing in writing to the local newspaper of greatest circulation, the Complainant and other interested parties.

(12) All involved parties have a right to present their views to the Grievance Committee, either orally or in writing. In addition, all parties may present evidence.

(13) A written report and any recommendations of the Grievance Committee shall be provided to the Board. A copy of this report shall be provided to the concerned parties within ten (10) working days after the hearing on the grievance and no more than sixty (60) calendar days from the date of receipt of the formal grievance. The Grievance Committee's recommendation will stand unless the recommendation is changed by the Board.

(14) A written report shall also be provided to the Community Transportation Coordinator's Governing Board.

K. Appeals

(1) Appeals of recommendations by the Grievance Committee to the Board shall be made within twenty (20) working days from the date when the Grievance Committee makes a recommendation regarding a grievance. The appeal shall be mailed to:

Union County Transportation Disadvantaged Coordinating Board
2009 N.W. 67th Place
Gainesville, FL 32653-1603

(2) The Complainant will be notified in writing of the date, time and place of the Board meeting where the appeal will be heard. This written notice will be mailed at least ten (10) calendar days in advance of the meeting.

(3) The Board will meet to hear the appeal and render its recommendation within thirty (30) calendar days of the date the appeal was filed. A written copy of the recommendation will be mailed to all parties involved within ten (10) calendar days of the date of the recommendation.

(4) Should a Complainant remain dissatisfied with the Board's decision, he or she may contact the Florida Commission for the Transportation Disadvantaged at the following address:

Florida Commission for the Transportation Disadvantaged
605 Suwannee Street, MS-49
Tallahassee, FL 32399-0450

(5) The Florida Commission for the Transportation Disadvantaged also has an Ombudsman Program to assist individuals with complaints. The toll-free Ombudsman Hotline is 1-800-983-2435. Chapter 427, Florida Statutes does not expressly confer the power or authority for the Florida Commission for the Transportation Disadvantaged to "hear and determine" a grievance between two (2) third parties. The Florida Commission for the Transportation Disadvantaged may choose to listen to grievances and it can investigate them from a fact-finding perspective. It cannot be the "judge" or "arbiter" of the grievance in the sense of determining that one party's version of the facts is right and the other is wrong, and order the wrong party to somehow compensate the right party. On the other hand, the grievance may bring to light a problem within "the system."

(6) If the grievance showed that one (1) of the parties with whom the Florida Commission for the Transportation Disadvantaged contracts was acting so aberrantly as to not be in compliance with its contract, the Florida Commission for the Transportation Disadvantaged could exercise whatever contractual rights it has to correct the problem.

(7) The Florida Commission for the Transportation Disadvantaged may take part in the grievance process, if it wants to, for purposes of listening to the grieving parties and gathering the facts of the matter. It may not decide the grievance, where doing so would amount to an exercise of adjudicative powers.

L. Medicaid Non-Emergency Transportation Program Grievance System

(1) The Florida Commission for the Transportation Disadvantaged and Medicaid Subcontracted Transportation Provider shall have a Grievance System in place that includes complaint and grievance processes. The Medicaid Subcontracted Transportation Provider must also have an appeal process and access to the Medicaid Fair Hearing System.

(2) The Florida Commission for the Transportation Disadvantaged Medicaid Grievance System is attached as Appendix A.

M. Suspension Reconsideration

(1) If a rider has been issued a notice of suspension by the Community Transportation Coordinator, they have ten (10) calendar days from the date of issuance of suspension notice to request a reconsideration hearing on the suspension. If a reconsideration hearing is requested, the hearing will be held by the Grievance Committee if the suspension involves transportation provided under Florida's Transportation Disadvantaged Program.

(2) The written request must include the name, address and telephone number of the person who is requesting the hearing and a statement as to why his or her riding privileges should not be suspended. If the request is not received within ten (10) calendar days from the issue date of the suspension, then the suspension becomes effective ten (10) calendar days from the date of issue.

(3) Upon receipt of letter requesting the reconsideration hearing, a hearing shall be held within ten (10) working days. The North Central Florida Regional Planning Council will advise the person requesting the reconsideration hearing by return correspondence of the date, time and location of the hearing.

(4) The person will be given the opportunity to present the reasons why they believe the suspension should not take place. The Grievance Committee will make a recommendation whether or not to uphold the suspension. A written statement of the recommendation shall be forwarded to the person requesting the hearing within two (2) working days after the hearing by the Grievance Committee. A written statement of the decision whether or not to uphold the suspension shall be forwarded by certified mail within two (2) working days by the Community Transportation Coordinator to the person requesting the hearing.

N. Prohibition Against Retaliation

No individual shall be unlawfully denied Transportation Disadvantaged Program services because such individual has filed a grievance related to Florida's Transportation Disadvantaged Program or has testified or is about to testify in any such proceeding or investigation related to Florida's Transportation Disadvantaged Program.

O. Alternative Recourse

Apart from these grievance processes, aggrieved parties with proper standing, may also have recourse through Chapter 120, Florida Statutes, administrative hearings process or the judicial court system.

Appendix B: Cost/Revenue Allocation and Rate Structure Justification

COMMUNITY TRANSPORTATION COORDINATOR: A & A Transport, Inc.

COUNTY: Union

CONTRACT PERIOD: July 1, 2013 - June 30, 2014

PURCHASING AGENCY: Florida Commission for the Transportation Disadvantaged

PROGRAM/SERVICE TYPE	COST PER UNIT (Passenger Mile or PassengerTrip)
TDTF ambulatory	$1.64/passenger mile
TDTF wheelchair	$2.80/passenger mile
TDTF stretcher	$5.84/passenger mile
Medicaid NET ambulatory	$4.10/passenger mile
Medicaid NET wheelchair	$7.03/passenger mile
Medicaid NET stretcher	$14.65/passenger mile

Preliminary Information Worksheet

Version 1.4

CTC Name: A & A Transport, Inc.
County (Service Area): Union County
Contact Person: Curtis E Allen, President
Phone # 386-496-2056

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- ○ Governmental
- ● Private Non-Profit
- ○ Private For Profit

NETWORK TYPE:

- ○ Fully Brokered
- ● Partially Brokered
- ○ Sole Source

Once completed, proceed to the Worksheet entitled "Comprehensive Budget"

Comprehensive Budget Worksheet

Version 1.4

CTC: A & A Transport, Inc
County: Union County

1 *Complete applicable* ***GREEN*** *cells in columns 2, 3, 4, and 7*

	Prior Year's ACTUALS from July 1st of 2010 to June 30th of 2011	Current Year's APPROVED Budget, as amended from July 1st of 2011 to June 30th of 2012	Upcoming Year's PROPOSED Budget from July 1st of 2012 to June 30th of 2013	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± $50,000
1	2	3	4	5	6	7
REVENUES (CTC/Operators ONLY / Do NOT include coordination contractors!)						
Local Non-Govt						
Farebox	$ 580	$ 2,315	$ 2,451	103.1%	5.9%	Partial year in farebox column 2 - Less money forecasts in column 4 of "other"
Medicaid Co-Pay Received	$ 1,411	$ 4,298	$ 4,548	204.5%	5.9%	
Donations/ Contributions						
In-Kind, Contributed Services						
Other	218,685	$ 17,471	$ 15,000	-6.5%	-14.1%	
Bus Pass Program Revenue						
Local Government						
District School Board	$ 48,197	$ 40,237	$ 24,270	-16.5%	-39.8%	Less clients in columns 3 and 4 of District School Board - Significant decrease in TD Grant TDTF allotment from column 2 to 3 - Insignificant amount in actual or terms in "Other Cash"
Compl. ADA Services						
County Cash	$ 11,271	$ 8,424	$ 8,200	-29.0%	0.2%	
County In-Kind, Contributed Services						
City Cash						
City In-Kind, Contributed Services						
Other Cash	$ 1	$ -	$ -	-100.0%		
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						
CTD						
Non-Spons. Trip Program	$ 72,562	$ 76,672	$ 82,080	4.5%	8.3%	Did not apply for Rural Capital assistance in columns 2 & 4
Non-Spons. Capital Equipment						
Rural Capital Equipment		$ 69,883			-100.0%	
Other TD (specify in explanation)						
Bus Pass Program Revenue						
USDOT & FDOT						
49 USC 5307						Significant drop in annual allotment of 5311 from column 2 to 3 - Applied for 2 vehicles in column 4 of
49 USC 5310		$ 33,104	$ 60,000		80.9%	
49 USC 5311 (Operating)	$ 115,082	$ 94,972	$ 97,000	-17.9%	2.1%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						
AHCA						
Medicaid	$ 63,614	$ 64,884	$ 30,000	1.2%	0.0%	
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						
DCF						
Alcoh, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						
DOH						
Children Medical Services						
County Public Health						
Other DOH (specify in explanation)						
Bus Pass Program Revenue						
DOE (state)						
Carl Perkins						
Div of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						
AWI						
WAGES/Workforce Board						
Other AWI (specify in explanation)						
Bus Pass Program Revenue						
DOEA						
Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						
DCA						
Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

Union Copy of CTD_Rate_Calc_Template v1.4.xlsm Comprehensive Budget

Page 1 of 2

Comprehensive Budget Worksheet

Version 1.4

CTC: A & A Transport, Inc.
County: Union County

1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7

1	2	3	4	5	6	7
	Prior Year's ACTUALS from July 1st of 2010 to June 30th of 2011	Current Year's APPROVED Budget, as amended from July 1st of 2011 to June 30th of 2012	Upcoming Year's PROPOSED Budget from July 1st of 2012 to June 30th of 2013	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price Explain Changes in Column 6 That Are > ± 10% and Also > ± $50,000
APD						
Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)	$ 70,431	$ 46,462	$ 40,000	-34.0%	-13.9%	In APD category, significant drop in both clientele and funding beginning in column 3
Bus Pass Program Revenue						
DJJ						
(specify in explanation)						
Bus Pass Program Revenue						
Other Fed or State						
S.S.E.C. reimb/co trips	$ 4,695	$ 6,695	$ 7,500	12.8%	32.5%	For "Meal Site" increased allotment each successive year
U.S. Treasury 941 refund	$ 136			-100.0%		Amount of 941 refund rolled in column 2
n/a						
Bus Pass Program Revenue						
Other Revenues						
Interest Earnings						
n/a						
Bus Pass Program Revenue						
Balancing Revenue to Prevent Deficit						
Actual or Planned Use of Cash Reserve						
Balancing Revenue is Short By =		None	None			
Total Revenues =	$428,529	$483,205	$431,500	12.8%	-10.7%	

EXPENDITURES (CTC/Operators ONLY / Do NOT Include Coordination Contractors!)						
Operating Expenditures						
Labor	$ 147,651	$ 131,929	$ 120,000	-10.7%	-9.0%	Drivers putting in less hours due to cutbacks in Medicaid and TD Grant funding
Fringe Benefits	$ 7,961	$ 16,635	$ 13,000	108.9%	-21.9%	FICA included in columns 3 & 4 of Fringe Benefits. Use of different
Services	$ 27,061	$ 25,201	$ 22,000	-6.9%	-12.7%	services provider in column 4. From column 2 to 3 an increase in fuel prices is
Materials and Supplies	$ 51,012	$ 63,800	$ 52,000	23.6%	-18.5%	responsible for increase. In column 4 more significant grouping responsible for
Utilities	$ 6,691	$ 7,336	$ 6,000	9.5%	-18.2%	less fuel purchased. Concerted effort to decrease utilities responsible for 3 to 4
Casualty and Liability	$ 16,371	$ 16,141	$ 15,000	-7.5%	5.0%	FICA included in column 2 of taxes. Less miscellaneous items to deal with or
Taxes	$ 61,194	$ 46,625	$ 33,000	-33.3%	-14.3%	purchase after column 2. Moved into different location and had no more leases
Purchased Transportation:						after column 2
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other	$ 49,304	$ 41,440	$ 40,000	-15.9%	-3.5%	
Miscellaneous	$ 40,600	$ 43,831	$ 44,000	7.3%	0.4%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	$ 9,559	$ 9,559	$	0.0%	-100.0%	
Contrib. to Capital Equip. Replacement Fund	$ 10,000			-100.0%		
In-Kind, Contributed Services	$	$	$			
Allocated Indirect		$ 22,500	$ 23,500		4.4%	
Capital Expenditures						
Equip. Purchases with Grant Funds		$ 60,000	$ 55,000		-7.7%	
Equip. Purchases with Local Revenue						
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
Total Expenditures =	$428,529	$483,205	$431,500	12.8%	-10.7%	

Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"

Union Copy of CTD_Rate_Calc_Template v1.4.xlsm Comprehensive Budget

Page 2 of 2

Budgeted Rate Base Worksheet

Version 1.4

CTC: A & A Transport, Inc.

County: Union County

1 Complete applicable GREEN cells in column 3; YELLOW and BLUE cells are automatically completed in column 3

2 Complete applicable GOLD cells in column and 5

	Upcoming Year's BUDGETED Revenues from July 1st of 2012 to June 30th of 2013	What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	Budgeted Rate Subsidy Revenue EXcluded from the Rate Base	What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?	local match req
1	2	3	4	5	
REVENUES (CTC/Operators ONLY)					
Local Non-Govt					
Farebox	$ 2,451		$ 2,451		
Medicaid Co-Pay Received	$ 4,549		$ 4,549		
Donations/ Contributions	$ -		$ -		
In-Kind, Contributed Services	$ -	$ -	$ -		
Other	$ 15,000		$ 15,000		
Bus Pass Program Revenue	$ -	$ -	$ -		
Local Government					
District School Board	$ 24,220	$ -	$ 24,220		
Compl. ADA Services	$ -	$ -	$ -		
County Cash	$ 9,200		$ 9,200		
County In-Kind, Contributed Services	$ -	$ -	$ -		
City Cash	$ -		$ -		
City In-Kind, Contributed Services	$ -	$ -	$ -		
Other Cash	$ -		$ -		
Other In-Kind, Contributed Services	$ -	$ -	$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
CTD					
Non-Spons. Trip Program	$ 82,080	$ 82,080	$ -	$ -	$ 9,120
Non-Spons. Capital Equipment	$ -	$ -	$ -	$ -	$ -
Rural Capital Equipment	$ -	$ -	$ -	$ -	$ -
Other TD	$ -	$ -	$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
USDOT & FDOT					
49 USC 5307	$ -	$ -	$ -		
49 USC 5310	$ 80,000	$ -	$ 80,000	$ 80,000	$ 8,887
49 USC 5311 (Operating)	$ 97,000		$ 97,000		
49 USC 5311(Capital)	$ -	$ -	$ -	$ -	$ -
Block Grant	$ -	$ -	$ -		
Service Development	$ -	$ -	$ -		
Commuter Assistance	$ -	$ -	$ -		
Other DOT	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
AHCA					
Medicaid	$ 90,000	$ 90,000	$ -		
Other AHCA	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
DCF					
Alcoh. Drug & Mental Health	$ -	$ -	$ -		
Family Safety & Preservation	$ -	$ -	$ -		
Comm. Care Dis./Aging & Adult Serv.	$ -	$ -	$ -		
Other DCF	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
DOH					
Children Medical Services	$ -	$ -	$ -		
County Public Health	$ -	$ -	$ -		
Other DOH	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
DOE (state)					
Carl Perkins	$ -	$ -	$ -		
Div of Blind Services	$ -	$ -	$ -		
Vocational Rehabilitation	$ -	$ -	$ -		
Day Care Programs	$ -	$ -	$ -		
Other DOE	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
AWI					
WAGES/Workforce Board	$ -	$ -	$ -		
AWI	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
DOEA					
Older Americans Act	$ -	$ -	$ -		
Community Care for Elderly	$ -	$ -	$ -		
Other DOEA	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		
DCA					
Community Services	$ -	$ -	$ -		
Other DCA	$ -		$ -		
Bus Pass Program Revenue	$ -	$ -	$ -		

YELLOW cells
are NEVER Generated by Applying Authorized Rates

BLUE cells
Should be funds generated by rates in this spreadsheet

GREEN cells
MAY BE Revenue Generated by Applying Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be GENERATED through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and NOT Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, than identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

GOLD cells

Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the Purchase of Capital Equipment if a match amount is required by the Funding Source.

Budgeted Rate Base Worksheet

Version 1.4

CTC: A & A Transport, Inc.

County: Union County

1 Complete applicable GREEN cells in column 3, YELLOW and BLUE cells are automatically completed in column 3

2 Complete applicable GOLD cells in column and 5

1	Upcoming Year's BUDGETED Revenues from July 1st of 2012 to June 30th of 2013 2	What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues? 3	Budgeted Rate Subsidy Revenue EXcluded from the Rate Base 4	What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment? 5
APD				
Office of Disability Determination	$ -	$ -		
Developmental Services	$ -	$ -		
Other APD	$ 40,000		$ 40,000	
Bus Pass Program Revenue	$ -	$ -		
DJJ				
DJJ	$ -		$ -	
Bus Pass Program Revenue	$ -	$ -		
Other Fed or State				
S.R.E.C. meal site trips	$ 7,000		$ 7,000	
U.S. Treasury 641 refund	$ -		$ -	
xxx	$ -		$ -	
Bus Pass Program Revenue	$ -	$ -		
Other Revenues				
Interest Earnings	$ -		$ -	
0	$ -		$ -	
xxxx	$ -		$ -	
Bus Pass Program Revenue	$ -	$ -		
Balancing Revenue to Prevent Deficit				
Actual or Planned Use of Cash Reserve	$ -	$ -		
Total Revenues =	$ 451,500	$ 172,080	$ 259,420	$ 60,000

$ 199,420

Amount of Budgeted Operating Rate Subsidy Revenue

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	$ 120,000
Fringe Benefits	$ 12,000
Services	$ 22,000
Materials and Supplies	$ 52,000
Utilities	$ 6,000
Casualty and Liability	$ 16,000
Taxes	$ 35,000
Purchased Transportation:	
Purchased Bus Pass Expenses	$ -
School Bus Utilization Expenses	$ -
Contracted Transportation Services	$ -
Other	$ 40,000
Miscellaneous	$ 44,000
Operating Debt Service - Principal & Interest	$ -
Leases and Rentals	$ -
Contrib. to Capital Equip. Replacement Fund	$ -
In-Kind, Contributed Services	$ -
Allocated Indirect	$ 23,500
Capital Expenditures	
Equip. Purchases with Grant Funds	$ 60,000
Equip. Purchases with Local Revenue	$ -
Equip. Purchases with Rate Generated Rev.	$ -
Capital Debt Service - Principal & Interest	$ -
	$ -
Total Expenditures =	$ 431,500
minus EXCLUDED Subsidy Revenue =	$ 259,420
Budgeted Total Expenditures INCLUDED in Rate Base =	$ 172,080
Rate Base Adjustment[1] =	
Adjusted Expenditures Included in Rate Base =	$ 172,080

[1] Rate Base Adjustment Cell

If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the Actual period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.

[1] The Difference between Expenses and Revenues for Fiscal Year 2010 - 2011

Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"

Worksheet for Program-wide Rates

CTC: A & A Transport, In Version 1.4
County: Union County

1. *Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (**GREEN** cells) below*

Do NOT include trips or miles related to Coordination Contractors!
Do NOT include School Board trips or miles UNLESS.....
INCLUDE all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
Do NOT include trips or miles for services provided to the general public/private pay UNLESS..
Do NOT include escort activity as passenger trips or passenger miles unless charged the full rate for service!
Do NOT include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES

Total Projected Passenger Miles =	100,000
Rate Per Passenger Mile =	$ 1.72
Total Projected Passenger Trips =	13,000
Rate Per Passenger Trip =	$ 13.24

Fiscal Year
2012 - 2013

Avg. Passenger Trip Length = 7.7 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile =	$ 4.32
Rate Per Passenger Trip =	$ 33.19

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles
The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)
The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

Deadhead
Operator training, and
Vehicle maintenance testing, as well as
School bus and charter services.

Passenger Miles (PM)
The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

CTC: A & A Transport
County: Union County

SECTION I: Services Provided

	Ambulatory	Wheelchair	Stretcher	Group
1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?	◉ Yes ○ No	◉ Yes ○ No	◉ Yes ○ No	○ Yes ◉ No
	Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	Go to Section II for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

	Ambulatory	Wheelchair	Stretcher	Group
1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?	◉ Yes ○ No	◉ Yes ○ No	◉ Yes ○ No	○ Yes ◉ No
	Answer # 2 for Ambulatory Service	Answer # 2 for Wheelchair Service	Answer # 2 for Stretcher Service	Do Not Complete Section II for Group Service
2. If you answered YES to #1 above, do you want to arrive at the billing rate by simply dividing the proposed contract amount by the projected Passenger Miles / passenger trips?	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No	○ Yes ◉ No
				Do NOT Complete Section II for Group Service
3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service? How many of the total projected Passenger Miles relate to the contracted service? How many of the total projected passenger trips relate to the contracted service?	Leave Blank	Leave Blank	Leave Blank	
Effective Rate for **Contracted Services:** per **Passenger Mile** = per **Passenger Trip** =				
	Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service
4. If you answered # 3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above =	**Combination Trip and Mile Rate**			
Rate per Passenger Mile for Balance =				
	Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Leave Blank and Go to Section III for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

1. Answer the questions by completing the GREEN cells starting in Section I for all services
2. Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers

CTC: A & A Transport (Version 1.1)
County: Union County

SECTION III: Escort Service

1. Do you want to charge all escorts a fee? ○ Yes ● No — Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR per passenger mile? ● Pass. Trip ○ Pass. Mile — Leave Blank
3. If you answered Yes to # 1 and completed # 2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort? — Leave Blank
4. How much will you charge each escort? — Leave Blank

SECTION IV: Group Service Loading

1. If the message "You Must Complete This Section" appears to the right, what is the projected total number of Group Service Passenger Miles? (otherwise leave blank). — Do NOT Complete Section IV

And what is the projected total number of Group Vehicle Revenue Miles? — Loading Rate 0.00 to 1.00

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically.
   * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above.
   * Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

RATES FOR FY: 2012 - 2013

		Ambul	Wheel Chair	Stretcher	Group (Leave Blank)	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	100,000	92,604	7,176	20	0	
Rate per Passenger Mile =		$1.64	$2.80	$5.84	$0.00 per passenger	$0.00 per group
		Ambul	Wheel Chair	Stretcher	Group (Leave Blank)	
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	13,000	12,060	930	10		
Rate per Passenger Trip =		$12.57	$21.85	$44.89	$0.00 per passenger	$0.00 per group

2. If you answered # 1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services...

Combination Trip and Mile Rate

	Ambul	Wheel Chair	Stretcher	Group (Leave Blank)	
INPUT the Desired Rate per Trip (but must be less than per trip rate above) =					$0.00
Rate per Passenger Mile for Balance =	$1.64	$2.80	$5.84	$0.00 per passenger	$0.00 per group

Rates If No Revenue Funds Were Identified As Subsidy Funds

	Ambul	Wheel Chair	Stretcher	Group	
Rate per Passenger Mile =	$4.10	$7.03	$14.65	$0.00 per passenger	$0.00 per group
	Ambul	Wheel Chair	Stretcher	Group	
Rate per Passenger Trip =	$31.52	$54.03	$112.57	$0.00 per passenger	$0.00 per group

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Appendix C: Service Provider Contract

STATE OF FLORIDA

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

STANDARD COORDINATION/OPERATOR CONTRACT

THIS CONTRACT is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, **A & A TRANSPORT. INC.**, designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of UNION county, and hereinafter referred to as the "Coordinator" and **THE INDUSTRIAL COMPLEX OF RAIFORD,** hereinafter referred to as the "Agency/Operator". The terms and conditions of this Contract are effective **February 01,2011** and will continue through **January 31,2012.**

WHEREAS, the Coordinator is required, under Rule 41-2, FA.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

i

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 provided 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 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.

NOW, THEREFORE, in consideration of the mutual covenants, promises and representation 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. Submit to the Coordinator Annual Operating Report data 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 Contract 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 authorized by the Coordinator or Commission or this Contract. 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.

G. Comply with Commission insurance requirements by maintaining at least minimum liability insurance coverage in the amount of $100,000 for any one person and $200,000 per occurrence 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), F.A.C.

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. 2000(d) *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 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 trial 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 (7) 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:

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.

M. All contracts, subcontracts, and 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 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, 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 AGENCY/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 requested, 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.

H. Notice and Contact:

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

Curtis E. Allen
c/o A & A Transport, Inc.
55 N. Lake Avenue
Lake Butler, Fl, 32054-1733

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

Michelle Thornton, Asst. Executive Director
c/o The Industrial Complex of Raiford
PO Box 368
Raiford, Fl 32083

In the event that different representatives are designated by either party after 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
Industrial Complex of Raiford	A & A Transport, Inc.
Typed name of Authorized Individual	Typed Name of Authorized Individual
Michelle Thornton	Curtis E. Allen
Signature/ Michelle Thornton	Signature: Curtis E. Allen
Title: Asst. Executive Director	Title: President

ATTACHMENT I

AGENCY/OPERATOR CONTRACT SERVICE

DESCRIPTION

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

   (Type of Service - ambulatory, only)

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

(8:00 A.M. – 4:00 P.M.) (Monday – Friday)

Days Agency/Operator will not be able to provide services: (Saturdays, Sundays, New Year's Day (2 days), Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day (2 days), Christmas Day (2 days) NOTE: All holidays falling of Saturday will be taken on Friday while all holidays falling on Sunday will be taken on the following Monday.

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

1 (one) 2003 E-350 SD 15-passenger Ford Econoline
1 (one) 1999 Ford Club Wagon 15-passenger van

4. Vehicle/Equipment Standards (if any)

All equipment listed on pre-trip inspection sheet (found in included System Safety Program Plan) which is included as a part of this contract.

5. Driver Requirements are included in the Driver's Manual in the System Safety Program Plan.

6. Training Requirements are included in the Drivers Manual in the System Safety Program Plan.

7. Agency/Operator Fare Structure (on page #13)

Provider will provide ambulatory transportation from home of their employees/trainees to the ICR and back to home, and for trips during work-related hours for work or training purposes.

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

Provider shall fax daily client sheets each Friday and on the last day of the month to the coordinator. (386)496-1956.

Coordinator will bill within 7 days of the end of each month.

9. Reporting Requirements.

Pre-trip inspection sheets will be performed by drivers on each van, turned in at end of week and kept on file for inspection.

The provider shall be responsible for completing quarterly operating reports. (No blanks; fill in all applicable information), maintain info required to complete the annual operating report (reporting period of July-June), and turn in to the coordinator by August 1. Any other reporting required by attachments.

ATTACHMENT II

The Commission for the Transportation Disadvantaged

Standards and Performance Requirements

Pursuant to Rule 4 1-2.006, 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 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 fifteen (15) 26 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;

(l) 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 Resusciation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

LIST OF OPTIONAL ADDITIONAL ATTACHMENTS

Transportation Disadvantaged Service Plan (Asst. Executive Director already has the most current TDSP)

Coordinator's and Local Coordinating Board's Grievance Procedures (Asst. Executive Director already already has a copy of the "Board's Grievance Procedures")

Coordinator's Safety System Plan (Asst. Executive Director already has the most current SSPP)

Annual Operating Report Instructions/Forms (Asst. Executive Director already has the most current AOR Instructions/Forms)

Agreed to this 1st day of February 2011.

Curtis E. Allen, President
Chairman of the Board
A & A Transport, Inc.
55 North Lake Avenue
Lake Butler, Fl. 32054-1733

Industrial Complex of Raiford
P.O. Box 368 Raiford, Fl. 32083

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Appendix D: Vehicle Inventory

VAN A - 2008 Chevrolet Uplander lift van – X2331B
VIN 1GBDV13W88D209097 CTD RURAL CAPITAL ASSISTANCE GRANT
MILEAGE AS OF 12-31-11 110,338

VAN B - 2009 Dodge Caravan w/lift – white/blue stripe
VIN 1D8HN44E39B520679 - X45178
MILEAGE AS OF 12-31-11 70,622 FL. DEPT. OF TRANSPORTATION

VAN C - 2007 Honda Odyssey - 219 ICE
VIN 5FNRL38657B110546 CTD RURAL CAPITAL ASSISTANCE GRANT
MILEAGE AS OF 12-31-11 144,636

VAN D - 2009 Turtle Top Terra lift van (2 W/C)-X2691B
VIN 1GBJG31K291107936 (w/gray strip)
MILEAGE AS OF 12-31-11 64,854 FL. DEPT. OF TRANSPORTATION

VAN E - 2009 Ford Econoline E150 (Dark Blue)
VIN 1FMNE11WX9DA87861 - X52320
MILEAGE AS OF 12-31-11 65,320 F.D.O.T.

VAN F - 2010 Ford Econoline E 150 (Burgundy)
VIN 1FMNE1BW8ADA00526 - X52321
MILEAGE AS OF 12-31-11 51,799 FL. DEPT. OF TRANSPORTATION

VAN G - 1999 Dodge 3500 – N70 0GL
VIN 2B5WB35Z3XK545060 R&A PRIVATE FUNDS
MILEAGE AS OF 12-31-11 83,867

VAN I - 2009 Turtle Top Terra lift van (3 W/C)
VIN 1GBJG31K691107325 X0478B
MILEAGE AS OF 12-31-11 50,111 FL. DEPT. OF TRANS.

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Appendix E: Safety Compliance Self Certification

Florida Department of Transportation

RICK SCOTT
GOVERNOR

2198 Edison Avenue MS2806
Jacksonville, FL 32204-2730

ANANTH PRASAD, P.E.
SECRETARY

Date: September 22, 2011

To: **Curtis E. Allen**
President
A & A Transport, Inc.
55 N. Lake Avenue
Lake Butler, FL 32054

RE: **Letter of Compliance with Rule Chapter 14-90, Florida Administrative Code**

Dear Mr. Allen,

I'm pleased to notify you that the Department has completed the Bus Transit System Safety and Security Compliance Audit, December 2009 and we find your agency to be in compliance with the provisions of Rule Chapter 14-90, Florida Administrative Code (F.A.C.). Thank you for addressing the "Deficiencies" and "Areas of Concern" identified by the Department during the subject audit and subsequently communicating the completion of the corrective actions through September 2011.

We appreciate the level of support and cooperation received from the agency's staff during the conduct of the compliance audit and also noted your efforts in addressing safety system compliance with the subject Rule. Per Department's Bus Transit System Safety Program Procedure 725-030-009-j, we will be returning to your agency in the Fall of 2012 for our next compliance audit. If you have any questions or would like to discuss any concerns in the meantime please contact me at (904) 360-5650. We look forward to continuing working with your agency in your efforts to serve the safe transportation needs of your constituents.

Sincerely,

Phil Worth

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 CO); Sandra Collins (FDOT D2); Santanu Roy (HDR)

www.dot.state.fl.us

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North Central Florida Regional Planning Council

Transportation Disadvantaged Service Plan Team

Scott R. Koons, AICP, Executive Director

* Marlie Sanderson, AICP, Director of Transportation Planning

* Lynn Franson-Godfrey, AICP, Senior Planner

* Primary Responsibility
** Secondary Responsibility

Use the QR Reader App
on your smart phone to
visit our website!

Union County
Transportation Disadvantaged Coordinating Board

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

www.ncfrpc.org/td

III.B.

North Central Florida Regional Planning Council

Serving
Alachua • Bradford
Columbia • Dixie • Gilchrist
Hamilton • Lafayette • Madison
Suwannee • Taylor • Union Counties

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

December 31, 2013

TO: Union County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Florida's Managed Medical Assistance Program

RECOMMENDATION

For information only. No action is required.

BACKGROUND

Attached is the implementation plan for Florida's Managed Medical Assistance Program. Please do not hesitate to contact me if you have any questions concerning this matter.

Attachment

t:\lynn\td2014\union\memos\medicaidimplplan.docx

Lynn Godfrey

From: Holmes, Steven [Steven.Holmes@dot.state.fl.us]
Sent: Wednesday, November 20, 2013 12:12 PM
To: Holmes, Steven
Subject: Transition to Managed Medical Assistance
Attachments: AHCA MMA Impl Plan.pdf

CTCs, STPs and Planners,

Attached is the Implementation Plan for the Managed Medical Assistance Program.

Page 5 has the Implementation Schedule. Regions 2, 3, and 4 begin implementation on May 1; Regions 5, 6 and 8 transitions on June 1; Regions 10 and 11 on July 1; and Regions 1, 7 and 9 on August 1. You can find the counties in each Region on page 6.

The Managed Medical Assistance Plans for each Region are in a chart on page 14. If you are interested in providing NEMT to the Managed Care Organizations in your Region, then you should contact them quickly. Networks are already being created.

Once the transition of NEMT from the Commission to Managed Care Organizations occur, the amount of the Medicaid contract between the Commission and the CTC/STPs will be reduced to an amount that will cover NEMT for PPEC and a small group Medicaid Beneficiaries who are not enrolled in a plan. We are still working with AHCA to get an estimate on the of people who may need NEMT and the budget to provide those services.

We'll keep you updated as we learn more information.

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

Join us on Facebook and Twitter

Implementation Plan

Florida's Managed Medical Assistance Program

October 30, 2013

1115 Research and Demonstration Waiver

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I. Executive Summary

This document summarizes the implementation schedule and key activities the Agency for Health Care Administration (the Agency) has undertaken or will undertake to implement the Managed Medical Assistance (MMA) program. The following is a brief overview of the waiver, program goals, overall objectives and consumer protections.

During implementation, the Agency will focus on four key objectives, with meeting these objectives constituting a successful rollout.

- First, the rollout in each region must preserve continuity of care. This entails, to the greatest extent possible, that recipients can keep their current primary care provider and their current prescriptions, and no recipient will have an ongoing course of treatment interrupted.
- Second, the plans in the rollout must have sufficient and accurate networks under contract and taking patients, so as to allow an informed choice of plans for recipients and the ability to make appointments.
- Third, the plans in the rollout must have the ability to pay providers fully and promptly to preclude any provider cash flow or payroll issues. This includes giving providers ample opportunity to learn and understand each plan's prior authorization procedures.
- Fourth, the Agency's choice counseling call center and website must be able to handle the volume of recipients engaged in plan choice at any one time.

A. Waiver Overview

Florida's Section 1115 Research and Demonstration Waiver, entitled "Managed Medical Assistance Waiver," (#11-W-00206/4), is designed to implement a new statewide managed care delivery system that will improve outcomes, improve consumer satisfaction, reduce and control costs and continue the Low Income Pool program. The MMA program will build upon the successful elements of the previous demonstration while incorporating stronger protections for consumers as well as higher standards and more significant positive and negative incentives for plans.

In addition, the following three statewide programs will transition January 1, 2014 under the authority of the MMA Waiver as they operate today and as specified in Special Term and Conditions #70 and #71 of the approved waiver.

- The Healthy Start Program;
- The Program for All Inclusive Care for Children; and
- The Comprehensive Hemophilia Management Program

The MMA program was established as a component of the Statewide Medicaid Managed Care program in Part IV of Chapter 409, Florida Statutes, by the Florida Legislature in 2011. The MMA program is guided by principles designed to improve coordination and patient care while fostering fiscal responsibility. The following paragraphs outline the MMA program goals, objectives and consumer protections. A detailed description of the MMA program is available on the Agency's Website: http://ahca.myflorida.com/smmc.

B. Goals and Objectives

1. Goals and Objectives: The goals of the MMA program are to improve outcomes through care coordination, patient engagement in their own health care, and maintaining fiscal responsibility. The Agency envisions a Medicaid program where all recipients will choose their MCO from a list of nationally accredited managed care plans with broad networks, expansive benefits packages, top quality scores, and high rate of customer satisfaction. The state's role has changed so that it is largely a purchaser of care, providing oversight focused on improving access and increasing quality of care. The overall program objectives are:

- Improving program performance, particularly improved scores on nationally recognized quality measures (such as HEDIS scores), through expanding key components of the Medicaid managed care program statewide and competitively procuring plans on a regional basis to stabilize plan participation and enhance continuity of care. A key objective of improved program performance is to increase patient satisfaction.
- Improving access to coordinated care by enrolling all Medicaid participants in managed care except those specifically exempted due to short-term eligibility, limited service eligibility, or institutional placement (other than nursing home care).
- Enhancing fiscal predictability and financial management by converting the purchase of Medicaid services to capitated, risk-adjusted payment systems. Strict financial oversight requirements are established for managed care organizations (MCOs) to improve fiscal integrity.

C. Consumer Protections

The MMA program will increase consumer protections as well as quality of care and access for Floridians in many ways including:

1. Increasing recipient participation on Florida's Medical Care Advisory Committee and convening smaller advisory committees to focus on key special needs populations;
2. Ensuring the continuation of services until a primary care or behavioral health provider reviews the enrollee's treatment plan;
3. Ensuring immediate review of recipient complaints, grievances and appeals for resolution as part of the Rapid Cycle Improvement Process;
4. Establishing Healthy Behaviors programs to encourage and reward healthy behaviors and, at a minimum, requiring plans offer a medically approved smoking cessation program, a medically directed weight loss program and a medically approved alcohol or substance abuse recovery program;
5. Requiring Florida's External Quality Review Organization to validate each plan's encounter data;
6. Enhancing consumer report cards to ensure recipients have access to understandable summaries of quality, access and timeliness regarding the performance of each participating managed care plan;
7. Enhancing the plan's performance improvement projects by focusing on six key areas with the goal of achieving improved patient care, population health and reducing per capita Medicaid expenditures;
8. Enhancing metrics on plan quality and access to care to improve plan accountability; and

9. Creating a comprehensive and continues state quality strategy to focus on all aspects of quality improvement in Medicaid.
10. Adding benefits, particularly dental care, disease management and other initiatives that improve health outcomes.

Remainder of page intentionally left blank.

II. Phased Implementation

A. Implementation Overview

The Agency will phase-in the implementation of the program and has carefully planned the transition of the affected recipients to preserve continuity of care. The Agency will follow a multi-layered approach when transitioning recipients into the program by:

- Coordinating with the contracted plans and the Agency's choice counseling vendor to create a phased transition to ensure that the volume of recipients being transitioned occurs in an organized manner. This will allow recipients to access choice counseling in stages via phone or via internet, and will make it easier for the Agency and its choice counseling vendor to provide excellent customer services during the roll out.
- Planning, organizing and implementing a thorough desk and on-site review of all plans to ensure processes and systems are in place before recipients are enrolled, including assessing the capacity of the contracted plans' provider networks.
- Ensuring continuity of care and continued availability of current primary care and behavioral health providers with the new plan by monitoring plan network participation.
- Ensuring appropriate and timely notice to recipients, including outreach and education to locations and providers frequented by impacted recipients to help recipients understand the changes that are occurring.
- Engaging key stakeholders and advocacy groups as well as monitoring complaints through the Rapid Cycle Improvement Process.

Appendix I provides a list of the key implementation activities the Agency has or will undertake to implement the MMA program.

B. Implementation Schedule

Table 1 provides the phased implementation schedule for the MMA program. The estimated total enrollment for the MMA program is 3,071,171 recipients in state fiscal year 2014-2015. This projection is based upon the proportion of the total Medicaid population eligible for the MMA program, applied to the Long Range Economic and Demographic Research forecast for the Medicaid caseloads in state fiscal year 2014-2015. Table 2 located on the following page shows the projected regional enrollment in state fiscal year 2014-2015.

Table 1
Draft Implementation Schedule

Regions	Enrollment Date	Projected Enrollment
2, 3 and 4	May 1	681,108
5, 6 and 8	June 1	811,372
10 and 11	July 1	828,486
1, 7 and 9	August 1	750,205

Table 2 Projected Enrollment by Region for State Fiscal Year 2014-2015	
Managed Medical Assistance Regions	**Projected Enrollment**
Region 1: Escambia, Okaloosa, Santa Rosa, Walton	103,383
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington	118,181
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	260,346
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	302,581
Region 5: Pasco, Pinellas	189,529
Region 6: Hardee, Highlands, Hillsborough, Manatee, Polk	413,256
Region 7: Brevard, Orange, Osceola, Seminole	388,517
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	208,587
Region 9: Indian River, Martin, Okeechobee, Palm Beach, St. Lucie	258,305
Region 10: Broward	253,299
Region 11: Miami-Dade, Monroe	575,187

Source: Florida Agency for Health Care Administration, October 2, 2013.

C. Implementation Triggers, Risks and Mitigation Strategy

The triggers and risks that would prevent the Agency from proceeding with implementation include:

- System failures that prevent recipients from plan enrollment;
- Lack of choice of two plans in a region due to unresolved litigation (bid protests);
- Failure of selected plans to meet the readiness review standards and more specifically failure of the plans in the a region to, in the aggregate, build networks sufficient to service the regions population;
- Systems failures that compromise ongoing courses of treatment and that cannot be resolved through a rapid improvement process.

The triggers and risks described above are also the circumstances that would stop the Agency proceeding with implementation to the next region.

The Agency will use the following mitigation strategies for the identified risks that could prevent proceeding with implementation in a region:

- The Agency will monitor the enrollment process daily to determine if any systems issues have developed that prevent recipients from enrolling in their selected plan. The enrollment process the Agency uses has been operational for many years and has effectively functioned during the roll out of the Long-term Care program. The Agency does not anticipate significant problems in this area but will monitor the enrollment process daily to ensure problems are resolved immediately.
- The Agency is working through the competitive procurement bid protest process. The Agency will not implement the program in a region that does not have at least two plans available.

- The Agency will conduct the plan readiness review process to ensure all plans are ready to accept recipients upon implementation and have networks in place to serve them. The plan readiness review process is outlined in Section II.J of this document. The Agency will notify the Centers for Medicare and Medicaid Services at least 30 days in advance of conducting on-site readiness review of the plans.
- The Agency has established a Rapid Cycle Improvement Process to address recipient complaints including complaints about disruption in services. The Agency has historically resolved recipient complaints quickly as demonstrated in the quarterly and annual reports. A description of the Rapid Cycle Improvement Process is provided under Section II.E of this document.

The Agency's fail-safe or back-up plan in the event that the mitigation strategy fails is to allow recipients to access the Medicaid fee-for-service system.

D. Implementation – Stakeholder's Role

Stakeholder feedback will be reviewed and taken into consideration when determining further implementation of the program to the next region. Stakeholder feedback is a valued component of the Agency's continuous quality improvement strategy to ensure recipients have access to high quality services through the selected MMA plans. The Agency will closely monitor stakeholder feedback through the Rapid Cycle Improvement process described below.

E. Rapid Cycle Improvement Process

Complaints received by the Agency regarding the MMA plans will provide the Agency with feedback on the operation of the program. Complaints may come from recipients, advocates, providers and other stakeholders and are triaged through the Medicaid managed care complaint center.

MMA complaints are submitted to the SMMC complaint center via the online complaint form where they are then recorded, triaged and tracked by SMMC complaint center staff. Complaints are then assigned to and researched/resolved by Florida Medicaid field staff and/or Headquarters staff, depending on the nature and complexity of the complaint. Some complaints are referred directly to the MMA plan for resolution, and the Agency will track these complaints to ensure resolution. Agency staff will use the Complaints/Issues Reporting and Tracking System, which will allow for real-time, secure access through the Agency's web portal. During implementation, the SMMC complaint center will provide a daily report of recorded MMA complaints by complaint type. The daily report will be used to quickly identify and resolve critical issues. The Agency will also track the complaints by plan to review complaint data on individual plans on a weekly basis during the first 90 days of implementation in a region. After the first 90 days of implementation, the complaints will be tracked by plan on a monthly basis to review complaint data on individual plans.

F. Comprehensive Outreach and Education Strategy

1. Overall Outreach and Communication Strategy

The Agency has developed a multi-pronged outreach and communication strategy for sharing information about the MMA program. The Agency has separate strategies for outreach to recipients, providers and other stakeholder groups, yet there are some common resources available to all audiences. For example, the Agency has created a dedicated Website,

www.myflorida.com/SMMC, specifically for the Statewide Medicaid Managed Care (SMMC) program. The Website has dedicated sections for both the Long-term Care (LTC) program and the MMA program. The Website includes a calendar of events, which will be populated with the dates of mailings, webinars and public meetings. It also displays the email address dedicated to the SMMC program (FLMedicaidManagedCare@ahca.myflorida.com) where questions, comments or concerns can be submitted. All questions are responded to and included in the posted Frequently Asked Questions document. The posted Frequently Asked Questions document is in a searchable PDF format with a table of contents and includes sections for LTC and MMA. The posted Frequently Asked Questions document is updated regularly with new questions and includes the date for which the most recent update was made.

Earlier this year, the Agency developed profiles on Facebook, Twitter and YouTube to post information about SMMC program features, updates, resources, dates of importance and webinars. The Facebook and YouTube profiles can also accept reports of complaints or concerns through a private message.

Another communication resource that crosses all three outreach groups is the SMMC interested parties email list-serve, which currently has 4,257 individuals signed up. Anyone who is interested in learning more about the SMMC program and would like to receive an email alert when key new information is available, for example when guidance statements are released and webinars are scheduled, may be added to the distribution list by signing up on the Agency Website.

With the MMA program being the second phase of SMMC to be implemented, the Agency has been broadly communicating about it for more than two years since the legislation that created the program became law. Since that time, the Agency has shared information about both LTC and MMA to stakeholder groups. The communication and outreach strategy delineated in this document is a prospective plan for MMA-specific communication activities, which are anticipated to begin in December 2013.

2. Recipient Outreach

Of utmost concern is direct, clear and timely communication to recipients. The primary method of direct communication with recipients is via letter mailed to their address of record. The Agency plans to send a "pre-welcome" letter to each recipient 120 days ahead of the "go live" date for their respective region. The pre-welcome letter introduces the new program and places the recipient on alert for forthcoming correspondence about the upcoming plan choice. Approximately 60 days before implementation in a region, recipients will be mailed a welcome letter, a packet of information about the plans available in their region and information about accessing the available choice counseling services. Recipients who do not select a plan by 30 days before implementation will receive a third letter reminding them to make their plan choice by an assigned date or they will be automatically assigned to the plan listed in their letter.

The Agency continues to use choice counseling services to assist recipients. Recipients are encouraged to use the choice counseling services to learn more about the plans that will be offered in their areas and to make their plan selection. The Agency will have a call center, located in Tallahassee as well as 22 contracted field staff and an additional local Medicaid office staff who will be certified choice counselors to assist in person. The Agency's choice counseling vendor, Automated Health Systems, will also conduct an outbound call campaign. Field choice counseling efforts and outbound calls will focus on recipients with special needs who may require additional assistance in choosing a plan.

The Agency has previously been successful in using traditional media outlets to assist with sharing information. In addition, the Agency has previously been successful in submitting guest columns that contain information about the program and upcoming choice timeframes in local newspapers. This strategy was used during the LTC program implementation as another avenue to notify recipient that (1) they should have already received at least one letter from the Agency about the new program and (2) the date by which the recipient should select their plan before auto assignment will take effect. This is a very broad strategy, but one that notifies both recipients and the general public about the program.

3. Provider Outreach

Communication to providers, directly and via their respective membership associations, is the second layer of the Agency's outreach and communication strategy. The earliest official communication about the MMA program to service providers will likely come from provider alert emails and via the Agency's quarterly provider bulletin. These avenues are used to educate providers about resources, guidance statements, upcoming trainings and other relevant information. Provider alert emails are sent on an as needed basis, and provider bulletins are distributed and posted on the Agency's Website quarterly.

Similar to the LTC program communication strategy, the Agency will host many webinars of varying topics including MMA 101, Choice Counseling, specific provider related issues, transition of special populations continuity of care requirements, and more. Questions submitted through the webinars are responded to during the live event and are also answered in writing as well as incorporated into the Frequently Asked Questions document that is posted on the SMMC Website. It is anticipated webinars will begin at least 90 days ahead of implementation in the first region, will continue through all regions going live and will not cease until the Agency feels additional webinars are no longer requested or necessary based on feedback received from providers or their respective associations. Webinars will continue to be recorded and posted via the Agency's YouTube and Slideshare accounts so they remain available at all times for anyone to view and/or download.

The Agency plans to engage providers in each region directly with educational sessions specific to the different provider types. These meetings will be scheduled approximately 60-90 days ahead of the regional "go live" date. The Agency will also engage with providers via local events and as requested.

The Agency has begun engaging provider associations about MMA through formal correspondence and, at about the same time, the mailing of recipient letters will begin and the provider webinar series will be initiated. After this time, the Agency will keep open lines of communication with many of the associations via targeted emails and regular phone calls that will occur through the full MMA program implementation. Similar to LTC, the Agency will share articles, guest columns and resources with the provider associations for them to share with their membership via email or newsletter according to their respective schedules. In addition, the Agency, if invited, will participate in the various association's meetings and conferences.

The Agency currently has field staff who host weekly conference calls and webinar trainings for LTC network providers beginning two weeks prior and continuing four weeks into each region's rollout. These calls serve as a forum for specific provider types to ask questions relating to the program and to notify the Agency of any issues occurring during the transition period. This method has proven effective in identifying the training sessions and additional resources

network providers need to ensure success in their region. The region based conference calls and webinar trainings have given the providers immediate technical assistance as well as the opportunity to troubleshoot any obstacles along the way. The Agency plans to use this method for implementation of the MMA program as well.

4. Other Stakeholder Outreach

The Agency also believes in effective communication to other stakeholder groups. The MMA plans, executive and legislative staffs, sister state agencies, advocacy groups, the media and the general public are all included in this group.

Managed Medical Assistance plans: The Agency will hold calls with plans on a regular basis to share new program information, troubleshoot concerns, and discuss the transition status. The Agency anticipates holding weekly plan calls to address specific readiness issues and the transition of special populations.

Executive and Legislative Members and Staff: Agency leadership regularly meets with members of the executive and legislative branches to share information and provide written updates about the implementation of the SMMC program. These meetings will continue through the end of the implementation of the MMA program. The Agency will make presentations at legislative committee meetings during committee weeks and during legislative session, as well as other times as requested, to ensure legislators are informed about the status of implementation of the program.

Other State Agencies: Similar to communication with the providers and their associations, the Agency will send out guest columns, inclusive of resources and frequently asked questions to our sister agencies for sharing and distribution to their staff and inclusion in their respective newsletters. Agency leadership will also send targeted emails with specific resources ahead of implementation, for example, how to field calls about the program and where to direct callers who may have questions about a variety of topics. The Agency will also host specific training sessions for fellow state agencies as necessary.

Advocacy groups: Similar to the outreach activities conducted for other groups, the Agency will make targeted calls and send targeted emails to different advocacy groups to ensure they are educated about the program and timeframes for recipient communication and implementation. The Agency plans to share the recipient letters with key advocacy groups for their review and feedback prior to finalizing the correspondence.

5. Media and the General Public

The Agency will use traditional and new media avenues to relay information about the MMA program through implementation and after. Press releases are anticipated to occur that announce the pre-welcome letters being mailed as well as the go live date in each region. Facebook, Twitter and YouTube will also be used to share resources, webinars and as a means of interacting with the general public about the MMA program. The Agency anticipates hosting a public kickoff event for the launch of the MMA program where the plans, media, legislators and other stakeholders will also be invited.

6. Outreach Schedule

Appendix II provides the draft Comprehensive Outreach Schedule. The outreach schedule will be continually updated and will be provided to the Centers for Medicare and Medicaid Services regularly.

G. Recipient Enrollment

1. Enrollee Choice

Potential enrollees in the MMA regions will initially have the choice of enrolling in a plan. Potential enrollees will have a choice of two or more plans in each region.

The Agency assures Centers for Medicare and Medicaid Services that it will comply with section 1932(a)(3) of the Social Security Act (SSA) and 42 Code of Federal Regulations (CFR) 438.52, relating to choice since at least two options will be available in all MMA regions.

2. Enrollee Information

The Agency's choice counseling vendor will ensure that enrollees are provided with full and complete information about their plan options. The Agency's choice counseling vendor will provide information regarding an individual's choice to select a plan.

Through the Agency's choice counseling vendor, the Agency will develop enrollee education materials so individuals will fully understand their choices and will be able to make an informed selection. Outcomes important to enrollees will be measured consistently for each plan, and the data will be made available publicly. Specifically, the Agency's choice counseling vendor will provide information on selecting a plan.

As it does now, the Agency's designated choice counseling vendor will provide information about each plan's coverage in accordance with federal requirements. Additional plan information will include, but is not limited to, benefits and benefit limitations, cost-sharing requirements, provider network information, prescription drug formulary information and contact information. In addition, the Agency will supplement coverage information by posting performance information on each plan once such data is available. Information provided will include enrollee satisfaction survey results and performance measure data.

Enrollment materials will be provided in a variety of ways including print, telephone, online and face-to-face. All written materials will be at the fourth-grade reading level and available in a language other than English when 5% of the region speaks a language other than English. The Agency's choice counseling vendor will also provide oral interpretation services, regardless of the language, and other services for impaired recipients, such as TTD/TTY. The choice counseling vendor will operate a toll-free number that individuals may call to ask questions and obtain assistance on plans. The call center will be operational during business days, with extended hours and will be staffed with professionals qualified to address the needs of the enrollees and potential enrollees.

Individuals in mandatory groups for the MMA program will receive information (mandatory new eligible packet) about the plan choices in their region and will be informed of their option to select an authorized plan or be assigned to a plan. The choice counseling vendor will:

- Send a pre-welcome letter to each recipient 120 days prior to the MMA program "go-live" date by region. The pre-welcome letter will describe the MMA program. It places the recipient on alert for forthcoming correspondence about the upcoming 30 day plan choice period.

- Mail a welcome letter, packet of information about the MMA plans available in his or her region and information about accessing the choice counseling services approximately 60 days ahead of implementation.
- For recipients who do not choose a plan 30 days ahead of the go live date, send a third letter reminding them to make their plan choice by the assigned date or they will be automatically assigned to the plan listed in their letter.
- Upon the enrollment, the plan will send the recipient a welcome and enrollment packet.

The Agency assures the Centers for Medicare and Medicaid Services that it will provide information in accordance with Section 1932(a)(5) of the SSA and 42 CFR 438.10, Information Requirements.

H. Continuity of Care Provisions

The MMA program increases consumer protections as well as quality and access to care for eligible Medicaid recipients as noted earlier under Section I.C of this document. Key continuity of care provisions include:

- The auto-assignment process - If a recipient does not make an active selection to enroll in an MMA plan during the selection period and their existing plan was selected as an MMA plan, the recipient will remain in the plan (now an MMA plan). This process will ensure recipients stay in the same plan and with the same provider(s) whenever possible.
- The continuation of services - For at least 60 calendar days after the effective date of enrollment or until the primary care or behavioral health provider reviews the enrollee's treatment plan, recipients will receive the same prior authorized or scheduled course of treatment with their existing provider. The plans are also required to reimburse providers whether the provider is under contract or an out of network provider. This contract provision ensures payment by the MMA plans to non-participating providers.
- Prescription drugs - For the first year of operation the plans are required to cover all prescription drugs on the Agency's preferred drug list. The plans are prohibited from having prior authorization or step therapy edits that are more restrictive than the Agency's prior authorization or step therapy edits. This contract provision will allow for a smooth transition by ensuring recipients continue to receive the same drugs they are currently prescribed.

In addition to the continuity of care provisions described above, the Agency negotiated the following added benefits with select MMA plans to improve quality and access to care:

- Enhanced provider network standards ensuring the plans have robust primary care and specialty provider networks;
- Increased number of primary care and specialist providers in a region that are accepting new Medicaid recipients;
- Increased number of primary care providers that offer after hour appointment availability;
- Established utilization rates for out-of-network specialty care and hospital admissions;
- More timely processes for standard and expedited prior authorization requests. For many of the standards, the timeframes for processing the authorization request have been reduced by almost half;

- Enhanced standards related to claims processing, and enrollee/provider help line (call center operations);

I. Plan Selection

The Agency has selected the MMA plans through a competitive procurement with strict selection criteria. The program will provide for a limited number of plans in 11 geographic regions to ensure stability, but allow for significant recipient choice and further ensure coverage in rural areas of the state. The Agency initiated the procurement of the plans on December 28, 2012 and Notices of Intent of Award were published on September 23, 2013 and October 10, 2013. A listing of the plans selected for each region and relevant information about the procurement can be found via the Florida Department of Management Services' Vendor Bid System at: http://www.myflorida.com/apps/vbs/vbs_www.main_menu.

The Agency selected 14 standard, non-specialty MMA plans through a competitive procurement process. In addition, the Agency selected five companies to provide services to specialty populations, including specialty plans focused on HIV/AIDS, child welfare and foster care, severe and persistent mental illness, and dual eligbiles with chronic conditions. Table 3 on the following page provides a summary of the MMA plans selected in each region. The Agency anticipates executing the plan contracts in January 2014.

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Table 3 MMA Plans Selected by Region ([1]Plans selected as of 9/23/2013, 10/10/2013, 10/21/2013 and 10/24/13)												
	REGION											
RESPONDENT NAME	1	2	3	4	5	6	7	8	9	10	11	Total Number of Awards
General, Non-specialty Plans												
Amerigroup Florida, Inc.					X	X	X				X*	4
Better Health, LLC - PSN	X					X				X		3
Coventry Health Care of Florida, Inc.											X*	1
First Coast Advantage, LLC - PSN				X								1
Humana Medical Plan, Inc.	X					X			X	X*	X*	5
Integral Health Plan, Inc. d/b/a Integral Quality Care - PSN						X		X				2
Molina Healthcare of Florida							X		X		X	3
Preferred Medical Plan, Inc.											X	1
Prestige Health Choice - PSN		X	X		X	X	X		X		X	7
Simply Healthcare Plans, Inc.											X	1
South Florida Community Care Network										X**		1
Sunshine State Health Plan, Inc.			X*	X*	X*	X*	X*	X*	X*	X*	X*	9
UnitedHealthcare of Florida, Inc.			X*	X*			X*				X*	4
Wellcare of Florida, Inc. d/b/a Staywell Health Plan of Florida		X	X		X	X	X	X			X	7
General, Non-specialty Plans Awarded	2	2	4	3	4	7	6	3	4	4	10	46
Specialty Plans												
AHF MCO of Florida, Inc. d/b/a Positive Healthcare Florida HIV/AIDS Specialty Plan										X	X	2
Florida MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness Specialty Plan		X		X	X	X	X	X	X	X	X	9
Freedom Health, Inc. Chronic Conditions/Duals Specialty Plan			X		X	X	X	X	X	X	X	8
Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan	X	X	X		X	X	X	X	X	X	X	10
Sunshine State Health Plan, Inc. Child Welfare Specialty Plan	X	X	X	X	X	X	X	X	X	X	X	11
Specialty Plans Awarded	2	3	3	2	4	4	4	4	4	5	5	40

* Plans (by region) also authorized as SMMC/Long-term care plans under Florida's Long-term Care Managed Care Waiver.

**Pending settlement.

[1] As October 31, 2013, the competitive procurement process used to select the MMA plans has not been finalized.

J. Plan Readiness Review Process

In October 2013, the Agency began the process of conducting a readiness review of MMA plans. The purpose of the readiness review is to assess the ability of the plans to effectively meet contractual requirements and ensure all plans are ready to conduct key operational functions by May 1, 2014, the initial date of MMA program implementation.

The Agency developed a readiness review request that all the plans must respond to in order for the Agency to complete a through desk review of identified key areas. The key areas include:

- Administration and Management
- Care Coordination/Case Management
- Claims Management
- Covered Services
- Enrollee Materials
- Enrollee Services
- Finance
- Grievance Systems
- Information Systems
- Marketing
- Prescribed Drug Services
- Program Integrity
- Provider Network
- Quality and Utilization Management

The Agency has taken advantage of the expertise of staff across the Agency to ensure the reviewers tasked with evaluating plan readiness have the knowledge and skills to complete a detailed desk review. The plans responses will not only be reviewed to ensure all contract provisions are included, but to evaluate each plan's progress in implementing key operational activities for the MMA program. The plans will also submit all documents which require Agency approval through the plan readiness review process, such as enrollee letters and marketing materials.

The Agency will use the documents provided in each plan's response to the readiness review request to gain a detailed understanding of their internal processes and operational functionality. After the desk review is complete, Agency staff will conduct an on-site review including interviews with plan staff and leadership that manage key operational areas within the plan. The Agency will also have the opportunity to request demonstrations of processes or systems crucial to a successful implementation. The on-site reviews will begin in December 2013.

After the on-site review is conducted, the Agency will compile all findings and outstanding items requiring plan action into an Implementation Action Plan. The Implementation Action Plan will outline deadlines for resolution of all outstanding items. The Agency will make a decision on whether each plan will be included in the initial implementation of the program based on the plan's response and actions taken in response to the Implementation Action Plan. The following lists the reasons the Agency would not allow a plan to be included in the initial implementation of the program.

If the Agency finds a plan has:

- An inability to timely authorize services for enrollees
- An inadequate provider network
- An inability to pay claims timely

The Agency will make a decision on which plans are ready to participate in the initial implementation of the program 60 days before each region's implementation date. Only the authorized plans will be included as options in communications about the program to potential enrollees.

K. Plan Contracting

The Agency is following standard Agency contracting procedures to enter into clear and comprehensive managed care contracts developed in accordance with all state and federal requirements. The overarching goal is to promote the health and well-being of enrollees by assuring enrollee access to services, holding contracted plans accountable for outcomes, promoting quality and cost-effective delivery of services.

1. Contracting Assurances - Provider Network and Access Requirements

The Agency is requiring the plans ensure availability of services consistent with section 1932(c)(1)(A)(i) of the SSA and 42 CFR 438.206, that is, plans are required to have provider networks sufficient to meet the needs of the anticipated enrolled population and expected utilization of service.

To ensure access to necessary Medicaid services, the Agency established specific standards for the number, type and regional distribution of providers in plan networks. Specifically, the plans must maintain a panel of preventive and specialty care providers sufficient in number, mix and geographic distribution to meet the needs of the enrolled population. The plans are also required to maintain a provider network sufficient to serve a percentage of recipients in the region, as established by the Agency, such that, if any one plan leaves a region, the remaining plans have immediate capacity in their provider network (primary care and specialist) to serve all recipients in that region. The plans are required to have providers available within travel and distance standards established by the Agency. The plans may limit the providers in their networks, if network adequacy standards are met, but must also include providers classified in Florida law as "statewide essential provider". The plans will be required to negotiate in good faith with statewide essential providers for one year. The plans that have not contracted with all statewide essential providers in all regions as of the first date of recipient enrollment must continue to negotiate in good faith.

The Agency may authorize plans to include providers located outside of their region if appropriate to meet time and distance or other network adequacy requirements standards. While plans may use mail order as a pharmacy option, the exclusive use of mail-order pharmacies is not sufficient to meet network access standards.

In addition, plans are required to establish and maintain an accurate and complete electronic database of contracted providers, including information about licensure or registration, locations and hours of operation, specialty credentials and other certifications, specific performance indicators and such other information as the Agency deems necessary. The provider database

must be available online to the public and allow comparison of the availability of providers to network adequacy standards, and accept and display feedback from each provider's patients.

2. Plan Accountability and Performance Standards

The Agency has enhanced the monitoring activities from the current Medicaid managed care program to provide enhanced plan accountability and clear performance standards. These enhanced requirements include, but are not limited to: posting of formulary or preferred drug list on the plan's Website and to ensure the list is updated within 24 hours of any change; acceptance of electronic prior authorization requests; establishment of an internal health care quality improvement system with enrollee satisfaction and disenrollment surveys as well as incentives and disincentives for network providers; collection and reporting of Healthcare Effectiveness Data and Information Set (HEDIS) measures with results published on each plan Website; accreditation within one year of contract execution; establishment of programs and procedures to improve pregnancy outcomes and infant health; and notification of the Agency of the impending birth of a child to an enrollee.

In addition, the Agency selected plans that were committed to assisting the Agency in our efforts to increase electronic medical record adoption. The plans agreed to:

- Establish thresholds for the number of physician and hospitals that would adopt meaningful use standards by the end of the second contract year.
- Establish thresholds for the number of enrollees who are assigned to primary care providers meeting meaningful use requirements.

The Agency negotiated more timely claims more timely claims process timeframes than are required by state and federal regulations. Examples include:

- Selected plans will pay, deny, or contest electronic claims within 15 calendar days.
- Selected plans will pay, deny, or contest paper claims within 20 calendar days.
- Selected plans agreed to pay 50% of all clean claims within 7 calendar days of receipt.

The Agency will conduct periodic contract oversight and monitoring reviews to ensure plan compliance with contract requirements and has developed a thorough and consistent oversight review process so that plans are held to consistent standards.

3. Penalties and Sanctions

To ensure stability, the Agency will impose new penalties for plans that reduce enrollment levels or leave a region before the end of the contract term. Specifically, plans will be required to reimburse the Agency for the cost of enrollment changes and other transition activities associated with the plan action. If more than one plan leaves a region at the same time, costs must be shared by the departing plans proportionate to their enrollments. In addition to the payment of costs, departing plans must pay a per enrollee penalty of up to three month's payment and continue to provide services to the enrollee for 90 days or until the enrollee is enrolled in another plan, whichever occurs first. In addition to payment of costs, plans must pay a penalty of 25% of the minimum surplus requirement pursuant to state law. Plans are required to provide at least 180 days notice to the Agency before withdrawing from a region. If a contracted plan leaves a region before the end of the contract term, the Agency is required by law to terminate all contracts with that plan in other regions.

If a plan that is awarded an "additional contract" to ensure plan participation in Regions 1 and 2 is subject to penalties pursuant to state law for activities in Region 1 or Region 2, the additional contract is automatically terminated 180 days after the imposition of the penalties. The plan is required to reimburse the Agency for the cost of enrollment changes and other transition activities.

In addition to the above sanctioning capability, the Agency will sanction as a means of a financial disincentive to plans that violate contract requirements. Sanctions cover failure to meet any plan contract requirements and include sanctions for failing to meet performance measure scores (up to $10,000 for failure to meet certain performance measure group thresholds), encounter data reporting ($5,000 per day for each day of noncompliance at the 31st calendar day), fraud and abuse ($2,000 per day for failure to submit an acceptable anti-fraud plan or failure to submit the annual fraud report, $10,000 for failure to implement an anti-fraud plan or investigative unit, and $1,000 per day failure to timely report suspected or confirmed instances of provider or recipient fraud) and failure of plans, after two years of continuous operation under the new program, to pay physicians at payment rates at least equal to Medicare rates (no set sanction amount prescribed). The Agency may initiate contract termination procedures on the 90th day unless the plan comes into compliance on encounter data before that date.

The Agency may also impose liquidated damages in the event of a plan's breach of contract requirements. The plan contract allows for over 60 different liquidated damages. Damages include breaches in the following areas: staffing, failure to provide continuity of care and a seamless transition consistent with services in place prior to the new enrollee's enrollment in the plan, failure to timely complete a comprehensive assessment or timely develop a treatment or service plan or to authorize and initiate services, failure to facilitate transfers between health care settings, imposition of arbitrary utilization guidelines, reporting requirements, fraud and abuse compliance, maintenance of required insolvency protection and surplus accounts at appropriate levels, submission of timely and audited financial statements, failure to resolve problems with individual encounter records, failure to obtain Agency approval of enrollee and provider materials, non-submission of performance improvement plans, compliance with community outreach and marketing requirements, notice of action failures and other enrollee notification failures, medical and behavioral health network adequacy failures. The liquidated damages range from $250 per occurrence (failure to certify reports correctly) to $25,000 per occurrence (example – imposition of arbitrary utilization guidelines).

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Appendix I
Implementation Activities – October 2013

IMPLEMENTATION ACTIVITIES	
1. Plan Selection	**Objective:** The Agency will develop a plan selection process to ensure contracting with high quality plans that have experience serving the Medicaid population. **Status:** Completed 1.1 Develop procurement evaluation plan. 1.2 Issue MMA Invitation to Negotiate (ITN). 1.3 Appoint and train evaluation team/negotiators. 1.4 Receive MMA bids from potential managed care plans. 1.5 Evaluate plan proposals for mandatory requirements. 1.6 Solicit and evaluate provider input of potential managed care plans. 1.7 Review and evaluate the responses to the MMA ITN with particular attention to the plans' past performance in the provision of health care services and quality improvement. 1.8 Select plans for negotiation and finalize rates in negotiations with plans. 1.9 Select plans and posted MMA awards on Florida's designated procurement site.
2. Comprehensive Outreach and Education	**Objective:** The Agency will develop and continue to refine a comprehensive outreach and education program to facilitate a smooth transition to the MMA program by ensuring all affected recipients, providers and all stakeholders are informed of changes and the potential impact. **Status:** In Progress 2.1 Develop recipient outreach and education plan. 2.2 Develop provider outreach and education plan. 2.3 Conduct public meetings and workshops for recipients and advocacy groups. 2.4 Conduct public meetings, workshops and webinars for providers. 2.5 Make information available on the Agency's Website, where official documents and updates are posted. 2.6 Publish public notices to announce meetings/workshops to provide updates and obtain public input on the implementation of the MMA program.
3. Plan Readiness Review	**Objective:** The Agency will develop plan readiness review process and procedures that will ensure the MMA plans are capable of fulfilling all state and federal requirements. **Status:** Completed 3.1-3.2; In Progress 3.3-3.15

	IMPLEMENTATION ACTIVITIES
	3.1 Review the current process and procedures utilized in plan readiness processes. 3.2 Develop plan readiness processes and tools to be utilized with the implementation of the program. 3.3 Appoint readiness review teams and schedule reviews for each region by the staggered implementation timeline. 3.4 Conduct any follow-up financial review and approval. 3.5 Conduct any follow-up organizational and administration review and approval. 3.6 Conduct quality review and approval of policies and procedures. 3.7 Conduct member and provider correspondence review and approval. 3.8 Conduct conductivity testing and file transfer between Agency and plans. 3.9 Review MMA plans' provider credentialing process and conduct provider network review and approval (includes provider, subcontractor, facility, etc.). 3.10 Review MMA plans' Board of Directors/committee meeting minutes and conduct staff interviews. 3.11 Review MMA plans' fraud and abuse program. 3.12 Review MMA plans' staff training plan and schedule. 3.13 Review MMA plans' provider training manual, training schedule, monitoring plan, and schedule. 3.14 Review MMA plans' list of all delegated services and pre-delegation audit reports of those services. 3.15 Complete on-site operational review and review MMA plans' demonstrations of various systems (enrollment/disenrollment, member services, claims processing, report production, case management/care coordination, utilization management, quality improvement, etc.).[2]
4. Contract Execution	**Objective:** The Agency will execute contracts with selected managed care plans capable of fulfilling all state and federal requirements. **Status:** In Progress 4.1 Finalize contracts and negotiation agreements. 4.2 Appoint and train designated contract managers. 4.3 Route contracts for signature with the selected MMA plans. 4.4 Record final contract copies with signatures from plans and the Agency. 4.5 Ensure policy and compliance offices have copies of executed contracts. 4.6 Submit certification of actuarially sound rates to the Centers for Medicare and Medicaid Services. 4.7 Submit executed contracts to the Centers for Medicare and Medicaid Services. 4.8 Perform administrative functions to close initial contract process. 4.9 Perform administrative functions to set up FLMMIS provider files. 4.10 Post model contract, plan information and related documents on the Agency's Website.

[2] The elements outlined above are not all-inclusive and additional information may be requested at any time during the readiness review process.

	IMPLEMENTATION ACTIVITIES
5. Recipient Enrollment	**Objective:** The Agency will implement the enrollment process. The Agency assures that information to potential MMA enrollees will meet requirements under Section 1932(a)(5), Provision of Information. **Status:** In Progress 5.1; Not Started 5.2 – 5.11 5.1 Develop and test auto-assignment algorithm. 5.2 Operationalize toll-free hotline with interpretation services, bilingual and multilingual staff, usage of a standardized telephone script and Automated Voice Response System, call monitoring, distribution, scheduling and reporting software, face-to-face and online enrollment processes. 5.3 Notify recipients of their new options for MMA plan enrollment. 5.4 Initiate choice counseling call center and online enrollment application process. 5.5 Mail recipient letters regarding participation in MMA program and 30-day choice period. 5.6 Send confirmation letters for enrollees who select a plan 30 days prior to transition date. 5.7 Send notification letters to affected enrollees not selecting a plan 30 days prior to transition date. 5.8 Process self-selection enrollments through the choice counselor effective the next possible month according to the Agency's monthly processing cycle. 5.9 Process auto-assignment for mandatory recipients who have not selected a plan to be effective the next possible month after the 30th calendar day following the date on the mandatory new eligible letter/auto-assignment letter, according to the Agency's monthly processing cycle. 5.10 Process plan change and disenrollment requests from verified callers, including processing "For Cause" or "Good Cause" changes in accordance with 42 CFR 438.56. 5.11 Process plan change within 90 days after enrollment for selection of another plan without cause.
6. Transition Process and Plan Monitoring	**Objective:** The Agency will implement a transition and monitoring process to ensure continuity of care for recipients transitioning into MMA plans. **Status:** In Progress 6.1 – 6.2; Not Started 6.3 – 6.13 6.1 Analyze existing plans to identify enrollees' primary care providers to facilitate transition into the MMA plans. 6.2 Assist primary care providers (PCPs) unique to existing plans through the Medicaid provider registration process to facilitate an existing PCP's enrollment in MMA plan networks. 6.3 Implement transition plans, including review of provider networks to assess availability of network providers within each region and each plan, for recipients enrolled in the existing programs: 6.4 Develop and implement operational transition plan for Agency staff to ensure staff will: - Assess capacity of plans. - Coordinate with choice counseling to ensure appropriate and timely notice of plan choice. - Coordinate with plans to ensure existing provider relationships are maintained as possible.

	IMPLEMENTATION ACTIVITIES
	- Determine whether each recipient has received services from one of the plans' PCP. 6.5 Establish protocols with MMA plans and stakeholders to ensure appropriate feedback from impacted enrollees and providers to help ensure understanding of program changes. 6.6 Conduct regular calls with Agency staff and enrollment broker to resolved issues in a timely manner. 6.7 Issue program guidance, provider alerts and recipient communication as required to address identified issues. 6.8 Develop schedule for initial monitoring including on-site surveys and desk reviews. 6.9 Distribute the self-assessment checklists to the plans for use. 6.10 Collect and analyze plans' self-assessment checklists. 6.11 Conduct initial desk reviews and on-site surveys. 6.12 Develop schedule for ongoing monitoring including on-site surveys and desk reviews. 6.13 Conduct initial desk reviews and on-site surveys.

Appendix II Draft Comprehensive Outreach Schedule

Timeline	October *2013*				November *2013*				December *2013*			
GO LIVE DATE												
Weeks	10/7-10/11	10/14 - 10/18	10/21-10/25	10/28-10/31	11/1 - 11/8	11/11 - 11/15	11/18 - 11/22	11/25 - 11/29	12/2 - 12/6	12/9 - 12/13	12/16 - 12/20	12/23 - 12/31
Target Outreach Group												
General Public	UPDATE!				UPDATE!				UPDATE!			
Legislature												
Media												
AHCA Staff												
Beneficiaries												
Standard Recipients												
Special Populations												
Providers												
MMA Plans												
MMA Network Providers												
MMA Provider Associations												
All Other Stakeholders												

Outreach Tool Key:

PowerPoint / Presentation		Webinar		TV		Radio		Calls		Press Release	
Mail / Letter		Email		Facebook		Twitter		In Person		Newspapers	
YouTube		Website Update	UPDATE!								

October 2013

Date Weekly:	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
Week of 10/7/2013				
	General Public	Outreach Team	Website Update	Monthly meetings to update SMMC Website.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
Week of 10/14/2013				
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
Week of 10/21/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
Week of 10/28/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.

November 2013

Date Weekly:	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
Week of 11/1/2013				
	General Public	Outreach Team	Website Update	Monthly meetings to update SMMC Website.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and Frequently Asked Questions (FAQs).
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
Week of 11/11/2013				
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
Week of 11/18/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
Week of 11/25/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.

December 2013

Date	Target Outreach Group	Outreach Conducted By	Outreach Tool Used	Notes: Additional Detail
Week of 12/2/2013				
	General Public	Outreach Team	Website Update	Monthly meetings to update SMMC Website.
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
Week of 12/9/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	AHCA Staff	Executive Management	PowerPoint	Monthly AHCA Staff update on SMMC.
Week of 12/16/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.
Week of 12/23/2013				
	Plans	Readiness Team	Phone	Weekly call to provide additional assistance and instruction and allow for Q&A.
	Plans	Readiness Team	Phone	Weekly Technical Assistance Calls with the Plans.
	Providers/Beneficiaries/Stakeholders/ Special Populations	Outreach Team	Webinar	Weekly Webinars to provide program information and FAQs.

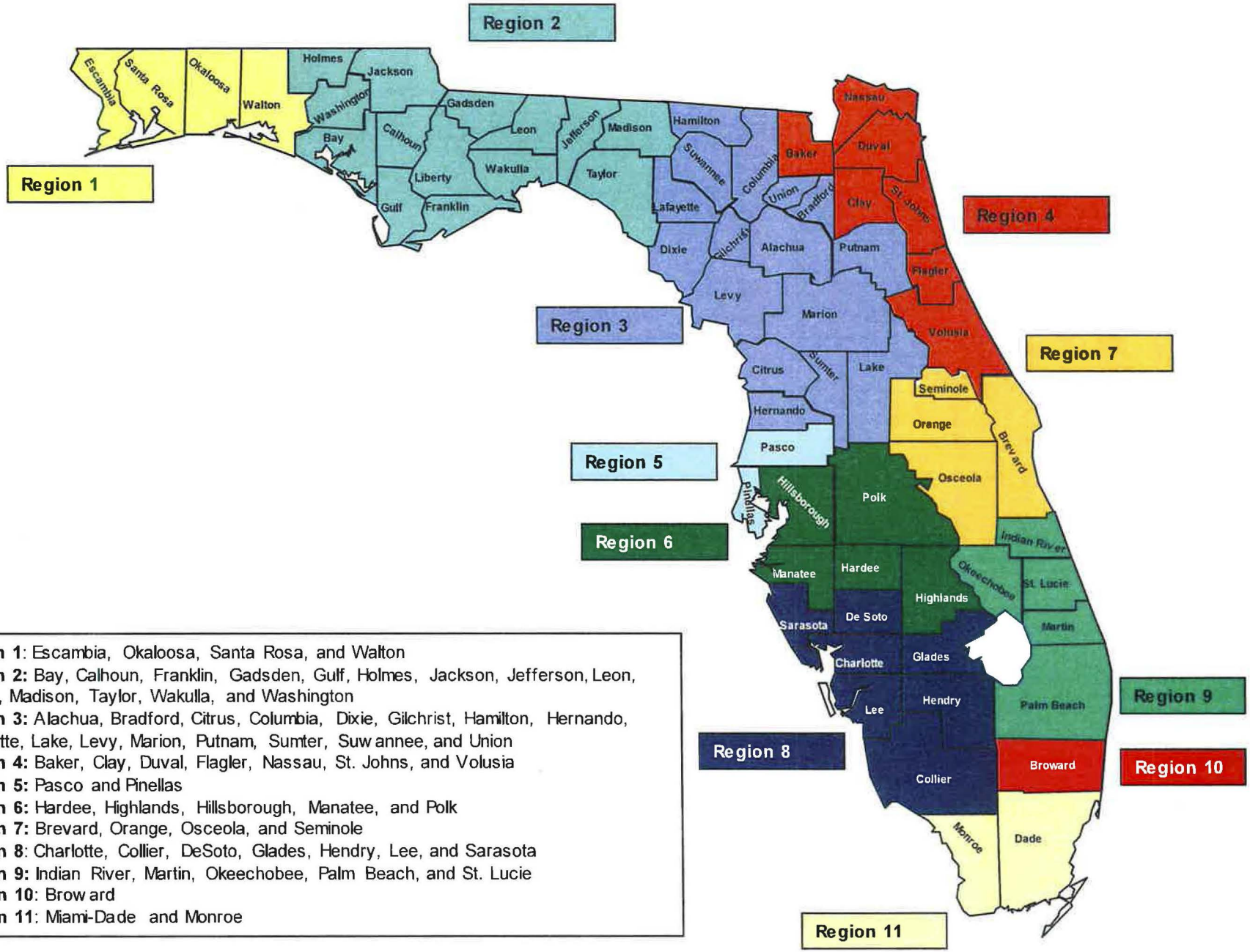
State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Elizabeth Dudek, Secretary

2727 Mahan Drive
Tallahassee, FL 32308
ahca.myflorida.com

Mission Statement
Better Healthcare for All Floridians.

Statewide Medicaid Managed Care Region Map



Region 1: Escambia, Okaloosa, Santa Rosa, and Walton
Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington
Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union
Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia
Region 5: Pasco and Pinellas
Region 6: Hardee, Highlands, Hillsborough, Manatee, and Polk
Region 7: Brevard, Orange, Osceola, and Seminole
Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota
Region 9: Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10: Broward
Region 11: Miami-Dade and Monroe

III.C

North Central Florida Regional Planning Council

Serving
Alachua • Bradford
Columbia • Dixie • Gilchrist
Hamilton • Lafayette • Madison
Suwannee • Taylor • Union Counties

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

December 31, 2013

TO: Union 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 is the Medicaid Non-Emergency Transportation Program Encounter Data Report for July 2013-November 2013. Staff did not receive the following reports from A & A Transport:

1. Complaint/Commendation Report.
2. Quarterly Operations Report;
3. Fiscal Year 2013/14 Transportation Disadvantaged Trust Fund Status Report;

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

Attachment

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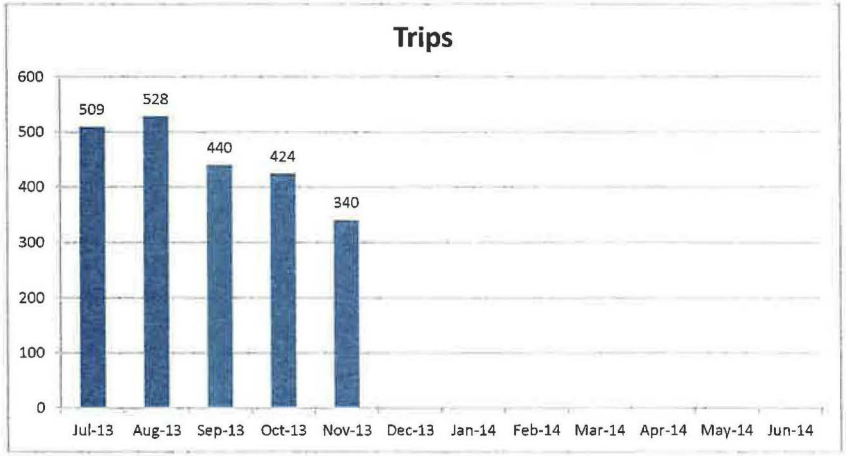
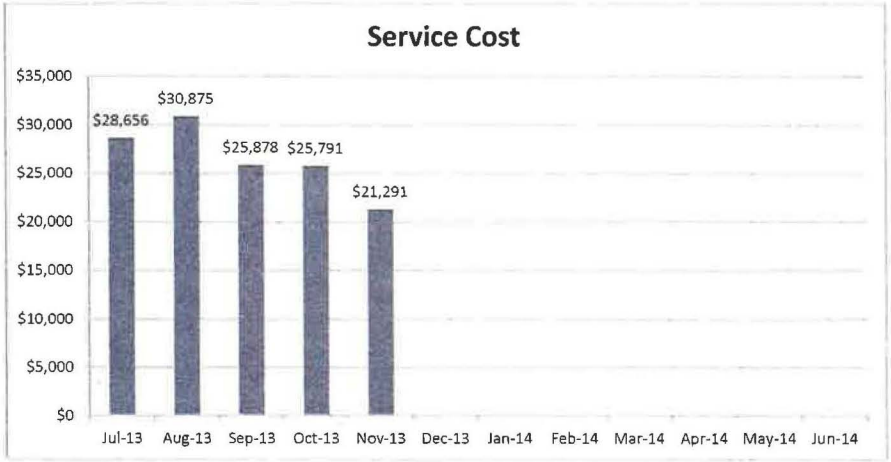
UNION COUNTY
MEDICAID ENCOUNTER DATA REPORTS



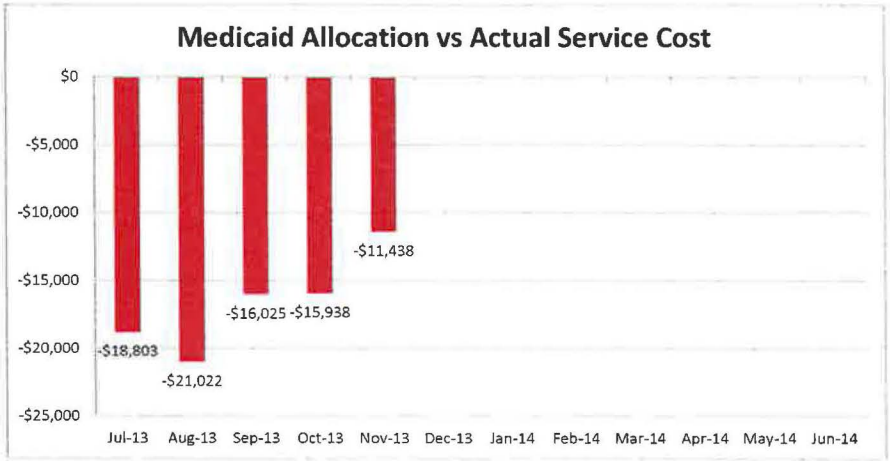
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

UNION COUNTY
MEDICAID ENCOUNTER DATA REPORTS



Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports



Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

ATTENDANCE RECORD

UNION COUNTY
TRANSPORTATION DISADVANTAGED
COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	01/08/2013	04/16/2013	07/16/2013	10/15/2013
Chair	Commissioner M. Wayne Smith	P	P	P	P
Florida Department of Transportation	Sandra Collins	A	P	P	P
Alternate Member	Janell Damato	A	A	A	A
Florida Depatment of Children and Families	Jaime Sanchez-Bianchi	A	P	P	P
Alternate Member	(Vacant)				
Florida Agency for Health Care Administration	Alana McKay	P	P	P	A
Alternate Member	Andrew Singer	A	A	A	P
Florida Department of Education	Rayford Riels	P	A	P	A
Alternate Member	Barbara Harrington	A	A	A	A
Public Education	Mike Pittman	A	A	P	A
Alternate Member	(Vacant)				
Citizen Advocate	Doyle Archer	A	P	A	P
Alternate Member	Vernon C. Dukes				
Citizen Advcoate-User	(Vacant)				
Alternate Member	(Vacant)				
Elderly	Donald Pettit	P	P	P	P
Alternate Member	(Vacant)				
Veterans	Barbara Fischer	P	P	P	P
Alternate Member	(Vacant)				
Persons with Disabilities	Bill McGill	P	P	P	P
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson				
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Cindy Roberts	P	P	P	A
Alternate Member	(Vacant)				
Children at Risk	Alberta Hampton				
Alternate Member	(Vacant)				
Regional WorkfoRce Board	(Vacant)				
Alternate Member	(Vacant)				
Local Medical Community	(Vacant)				
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 fails to attend three consecutive meetings."