



**HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL
COORDINATING BOARD (TDLCB)**

REGULAR MEETING

Thursday, May 9, 2024, at 1:30 p.m.

MEETING LOCATION: Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, FL

AGENDA

- A. CALL TO ORDER**
 - 1. Moment of Silence
 - 2. Pledge of Allegiance
 - 3. Introduction of Board Members and Staff
 - 4. Declaration of Quorum
 - 5. Enter Proof of Public Notice into the Record

- B. APPROVAL/MODIFICATION OF AGENDA (Limited to Board and Staff comment only)**

- C. REVIEW/APPROVAL OF MINUTES**
 - 1. February 8, 2024, TDLCB Annual Public Workshop
 - 2. February 8, 2024, TDLCB Regular Public Meeting

- D. REPORTS**

Quarterly Report of the Community Transportation Coordinator (CTC), Miranda Maldonado, Mid Florida Community Services

- E. ACTION ITEMS**
 - 1. Review and approval of the Annual Evaluation of the Community Transportation Coordinator (CTC)
 - 2. Review and approval of the FY 2025 Rate Model Calculation for Hernando County

- F. FEATURE PRESENTATIONS**
 - 1. Local Medical Community Representative – Kathleen Winters
 - 2. Veterans Service Representative – Tony Graham

- G. CITIZEN COMMENTS**

- H. BOARD MEMBER COMMENTS**

- I. MPO STAFF COMMENTS**

- J. ADJOURNMENT AND NEXT MEETING –** The next regular meeting of the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) is scheduled for Thursday, August 8, 2024, beginning at 1:30 p.m., at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, Florida.

The meeting agenda and back-up materials are available online at:

www.hernandocounty.us/hernandocitrusmpo.

REVIEW/APPROVAL OF MINUTES – FEBRUARY 8, 2024, TDLCB ANNUAL PUBLIC WORKSHOP

Review and approve the Minutes of the Thursday, February 8, 2024, Annual Public Workshop of the Hernando County Transportation Disadvantaged Local Coordinator Board (TDLCB).

Staff Recommendation: It is recommended the TDLCB review and approve the Minutes of the February 8, 2024, Annual Public Workshop meeting.

Attachment: Meeting Minutes from Thursday, February 8, 2024, Annual Public Workshop



HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (TDLCB)

Thursday, February 8, 2024

ANNUAL PUBLIC WORKSHOP MINUTES

The Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) held its Annual Public Workshop at 1:30 p.m. at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, Florida. The meeting was advertised in the Hernando Sun newspaper and the agenda was available on the Hernando/Citrus MPO website.

MEMBERS PRESENT

John Allocco, Chair, Hernando County Board of County Commissioners
Shanika Figueroa Rodriguez, Vice Chair, Local Representative for Children at Risk
Robert Werts, Veterans Service Officer, Alternate
Tracy Noyes, Florida Department of Transportation
Kevin Bargerstock, Florida Division of Vocational Rehabilitation or Blind Services
Sam Kinard, Representative from the Public Educational Community, Alternate
Gretchen Samter, Person with a Disability
Gerry Whitted, Citizen Advocate – Transit User as Primary Means
Beverly Yates, RATPDev LLC, Transit Contractor of Public Transit System, Alternate
Cara Brunk, Florida Department of Elder Affairs
Ian Martin, Florida Department of Health Care Administration, Alternate
Jeannette Estes, State of Florida Agency for Persons with Disabilities
John Eberle, Regional Workforce Development Board

MEMBERS ABSENT

Elizabeth Alacci, Florida Department of Children and Family Services
Kathleen Winters, Local Medical Community Representative

OTHERS PRESENT

Robert Esposito, MPO Executive Director
Mary Elwin, MPO Coordinator
Joy Turner, MPO Administrative Assistant III
Miranda Maldonado, Mid Florida Community Services, Community Transportation Coordinator
Victoria Anderson, Assistant County Attorney, Hernando County

MEETING CALLED TO ORDER

- Vice Chair Allocco called the meeting to order at 1:31 p.m.
- The Pledge of Allegiance and the introductions of Board and staff followed the Invocation.
- A quorum was declared, and the affidavit of publication was read into the record.

APPROVAL/MODIFICATION OF AGENDA

Motion: A motion was made by Ms. Rodriguez to approve the agenda. The motion was seconded by Ms. Samter and the motion passed 11-0.

[It is noted for the record that John Eberle, member representing Regional Workforce Development Board arrived at the meeting.]

[It is noted for the record that Kevin Bargerstock, member representing Florida Division of Vocational Rehabilitation or Blind Services arrived at the meeting.]

PRESENTATIONS

Government-in-the-Sunshine and Conflict-of-Interest Presentation by the Hernando County Attorney's Office
Victoria Anderson, Assistant County Attorney for Hernando County, made a presentation to the LCB Board on the Sunshine Law and Public Record and Voting Conflicts. Ms. Anderson also provided a Voting Conflict-Case Summaries handout which was well received by the Board members.

Transportation Disadvantaged Local Coordinating Board (LCB) Orientation/Overview of Program by MPO Staff
Mary Elwin, MPO Coordinator, reviewed a presentation outlining the Commission for the Transportation Disadvantaged program and the roles of the Community Transportation Coordinator (CTC), the Metropolitan Planning Organization (MPO), and the LCB members.

Ms. Estes asked for the agency listing to be updated to *State of Florida Agency for Persons with Disabilities*.

CITIZEN COMMENTS - There were no citizens present.

BOARD MEMBER COMMENTS

Chair Allocco shared that he recently used public transportation to go shopping and reported the bus was clean, on time, and that if he was without a vehicle, he would feel comfortable using public transportation. Chair Allocco was also encouraged to observe work force usage as several employees from Oak Hill Hospital boarded the bus to travel south. Ms. Samter thanked Chair Allocco for using public transportation and expressed the importance for all Board members to experience public transportation to better understand the resources that are available for the transportation disadvantaged. Ms. Estes asked if there was a formalized process for Board members to record their experience using public transportation. Ms. Elwin explained that rider surveys are collected regularly.

MPO STAFF COMMENTS – There were no MPO staff comments.

ADJOURNMENT AND NEXT MEETING

Chair Allocco adjourned the meeting at 2:16 p.m. The next regular meeting of the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) immediately followed the Annual Public Workshop.

REVIEW/APPROVAL OF MINUTES – FEBRUARY 8, 2024, TDLCB REGULAR PUBLIC MEETING

Review and approve the Minutes of the Thursday, February 8, 2024, Regular Public Meeting of the Hernando County Transportation Disadvantaged Local Coordinator Board (TDLCB).

Staff Recommendation: It is recommended the TDLCB review and approve the Minutes of the February 8, 2024, Regular Public Meeting.

Attachment: Meeting Minutes from Thursday, February 8, 2024, Regular Public Meeting



HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (TDLCB)

Thursday, February 8, 2024

MINUTES

The Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) held a regular quarterly meeting beginning at 2:00 p.m. at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, Florida. The meeting was advertised in the Hernando Sun newspaper and the agenda was available on the Hernando/Citrus MPO website.

MEMBERS PRESENT

John Allocco, Chair, Hernando County Board of County Commissioners
Shanika Figueroa Rodriguez, Vice Chair, Local Representative for Children at Risk
Robert Werts, Veterans Service Officer, Alternate
Tracy Noyes, Florida Department of Transportation
Kevin Bargerstock, Florida Division of Vocational Rehabilitation or Blind Services
Sam Kinard, Representative from the Public Educational Community, Alternate
Gretchen Samter, Person with a Disability
Gerry Whitted, Citizen Advocate – Transit User as Primary Means
Beverly Yates, RATPDev LLC, Transit Contractor of Public Transit System, Alternate
Cara Brunk, Florida Department of Elder Affairs
Ian Martin, Florida Department of Health Care Administration, Alternate
Jeannette Estes, State of Florida Agency for Persons with Disabilities
Kathleen Winters, Local Medical Community Representative
John Eberle, Regional Workforce Development Board

MEMBERS ABSENT

Elizabeth Alacci, Florida Department of Children and Family Services
Kathleen Winters, Local Medical Community Representative

OTHERS PRESENT

Robert Esposito, MPO Executive Director
Mary Elwin, MPO Coordinator
Joy Turner, MPO Administrative Assistant III
Miranda Maldonado, Mid Florida Community Services, Community Transportation Coordinator

MEETING CALLED TO ORDER

- Vice Chair Allocco called the meeting to order at 2:18 p.m., immediately following the Annual Public Workshop.
- The Pledge of Allegiance and the introductions of Board and staff followed the Invocation.
- A quorum was declared, and the affidavit of publication was read into the record.

ELECTION OF VICE CHAIR FOR 2024

Motion: A motion was made by Mr. Martin to elect Ms. Samter as TDLCB Vice Chair for 2024. The motion was seconded by Mr. Bargerstock and the motion passed unanimously.

APPROVAL/MODIFICATION OF AGENDA

Motion: A motion was made by Mr. Martin to approve the agenda. The motion was seconded by Ms. Rodriguez and the motion passed unanimously.

REVIEW/APPROVAL OF MINUTES – NOVEMBER 8, 2023, TDLCB REGULAR PUBLIC MEETING

Motion: A motion was made by Ms. Samter to approve the November 8, 2023, Minutes of the TDLCB's regular public meeting. The motion was seconded by Mr. Martin and the motion passed unanimously.

QUARTERLY REPORT OF THE COMMUNITY TRANSPORTATION COORDINATOR (CTC), Miranda Maldonado, Mid Florida Community Services

The quarterly report was included in the agenda packet and Ms. Maldonado stated the CTC is working with FDOT on submitting the 5310 and 5311 grants to continue service. Ms. Estes asked what the acronym ASAP and NS represented on the report and Ms. Maldonado confirmed ASAP identifies a same day service request and NS is for no show. The months of November and December reflected fewer trips due to the holidays.

ACTION ITEMS

1. ANNUAL REVIEW AND APPROVAL OF THE TDLCB BYLAWS

Motion: The Florida Agency for Persons with Disabilities was omitted in section C.2.b.(15) of the Bylaws. A motion was made by Ms. Estes to amend the TDLCB Bylaws for the agency name. The motion was seconded by Mr. Newell and the motion passed unanimously.

Motion: A motion was made by Ms. Rodriguez to approve the updates to the TDLCB Bylaws, as amended. The motion was seconded by Mr. Martin and the motion passed unanimously.

2. ANNUAL REVIEW AND APPROVAL OF THE TDLCB GRIEVANCE PROCEDURES

Motion: A motion was made by Ms. Samter to approve the TDLCB Grievance Procedures and authorize the Chair's signature thereon. The motion was seconded by Mr. Martin and the motion passed unanimously.

3. ELECTION OF GRIEVANCE COMMITTEE MEMBERS

After Board discussion the following LCB Board members were nominated as the Grievance Committee for 2024:

1. Shanika Figueroa Rodriguez, member
2. Gretchen Samter, member
3. Kevin Bargerstock, member
4. Jeanette Estes, alternate member

Motion: A motion was made to approve the list of TDLCB Grievance Committee Members and the motion passed unanimously.

Motion: A motion was made to nominate Mr. Bargerstock as the TDLCB Grievance Committee Chair for 2024. The motion was seconded by Ms. Rodriguez. A motion was made by Ms. Samter to nominate Ms. Rodriguez as the Vice Chair. The motion was seconded by Mr. Bargerstock and both motions passed unanimously.

FEATURE PRESENTATION

1. Local Medical Community Representative, Kathleen Winters

Ms. Winters was not in attendance and will present at the May 9, 2024, meeting.

2. Department of Children & Families, Natarra Bradwell, Hope Florida Presentation

Natarra Bradwell gave a feature presentation on Hope Florida - A Pathway to Prosperity, an initiative spearheaded by First Lady Casey DeSantis, which utilizes Hope Navigators to guide Floridians on an individualized path to prosperity and economic self-sufficiency by focusing on community collaboration between the private sector, faith-based community, non-profits, and government entities to break down traditional community silos, maximizing support and uncovering opportunities. Chair Allocco asked if the State of Florida is the primary funding source for Hope Florida. Ms. Bradwell explained there is no funding for Hope Florida as actual services are not provided by Hope Florida but are outsourced to available

resources and partners. Ms. Elwin inquired if an organization could join Hope Florida to provide resources to a specific or local demographic and if there is a limit to how many times an individual is assisted through Hope Florida. Ms. Bradwell confirmed Hope Florida could accommodate directing resources to a specific locality and assistance is evaluated on an individual need to become self-sufficient. Evaluations are conducted every 90-days to ensure the needs of the individual are being met and the individual is actively engaged. Ms. Samter asked what the case load was for Hope Navigators. Ms. Bradwell explained Tier 1 Navigators that work with a crisis-impacted individuals have a case load capacity of 25. Tier 2 Navigators that deal with immediate to short- and long-term barriers have a case load capacity of 50. Ms. Samter inquired if statistical data was available for the number of individuals receiving public assistance in compared to the number of people who have a Hope Navigator. Ms. Bradwell did not have that specific data for the meeting but will send information to Ms. Turner to share with the Board. Chair Allocco thanked Ms. Bradwell for the presentation and for sharing the encouraging statistics on how the initiative is working.

Mr. Graham, Veterans Service Officer, was nominated to present at the May 9, 2024, meeting.

CITIZEN COMMENTS - There were no citizens present.

BOARD MEMBER COMMENTS – There were no additional board member comments.

ADJOURNMENT AND NEXT MEETING

Chair Allocco adjourned the meeting at 3:05 p.m. The next regular meeting of the Hernando County Transportation Disadvantaged Local Coordinating Board (TDLCB) is scheduled for Thursday, May 9, 2024, beginning at 1:30 p.m., at the Hernando County Building Training Facility, 1661 Blaise Drive, Brooksville, Florida. The meeting agenda and back-up materials are available online at:

www.hernandocounty.us/hernandocitrusmpo.

**QUARTERLY REPORT OF THE COMMUNITY TRANSPORTATION COORDINATOR (CTC)
AGENCY, Miranda Maldonado, Mid Florida Community Services**

As an informational item, attached is the Community Transportation Coordinator (CTC) Quarterly Report for the period of January 1, 2024, through March 31, 2024.

This is an informational item; no action is required.

Staff Recommendation: It is recommended the TDLCB review the quarterly report and provide comments as desired. No action is required by the TDLCB at this time.

Attachment: CTC Quarterly Report

COMMUNITY TRANSPORTATION FOR DISADVANTAGED REPORT

Hernando County, Florida

**Quarterly System Report for Fiscal Period
JULY 1, 2023 THROUGH JUNE 30, 2024**

PREPARED FOR:

Hernando County Transportation Disadvantaged Local Coordinating Board

PREPARED BY:

You Thrive Florida Paratransit

You Thrive Florida
Phone (352) 799-1510

INTRODUCTION

Introduction to Hernando County's Transportation Disadvantaged System:

You Thrive Florida Paratransit, a department within You Thrive Florida, operates as the Community Transportation Coordinator (CTC) for the Transportation Disadvantaged program in Hernando County. As the coordinator, Trans Hernando has the responsibilities to provide transportation to all Hernando County residents in a safe and cost effective manner. System priorities, established by members of a Local Coordinating Board, include the provision of transportation county-wide for medical, nutritional, educational, work, and recreational trips, respectively. Services are for senior citizens (over 60), physically or mentally challenged individuals, and economically or transportation disadvantaged general public.

The system utilizes a shared ride multi-load approach with guaranteed arrival times to rider destinations. Because many citizens are wheelchair bound, all service fleet vehicles are equipped and in compliance with American with Disabilities Act (ADA) recognized wheelchair lifts and securement devices. You Thrive Florida Paratransit provides physically challenged individuals equal service, appointment guarantees, and fare box fees.

Fare Box Fees:

Non sponsored clients are required to pay a fare box fee. Individual fare box fee is \$5.00 per one way trip. State assistance for fare box fees are available and can be applied for by individuals to offset financial hardships.

Office Hours:

Office hours are Monday through Friday from 6:00 a.m. to 4:30 p.m. except County recognized holidays.

Service Hours-Transportation Disadvantaged:

Transportation Disadvantaged service hours are Monday thru Friday from 6:00 a.m. to 4:00 p.m. except for county recognized holidays.

Scheduling Hours:

Scheduling is provided by telephone Monday thru Friday, excluding County recognized holidays. by calling (352) 799-1510 between the hours of 8:00 a.m. and 4:30 p.m.

**YOU THRIVE FLORIDA PARATRANSIT
 QUARTERLY SYSTEM REPORT
 FOR FISCAL PERIOD
 July 1, 2023 through June 30, 2024**

<i>Month</i>		<i>Jul-23</i>	<i>Aug-23</i>	<i>Sep-23</i>	<i>Oct-23</i>	<i>Nov-23</i>	<i>Dec-23</i>	<i>Jan-24</i>	<i>Feb-24</i>	<i>Mar-24</i>	<i>Apr-24</i>	<i>May-24</i>	<i>Jun-24</i>	<i>TOTAL</i>
Work Days		20	23	20	22	19	18	21	20	21	21	22	19	246
Overview of Total Trip Requests	Total incoming calls received	2658	2984	2656	2830	2604	2266	2800	2492	2492				23,782
	Average number calls received per day	133	130	133	129	137	126	133	125	119				
	Total trip requests received	1329	1492	1328	1415	1302	1133	1400	1246	1246				11,891
	Total cancelled trips	180	347	218	227	250	266	272	249	223				2,232
	Total ASAP Trips	18	21	28	16	29	9	33	17	9				180
	Total NS trips	19	39	38	41	29	30	29	30	32				287
	Total trip requests provided	1112	1085	1044	1131	994	828	1066	950	982				9,192
% of Trip Requests Provided	83.7%	72.7%	78.6%	79.9%	76.3%	73.1%	76.1%	76.2%	78.8%					
% of Trip Requests Cancelled	13.5%	23.3%	16.4%	16.0%	19.2%	23.5%	19.4%	20.0%	17.9%					
% of No Show Trip Requests	1.4%	2.6%	2.9%	2.9%	2.2%	2.6%	2.1%	2.4%	2.6%					

**YOU THRIVE FLORIDA PARATRANSIT
 QUARTERLY SYSTEM REPORT
 FOR FISCAL PERIOD
 July 1, 2023 through June 30, 2024**

Month	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
Work Days	20	23	20	22	19	18	21	20	21	21	22	19	246
REASON FOR UNPROVIDED REQUESTS													
% of Trip Requests unable to Provide	1.13%	1.14%	0.60%	0.00%	1.54%	1.94%	0.93%	1.77%	2.17%				
Same day Request	3	7	3	7	8	5	2	5	6				46
Out-of-county request	6	3	2	4	7	2	3	5	5				37
Stretcher	2	1	0	2	0	1	0	1	1				8
Holiday/Weekend	1	3	0	5	2	9	3	8	7				38
Before 8 a.m./after 3:00 p.m. appointments	3	3	3	8	3	5	5	3	8				41
Total Unprovided	15	17	8	0	20	22	13	22	27	0	0	0	144
TRIP PURPOSE	Medical	716	712	614	621	552	468	633	575	572			5,463
	Nutritional/Shop	197	176	190	243	252	200	235	190	181			1,864
	Connector	0	0	0	0	0	0	0	0	0			0
	Education	78	80	87	98	88	67	93	76	87			754
	Employment	60	72	106	123	80	54	71	71	93			730
	Other	61	45	47	46	22	39	34	38	49			381
	Total	1,112	1,085	1,044	1,131	994	828	1,066	950	982	0	0	0

**YOU THRIVE FLORIDA PARATRANSIT
 QUARTERLY SYSTEM REPORT
 FOR FISCAL PERIOD
 July 1, 2023 through June 30, 2024**

	Month	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
	Work Days	20	23	20	22	19	18	21	20	21	21	22	19	246
TRIP TYPE	Elderly (Over 60)	847	809	727	766	654	559	705	655	679				6,401
	Adult	265	276	317	365	340	269	361	295	303				2,791
	Child (Under 16)	0	0	0	0	0	0	0	0	0				0
	Total	1,112	1,085	1,044	1,131	994	828	1,066	950	982				9,192
UNDUPLICATED COUNT	Elderly (Over 60)	129	123	116	124	110	102	115	122	124				936
	Percent %	81.6%	81.5%	80.6%	81.6%	76.9%	77.3%	73.2%	79.2%	81.0%				69.6%
	Adult	29	28	28	28	33	30	42	32	29				279
	Percent %	18.4%	18.5%	19.4%	18.4%	23.1%	22.7%	26.8%	20.8%	19.0%				20.8%
	Child (Under 16)	0	0	0	0	0	0	0	0	0				0
	Percent %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0%
Total	158	151	144	152	143	132	157	154	153				1,344	
TRIP MODE	AMBI	718	703	666	743	668	534	673	614	676				5,995
	WHLI & SCOI	394	382	378	388	326	294	393	336	306				3,197
	AMBO	0	0	0	0	0	0	0	0	0				0
	Total	1,112	1,085	1,044	1,131	994	828	1,066	950	982				9,192
FUNDING SOURCE	TRIP & EQUIP	640	629	581	671	578	501	668	563	634				5,465
	ISD	296	295	283	223	188	161	191	220	192				
	DOEA	176	161	180	237	228	166	207	167	156				1,678
	Total	1,112	1,085	1,044	1,131	994	828	1,066	950	982				9,192
NO SHOW	CTD - T&E	16	29	30	35	28	23	18	29	23				231
	DOEA	3	10	8	6	1	7	11	1	9				56
	Total No Shows	19	39	38	41	29	30	29	30	3				287

**YOU THRIVE FLORIDA PARATRANSIT
 QUARTERLY SYSTEM REPORT
 FOR FISCAL PERIOD
 July 1, 2023 through June 30, 2024**

	<i>Month</i>	<i>Jul-23</i>	<i>Aug-23</i>	<i>Sep-23</i>	<i>Oct-23</i>	<i>Nov-23</i>	<i>Dec-23</i>	<i>Jan-24</i>	<i>Feb-24</i>	<i>Mar-24</i>	<i>Apr-24</i>	<i>May-24</i>	<i>Jun-24</i>	<i>TOTAL</i>	
	Work Days	20	23	20	22	19	18	21	20	21	21	22	19	246	
OPERATING DATA	Suspended	0	0	0	0	0	0	0	0	0				0	
	System Miles	16150	16689	14417	16540	14374	11823	15315	14338	14493				134,139	
	Revenue Miles	13858	14086	12554	13720	11535	9624	12832	11809	11810				111828	
	Average System Miles per trip	12.5	13.0	12.0	12.1	11.6	11.6	12.0	12.4	12.0				12.2	
	System Hours	922.32	961.57	784.02	991.67	793.62	718.32	939.18	888.28	851.43				7,850	
	Revenue Hours	793.30	818.17	673.08	836.88	670.72	601.43	774.03	731.12	694.98				6,594	
	Cost Per Trip	\$26.00	\$26.04	\$25.96	\$25.97	\$25.93	\$25.93	\$25.96	\$25.99	\$25.96					
	System Cost per Mile	\$2.06	\$1.98	\$2.13	\$2.11	\$2.20	\$2.20	\$2.12	\$2.06	\$2.13					

COMPLIMENTS/COMPLAINTS

		Month	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
		Work Days	20	23	20	22	19	18	21	20	21	21	22	19	TOTAL
YOU THRIVE FLORIDA PARATRANSIT	COMPLIMENT	Driver	3	5	4	8	3	8	4	5	5				45
		Vehicle	0	0	0	0	0	0	0	0	0				0
		Service	0	1	0	1	1	0	0	1	3				7
		Policy	1	0	0	1	1	0	0	0	0				3
		Other	0	0	0	0	0	0	0	0	0				0
	COMPLAINT	Driver	0	0	0	0	0	1	0	1	0				2
		Vehicle	0	0	0	0	0	0	0	0	0				0
		Service	0	0	0	2	0	0	0	0	1				3
		Policy	0	1	0	0	1	0	1	0	1				4
		Other	0	0	0	0	0	0	0	0	0				0

BREAKDOWNS/ACCIDENTS

		Month	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	TOTAL
		Work Days	20	23	20	22	19	18	21	20	21	21	22	19	TOTAL
YOU THRIVE FLORIDA PARATRANSIT		TOWS	0	3	0	0	0	0	0	0	1				4
		ROAD CALLS	0	0	0	0	0	0	0	0	1				1
	INCIDENT & ACCIDENTS	CHARGEABLE	0	0	0	0	0	0	0	0	0				0
		NON-CHARGEABLE	0	0	0	0	0	0	0	0	0				0

**REVIEW AND APPROVAL OF THE ANNUAL EVALUATION OF THE COMMUNITY
TRANSPORTATION COORDINATOR (CTC)**

Attached is the Annual Evaluation of the Community Transportation Coordinator (CTC) conducted by the Hernando/Citrus MPO staff (Planning Agency). Based on the review, the CTC appears to be operating consistent with the Florida Statutes Chapter 427, and Rule 41-2 of the Florida Administrative Code.

Staff Recommendation: It is recommended the TDLCB review the 2024 Annual CTC Evaluation, provide comments, and approve for submittal to the Florida Commission for the Transportation Disadvantaged (CTD).

Attachment: CTC Annual Evaluation

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: _____

COUNTY (IES): _____

ADDRESS: _____

CONTACT: _____ **PHONE:** _____

REVIEW PERIOD: _____ **REVIEW DATES:** _____

PERSON CONDUCTING THE REVIEW: _____

CONTACT INFORMATION: _____

FORMATTED 2011 – 2012

LCB EVALUATION WORKBOOK

ITEM	PAGE
REVIEW CHECKLIST _____	3
EVALUATION INFORMATION _____	5
ENTRANCE INTERVIEW QUESTIONS _____	6
GENERAL QUESTIONS _____	9
CHAPTER 427, F.S. _____	13
RULE 41-2, F.A.C. _____	22
COMMISSION STANDARDS _____	32
LOCAL STANDARDS _____	33
AMERICANS WITH DISABILITIES ACT _____	36
FY GRANT QUESTIONS _____	42
STATUS REPORT _____	43
ON-SITE OBSERVATION _____	45
SURVEYS _____	47
LEVEL OF COST WORKSHEET # 1 _____	52
LEVEL OF COMPETITION WORKSHEET #2 _____	53
LEVEL OF AVAILABILITY WORKSHEET #3 _____	55

REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- APR Data Pages
- QA Section of TDSP
- Last Review (Date: _____)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- AOR Submittal Date
- TD Clients to Verify
- TDTF Invoices
- Audit Report Submittal Date

ITEMS TO REVIEW ON-SITE:

- SSPP
- Policy/Procedure Manual
- Complaint Procedure
- Drug & Alcohol Policy (see certification)
- Grievance Procedure
- Driver Training Records (see certification)
- Contracts
- Other Agency Review Reports
- Budget
- Performance Standards
- Medicaid Documents

ITEMS TO REQUEST:

- REQUEST INFORMATION FOR RIDER/BENEFICIARY SURVEY** (Rider/Beneficiary Name, Agency who paid for the trip [sorted by agency and totaled], and Phone Number)
- REQUEST INFORMATION FOR CONTRACTOR SURVEY** (Contractor Name, Phone Number, Address and Contact Name)
- REQUEST INFORMATION FOR PURCHASING AGENCY SURVEY** (Purchasing Agency Name, Phone Number, Address and Contact Name)
- REQUEST ANNUAL QA SELF CERTIFICATION** (Due to CTD annually by January 15th).
- MAKE ARRANGEMENTS FOR VEHICLES TO BE INSPECTED** (Only if purchased after 1992 and privately funded).

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- Measuring Tape Stop Watch

EVALUATION INFORMATION

An LCB review will consist of, but is not limited to the following pages:

1	Cover Page
5 - 6	Entrance Interview Questions
12	Chapter 427.0155 (3) Review the CTC monitoring of contracted operators
13	Chapter 427.0155 (4) Review TDSP to determine utilization of school buses and public transportation services
19	Insurance
23	Rule 41-2.011 (2) Evaluation of cost-effectiveness of Coordination Contractors and Transportation Alternatives
25 - 29	Commission Standards and Local Standards
39	On-Site Observation
40 – 43	Surveys
44	Level of Cost - Worksheet 1
45- 46	Level of Competition – Worksheet 2
47 - 48	Level of Coordination – Worksheet 3

Notes to remember:

- **The CTC should not conduct the evaluation or surveys. If the CTC is also the PA, the PA should contract with an outside source to assist the LCB during the review process.**
- **Attach a copy of the Annual QA Self Certification.**

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

- Describe the evaluation process (LCB evaluates the CTC and forwards a copy of the evaluation to the CTD).
- The LCB reviews the CTC once every year to evaluate the operations and the performance of the local coordinator.

The LCB will be reviewing the following areas:

- Chapter 427, Rules 41-2 and 14-90, CTD Standards, and Local Standards
 - Following up on the Status Report from last year and calls received from the Ombudsman program.
 - Monitoring of contractors.
 - Surveying riders/beneficiaries, purchasers of service, and contractors
-
- The LCB will issue a Review Report with the findings and recommendations to the CTC no later than 30 working days after the review has concluded.
 - Once the CTC has received the Review Report, the CTC will submit a Status Report to the LCB within 30 working days.
 - Give an update of Commission level activities (last meeting update and next meeting date), if needed.

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT:

- RURAL URBAN

2. ORGANIZATION TYPE:

- PRIVATE-FOR-PROFIT
- PRIVATE NON-PROFIT
- GOVERNMENT
- TRANSPORTATION AGENCY

3. NETWORK TYPE:

- SOLE PROVIDER
- PARTIAL BROKERAGE
- COMPLETE BROKERAGE

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

Coordination Contract Agencies				
Name of Agency	Address	City, State, Zip	Telephone Number	Contact

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?
(Recent APR information may be used)

Name of Agency	% of Trips	Name of Contact	Telephone Number

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost			
Medicaid			
Quality of Service			
Service Availability			
Toll Permit			
Other			

GENERAL QUESTIONS

Use the TDSP to answer the following questions. If these are not addressed in the TDSP, follow-up with the CTC.

1. DESIGNATION DATE OF CTC:

2. WHAT IS THE COMPLAINT PROCESS?

IS THIS PROCESS IN WRITTEN FORM? Yes No
(Make a copy and include in folder)

Is the process being used? Yes No

3. DOES THE CTC HAVE A COMPLAINT FORM? Yes No
(Make a copy and include in folder)

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?
 Yes No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?
 Yes No

Review completed complaint forms to ensure the resolution section is being filled out and follow-up is provided to the consumer.

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
 Yes No No complaints have been received to forward to TDLCB.

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?
 Yes No No complaints have been received; however, they would be processed according to policy.

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?

Yes No If yes, what type?

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?

Yes No

11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?

Yes No

12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

An application is required for eligibility of TD service and upon approval is valid for a two-year period. A current application is available on the Trans-Hernando website and is on file in the Planning Agency to support this review.

Please Verify These Passengers Have an Eligibility Application on File:

TD Eligibility Verification			
Name of Client	Address of client	Date of Ride	Application on File?
	9405 Belvedere St., Spring Hill 34608	2/21/24	Yes
Matilda Santos	1321 Galt Lane, Spring Hill 34608	10/30/23	Yes
Marie Oyola	11435 Long Hill Ct, Spring Hill 34609	7/17/23	Yes
Kristin Feldpausch	301 Killinger Ave, Spring Hill 34606	9/12/23	Yes
Irene Fetcher	11284 Musgrove Mill Rd Spring Hill 34609	1/17/24	Yes
Brian E. Ahern	27465 Old Trilby Rd, Brooksville 34602	5/9/23	Yes
Anita Cuthbert	1060 Abbott Ave, Spring Hill 34609	11/20/23	Yes

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

Trans-Hernando provided trips to the Veteran's Administration hospital in Tampa.

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

The CTC and MPO coordinate effectively.

15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?

There are no known barriers to the system. However, vehicle repairs are impacted by the ability to get necessary parts from manufacturers on a timely basis or fashion.

16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?

The CTD is responsive to questions and with assistance when needed. A regular meeting call to touch base would be helpful.

17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?

The CTC works with the CTD, FDOT, and the MPO effectively to operate its system.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

The donation of \$1.00 for TD is mentioned on the website and in brochures.

GENERAL QUESTIONS

Findings:

There are no findings.

Recommendations:

There are no recommendations.

COMPLIANCE WITH CHAPTER 427, F.S.

**Review the CTC contracts for compliance with 427.0155(1), F.S.
*“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”***

ARE YOUR CONTRACTS UNIFORM? Yes No This section is not applicable; no operator contracts.

IS THE CTD’S STANDARD CONTRACT UTILIZED? Yes No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?
 Yes No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)
 Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

COMPLIANCE WITH CHAPTER 427, F.S.

**Review the CTC last AOR submittal for compliance with 427. 0155(2)
“Collect Annual Operating Data for submittal to the Commission.”**

REPORTING TIMELINESS

Were the following items submitted on time?

- a. Annual Operating Report Yes No
- Any issues that need clarification? Yes No

Any problem areas on AOR that have been re-occurring?

List: N/A

- b. Memorandum of Agreement Yes No
- c. Transportation Disadvantaged Service Plan Yes No
- d. Grant Applications to TD Trust Fund Yes No
- e. All other grant application (____%) Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

**Review the CTC monitoring of its transportation operator contracts to ensure compliance with 427.0155(3), F.S.
“Review all transportation operator contracts annually.”**

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS OPERATOR(S) AND HOW OFTEN IS IT CONDUCTED?

Not applicable.

Is a written report issued to the operator? Yes No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?

Is a written report issued? Yes No

If **NO**, how are the contractors notified of the results of the monitoring?

WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]
“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

HOW IS THE CTC USING SCHOOL BUSES IN THE COORDINATED SYSTEM?

Rule 41-2.012(5)(b): *"As part of the Coordinator's performance, the local Coordinating Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is not being utilized, the local Coordinating Board shall set an annual percentage of the number of trips to be provided on public transit."*

HOW IS THE CTC USING PUBLIC TRANSPORTATION SERVICES IN THE COORDINATED SYSTEM?

N/A

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT?

Yes No

If YES, what is the goal?

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review of local government, federal and state transportation applications for TD funds (all local, state or federal funding for TD services) for compliance with 427.0155(5).

“Review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.”

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include all funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated)

Yes No

If Yes, describe the application review process.

If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)? Yes No

If no, is the planning agency currently reviewing applications for TD funds?
 Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

**Review priorities listed in the TDSP, according to Chapter 427.0155(7).
“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”**

REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

All riders must have a Transportation Disadvantaged application on file prior to their first ride. Transportation for Disadvantaged services are provided through a geographical assignment of vehicles based on current trip demand history. Scheduling requires twenty four hour advanced notice and vehicles multi-load medical, nutritional, shopping, education and other riders in a time certain pickup and drop off system. All vehicles begin picking up riders county wide Monday through Friday 6:00am with guaranteed appointment arrival times. Cross county services require return trip by 2:00 p.m. The last or latest return available for local traffic, city to same city, is 3:00 p.m.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Ensure CTC compliance with the delivery of transportation services, 427.0155(8).

“Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).”

Review the Operational section of the TDSP

1. Hours of Service:

2. Hours of Intake:

3. Provisions for After Hours Reservations/Cancellations?

4. What is the minimum required notice for reservations?

5. How far in advance can reservations be place (number of days)?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).

“Work cooperatively with local WAGES coalitions established in Chapter 414 to provide assistance in the development of innovative transportation services for WAGES participants.”

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

CHAPTER 427

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(1), Minimum Insurance Compliance
“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS?

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

Yes No

If yes, was this approved by the Commission? Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.006(3), Drug and Alcohol Testing

“...shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing...”

With which of the following does the CTC (and its contracted operators) Drug and Alcohol Policy comply?

- FTA (Receive Sect. 5307, 5309, or 5311 funding) Receives 5310 and 5311 Funding
- FHWA (Drivers required to hold a CDL)
- Neither

REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: _____

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with 41-2.011(2), Evaluating Cost-Effectiveness of Coordination Contractors and Transportation Alternatives.

“...contracts shall be reviewed annually by the Community Transportation Coordinator and the Coordinating Board as to the effectiveness and efficiency of the Transportation Operator or the renewal of any Coordination Contracts.”

1. IF THE CTC HAS COORDINATION CONTRACTORS, DETERMINE THE COST-EFFECTIVENESS OF THESE CONTRACTORS.

Cost [CTC and Coordination Contractor (CC)]

No coordination contracts; section is not applicable.

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)					
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with Commission Standards
“...shall adhere to Commission approved standards...”

Review the TDSP for the Commission standards.

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	
Vehicle Cleanliness	
Passenger/Trip Database	

Adequate seating	
Driver Identification	
Passenger Assistance	
Smoking, Eating and Drinking	

Two-way Communications	
Air Conditioning/Heating	
Billing Requirements	

COMMISSION STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH 41-2, F.A.C.

Compliance with Local Standards

“...shall adhere to Commission approved standards...”

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	
Use, Responsibility, and cost of child restraint devices	
Out-of-Service Area trips	
CPR/1st Aid	
Driver Criminal Background Screening	
Rider Personal Property	
Advance reservation requirements	
Pick-up Window	

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i> <small>Period of Review 7/1/23-3/31/24</small>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership <small>TDSP, Page 29, Item 8</small>	CTC 100%	CTC 0%	No, see comments section.
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance <small>TDSP, Page 28, Item 14</small>	CTC 90%	CTC 98.3%	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows <small>TDSP, Page 27, Item 7</small>	CTC 1%	CTC 3%	No, see comments section.
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Accidents <small>TDSP, Page 28, Item 15</small>	CTC 5 per 100,000 miles	CTC 0	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls <small>TDSP, Page 28, Item 15</small> <i>Average age of fleet: 8 Years</i>	CTC 20 per year	CTC 4	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Complaints <small>Per TDSP and Policy Adopted in February of 2024</small> <i>Number filed: 0</i>	CTC 0	CTC 0	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Call-Hold Time <small>TDSP, Page 28, Item 5</small>	CTC 2 Minutes	CTC 2 Minutes	YES
	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE

AVAILABLE UPON REQUEST? Yes No *CTC has spanish speaking employees on staff.*

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL
PRODUCED IN A TIMELY FASHION UPON REQUEST?

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?

Yes No

IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH
THE OFFICE PHONE NUMBER? Yes No

Florida Relay System:
Voice- 1-800-955-8770
TTY- 1-800-955-8771

EXAMINE OPERATOR MANUALS AND RIDER INFORMATION. DO CURRENT POLICIES COMPLY WITH ADA PROVISION OF SERVICE REQUIREMENTS REGARDING THE FOLLOWING:

Provision of Service	Training Provided	Written Policy	Neither
Accommodating Mobility Aids			
Accommodating Life Support Systems (O ₂ Tanks, IV's...)			
Passenger Restraint Policies			
Standee Policies (persons standing on the lift)			
Driver Assistance Requirements			
Personal Care Attendant Policies			
Service Animal Policies			
Transfer Policies (From mobility device to a seat)			
Equipment Operation (Lift and securement procedures)			
Passenger Sensitivity/Disability Awareness Training for Drivers			

RANDOMLY SELECT ONE OR TWO VEHICLES PER CONTRACTOR (DEPENDING ON SYSTEM SIZE) THAT ARE IDENTIFIED BY THE CTC AS BEING ADA ACCESSIBLE AND PURCHASED WITH PRIVATE FUNDING, AFTER 1992. CONDUCT AN INSPECTION USING THE ADA VEHICLE SPECIFICATION CHECKLIST.

INSPECT FACILITIES WHERE SERVICES ARE PROVIDED TO THE PUBLIC (ELIGIBILITY DETERMINATION, TICKET/COUPON SALES, ETC...).

IS A RAMP PROVIDED? Yes No

ARE THE BATHROOMS ACCESSIBLE? Yes No

Bus and Van Specification Checklist

Name of Provider:

Vehicle Number (either VIN or provider fleet number):

Type of Vehicle: Minivan Van Bus (>22')
 Minibus (<= 22') Minibus (>22')

Person Conducting Review:

Date:

Review the owner's manual, check the stickers, or ask the driver the following:

- The lift must have a weight limit of at least 600 pounds.
- The lift must be equipped with an emergency back-up system (in case of loss of power to vehicle). Is the pole present?
- The lift must be "interlocked" with the brakes, transmission, or the door, so the lift will not move unless the interlock is engaged. Ensure the interlock is working correctly.

Have the driver lower the lift to the ground:

- Controls to operate the lift must require constant pressure.
- Controls must allow the up/down cycle to be reversed without causing the platform to "stow" while occupied.
- Sufficient lighting shall be provided in the step well or doorway next to the driver, and illuminate the street surface around the lift, the lighting should activate when the door/lift is in motion. Turn light switch on, to ensure lighting is working properly.

Once the lift is on the ground, review the following:

- Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- Side barriers must be at least 1 ½ inches high.
- The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- The platform must be slip-resistant.
- Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- The lift must have two handrails.
- The handrails must be 30-38 inches above the platform surface.
- The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- Lifts may be marked to identify the preferred standing position (suggested, not required)

Have the driver bring the lift up to the fully raised position (but not stowed):

- When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
- The lift must be designed to allow boarding in either direction.

While inside the vehicle:

- Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
- The securement system must accommodate all common wheelchairs and mobility aids.
- The securement system must keep mobility aids from moving no more than 2 inches in any direction.
- A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.

Vehicles under 22 feet must have:

- One securement system that can be either forward or rear-facing.
- Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

Vehicles over 22 feet must have:

- Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
- Aisles, steps, and floor areas must be slip resistant.
- Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

Table 1. ADA Compliance Review - Provider/Contractor Level of Service Chart

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor

BASED ON THE INFORMATION IN TABLE 1, DOES IT APPEAR THAT INDIVIDUALS REQUIRING THE USE OF ACCESSIBLE VEHICLES HAVE EQUAL SERVICE?

Yes No

ADA COMPLIANCE

Findings:

Recommendations:

FY _____/_____ GRANT QUESTIONS

**The following questions relate to items specifically addressed in the FY _
_____/_____ Trip and Equipment Grant.**

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY _____)

Yes No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY _____)

Yes No *Not Applicable; no accidents during period!*

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY _____)

Yes No *Not Applicable; no accidents during period!*

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: _____

STATUS REPORT DATED: _____

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

RIDE A VEHICLE WITHIN THE COORDINATED SYSTEM. REQUEST A COPY OF THE MANIFEST PAGE THAT CONTAINS THIS TRIP.

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time? Yes No - How many minutes late/early?

Did the driver provide any passenger assistance? Yes No

Was the driver wearing any identification? Yes: Uniform Name Tag
 ID Badge No

Did the driver render an appropriate greeting?
 Yes No Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?
 Yes No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?
 Yes No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?
 Yes No

Does the vehicle have working heat and air conditioning? Yes No

Does the vehicle have two-way communications in good working order? Yes No

If used, was the lift in good working order? Yes No

RIDER/BENEFICIARY SURVEY

Staff making call: _____
Date of Call: / /

County: _____
Funding Source: _____

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No

If so, how much?

3) How often do you normally obtain transportation? *Rider noted that the service has been used for years.*

Daily 7 Days/Week Other 1-2 Times/Week 3-5Times/Week

4) Have you ever been denied transportation services?

Yes *Result: Rescheduled Appointment*

No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

None 3-5 Times
 1-2 Times 6-10 Times

If none, skip to question # 4.

B. What was the reason given for refusing you transportation services?

Ineligible Space not available *Rider noted the bus is full; it happens but not often.*
 Lack of funds Destination outside service area
 Other _____

5) What do you normally use the service for?

Medical Education/Training/Day Care
 Employment Life-Sustaining/Other
 Nutritional

6) Did you have a problem with your trip on _____?

Yes. If yes, please state or choose problem from below

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice Cost
 Pick up times not convenient Late pick up-specify time of wait
 Assistance Accessibility
 Service Area Limits Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

8) What does transportation mean to you? (Permission granted by _____ for use in publications.)

Additional Comments:

Contractor Survey

_____ County

Form Not Applicable

Contractor name (optional)

1. Do the riders/beneficiaries call your facility directly to cancel a trip?

Yes No

2. Do the riders/beneficiaries call your facility directly to issue a complaint?

Yes No

3. Do you have a toll-free phone number for a rider/beneficiary to issue commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes No

If yes, is the phone number posted the CTC's?

Yes No

4. Are the invoices you send to the CTC paid in a timely manner?

Yes No

5. Does the CTC give your facility adequate time to report statistics?

Yes No

6. Have you experienced any problems with the CTC?

Yes No

If yes, what type of problems?

Comments:

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

3) What is the primary purpose of purchasing transportation for your clients?

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

4) On average, how often do your clients use the transportation system?

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

5) Have you had any unresolved problems with the coordinated transportation system?

- Yes
- No If no, skip to question 7

6) What type of problems have you had with the coordinated system?

- Advance notice requirement [specify operator (s)]
- Cost [specify operator (s)]
- Service area limits [specify operator (s)]
- Pick up times not convenient [specify operator (s)]
- Vehicle condition [specify operator (s)]
- Lack of passenger assistance [specify operator (s)]
- Accessibility concerns [specify operator (s)]
- Complaints about drivers [specify operator (s)]
- Complaints about timeliness [specify operator (s)]
- Length of wait for reservations [specify operator (s)]
- Other [specify operator (s)] _____

7) Overall, are you satisfied with the transportation you have purchased for your clients?

- Yes
- No If no, why? _____

**Level of Cost
Worksheet 1**

Insert Cost page from the AOR.

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit				
Private For-Profit				
Government				
Public Transit Agency				
Total				

2. How many of the operators are coordination contractors? _____

3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? _____

Does the CTC have the ability to expand? _____

4. Indicate the date the latest transportation operator was brought into the system. _____

5. Does the CTC have a competitive procurement process? _____

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

	Low bid
	Requests for qualifications
	Negotiation only

	Requests for proposals
	Requests for interested parties

Which of the methods listed on the previous page was used to select the current operators?

7. Which of the following items are incorporated in the review and selection of transportation operators for inclusion in the coordinated system?

Capabilities of operator	Scope of Work
Age of company	Safety Program
Previous experience	Capacity
Management	Training Program
Qualifications of staff	Insurance
Resources	Accident History
Economies of Scale	Quality
Contract Monitoring	Community Knowledge
Reporting Capabilities	Cost of the Contracting Process
Financial Strength	Price
Performance Bond	Distribution of Costs
Responsiveness to Solicitation	Other: (list)

8. If a competitive bid or request for proposals has been used to select the transportation operators, to how many potential operators was the request distributed in the most recently completed process? _____

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? _____

Level of Availability (Coordination)
Worksheet 3

Planning – What are the coordinated plans for transporting the TD population?

Public Information – How is public information distributed about transportation services in the community?

Certification – How are individual certifications and registrations coordinated for local TD transportation services?

Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community?

Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

Reservations – What is the reservation process? How is the duplication of a reservation prevented?

Trip Allocation – How is the allocation of trip requests to providers coordinated?

Scheduling – How is the trip assignment to vehicles coordinated?

Transport – How are the actual transportation services and modes of transportation coordinated?

Dispatching – How is the real time communication and direction of drivers coordinated?

General Service Monitoring – How is the overseeing of transportation operators coordinated?

Daily Service Monitoring – How are real-time resolutions to trip problems coordinated?

Trip Reconciliation – How is the confirmation of official trips coordinated?

Billing – How is the process for requesting and processing fares, payments, and reimbursements coordinated?

Reporting – How is operating information reported, compiled, and examined?

Cost Resources – How are costs shared between the coordinator and the operators (s) in order to reduce the overall costs of the coordinated program?

Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?

Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?

REVIEW AND APPROVAL OF THE FY 2025 RATE MODEL CALCULATION FOR HERNANDO COUNTY

Each year, the TDLCB is required to approve proposed trip rates of the Community Transportation Coordinator (CTC) Agency, Mid Florida Community Services. Mid Florida Community Services, as required, utilizes the Commission for Transportation Disadvantaged (CTD) Trip Rate Calculation process. The Trip Rate Calculation process considers numerous costs items including labor, fringe benefits, insurance, and program income to determine the trip rates.

Staff Recommendation: It is recommended the TDLCB review and approve the Hernando County FY 2025 Rate Model Calculation.

Attachment: FY 2025 Rate Model Calculation for Hernando County

SUBJECT TO CTD APPROVAL

Preliminary Information Worksheet Version 1.4

CTC Name: Mid Florida Community Services, Inc.

County (Service Area): Hernando

Contact Person: Miranda Maldonado

Phone # 352-799-1510

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:	NETWORK TYPE:
<input type="radio"/> Governmental	<input type="radio"/> Fully Brokered
<input checked="" type="radio"/> Private Non-Profit	<input type="radio"/> Partially Brokered
<input type="radio"/> Private For Profit	<input checked="" type="radio"/> Sole Source

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Mid Florida Community Services, Inc.
County: Hernando

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

	Prior Year's ACTUALS from July 1st of 2022 to June 30th of 2023	Current Year's APPROVED Budget, as amended from July 1st of 2023 to June 30th of 2024	Upcoming Year's PROPOSED Budget from July 1st of 2024 to June 30th of 2025	% 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	\$ 39,457	\$ 37,735	\$ 39,000	-4.4%	3.4%
Medicaid Co-Pay Received					
Donations/ Contributions					
In-Kind, Contributed Services					
Other					
Bus Pass Program Revenue					

Local Government

District School Board					
Compl. ADA Services					
County Cash					
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	\$ 307,421	\$ 248,261	\$ 350,000	-19.2%	41.0%
Non-Spons. Capital Equipment					
Rural Capital Equipment					
Other TD (specify in explanation)	\$ 75,918	\$ 121,500	\$ -	60.0%	-100.0%
Bus Pass Program Revenue					

Mobility Enhancement is other TD, revenues being dropped in 2024-2025
Increase in TD trip program is because of the mobility enhancement revenues being dropped..

USDOT & FDOT

49 USC 5307					
49 USC 5310	\$ 82,407	\$ -	\$ 150,000	-100.0%	
49 USC 5311 (Operating)	\$ 323,191	\$ 458,456	\$ 383,180	41.9%	-16.4%
49 USC 5311(Capital)					
Block Grant					
Service Development					
Commuter Assistance					
Other DOT (specify in explanation)					
Bus Pass Program Revenue					

No 5310 revenues in 2023-2024 to compare to.

AHCA

Medicaid					
Other AHCA (specify in explanation)					
Bus Pass Program Revenue					

DCF

Alcohol, 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					

Comprehensive Budget Worksheet

Version 1.4

CTC: Mid Florida Community Services, Inc.
County: Hernando

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

	Prior Year's ACTUALS from July 1st of 2022 to June 30th of 2023	Current Year's APPROVED Budget, as amended from July 1st of 2023 to June 30th of 2024	Upcoming Year's PROPOSED Budget from July 1st of 2024 to June 30th of 2025	% 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

APD

Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)						
Bus Pass Program Revenue						

DJJ

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
xxxx						
xxxx						
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 =	\$828,394	\$865,952	\$922,180	4.5%	6.5%	

EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

Operating Expenditures

Labor	\$ 354,218	\$ 346,522	\$ 363,848	-2.2%	5.0%	Causality and Liability insurance for vehicles increased because of additional Vans in the fleet and estimating a increases in insurance over the next 2 years.
Fringe Benefits	\$ 119,900	\$ 129,126	\$ 135,582	7.7%	5.0%	
Services	\$ 11,458	\$ 14,365	\$ 15,000	25.4%	4.4%	
Materials and Supplies	\$ 137,126	\$ 145,000	\$ 155,000	5.7%	6.9%	
Utilities	\$ 18,316	\$ 19,500	\$ 21,000	6.5%	7.7%	
Casualty and Liability	\$ 104,882	\$ 110,000	\$ 125,000	4.9%	13.6%	
Taxes						
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 37,134	\$ 35,800	\$ 38,000	-3.6%	6.1%	
Operating Debt Service - Principal & Interest						
Leases and Rentals						
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect	\$ 60,630	\$ 65,639	\$ 68,750	8.3%	4.7%	

Capital Expenditures

Equip. Purchases with Grant Funds					
Equip. Purchases with Local Revenue					
Equip. Purchases with Rate Generated Rev.					
Capital Debt Service - Principal & Interest					

ACTUAL YEAR LOSS	(\$15,270)					
Total Expenditures =	\$843,664	\$865,952	\$922,180	2.6%	6.5%	

See NOTES Below.

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

Actual year LOSSES are shown as Balancing Revenue or Local Non-Government revenue.

Worksheet for Program-wide Rates

CTC: Mid Florida Comm Version 1.4
 County: Hernando

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 <u>Projected</u> Passenger Miles =	150,000
Rate Per Passenger Mile = \$ 2.33	
Total <u>Projected</u> Passenger Trips =	11,000
Rate Per Passenger Trip = \$ 31.82	

Fiscal Year

2024 - 2025

Avg. Passenger Trip Length =	13.6 Miles
-------------------------------------	-------------------

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$ 6.15	
Rate Per Passenger Trip = \$ 83.83	

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

CTC: Mid Florida Com Version 1.4
 County: Hernando

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

SECTION I: Services Provided

1. Will the CTC be providing any of these Services to transportation disadvantaged passengers in the upcoming budget year?.....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	STOP! Do NOT Complete Sections II - V for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

1. Will the CTC be contracting out any of these Services TOTALLY in the upcoming budget year?....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Do Not Complete Section II 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?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No	<input checked="" type="radio"/> No
Leave Blank	Leave Blank	Do NOT Complete Section II for Stretcher Service	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?

Ambulatory	Wheelchair	Stretcher	Group

Effective Rate for Contracted Services:
 per Passenger Mile =
 per Passenger Trip =

Ambulatory	Wheelchair	Stretcher	Group
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Do NOT Complete Section II 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) =
 Rate per Passenger Mile for Balance =

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

CTC: Mid Florida Com Version 1.4
 County: Hernando

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

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 **Leave Blank**
 Pass. Mile
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: 2024 - 2025				
		Ambul	Wheel Chair	Stretcher	Group	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	150,000	= 100,000	+ 50,000	+ Leave Blank	+ Leave Blank	+ 0
Rate per Passenger Mile =		\$1.88	\$3.23	\$0.00	\$0.00	\$0.00
					per passenger	per group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	11,000	= 6,000	+ 5,000	+ Leave Blank	+ Leave Blank	
Rate per Passenger Trip =		\$24.02	\$41.18	\$0.00	\$0.00	\$0.00
					per passenger	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				
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =						\$0.00
Rate per Passenger Mile for Balance =		\$1.88	\$3.23	\$0.00	\$0.00	\$0.00
					per passenger	per group

		Rates if No Revenue Funds Were Identified As Subsidy Funds			
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$4.97	\$8.51	\$0.00	\$0.00
					per passenger per group
Rate per Passenger Trip =		\$63.29	\$108.49	\$0.00	\$0.00
					per passenger per group

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: Mid Florida Com Version 1.4
County: Hernando

Program These Rates Into Your Medicaid Encounter Data