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October 7, 2013

TO: Gilchrist County Transportation Disadvantaged Coordinating Board  
FROM: Lynn Godfrey, AICP, Senior Planner  
SUBJECT: Meeting Announcement

The Gilchrist County Transportation Disadvantaged Coordinating Board will meet **Wednesday, October 16, 2013 at 1:30 p.m.** in the Board of County Commissioners' Meeting Room located at 210 S. Main Street in Trenton, 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.

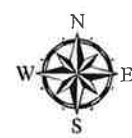
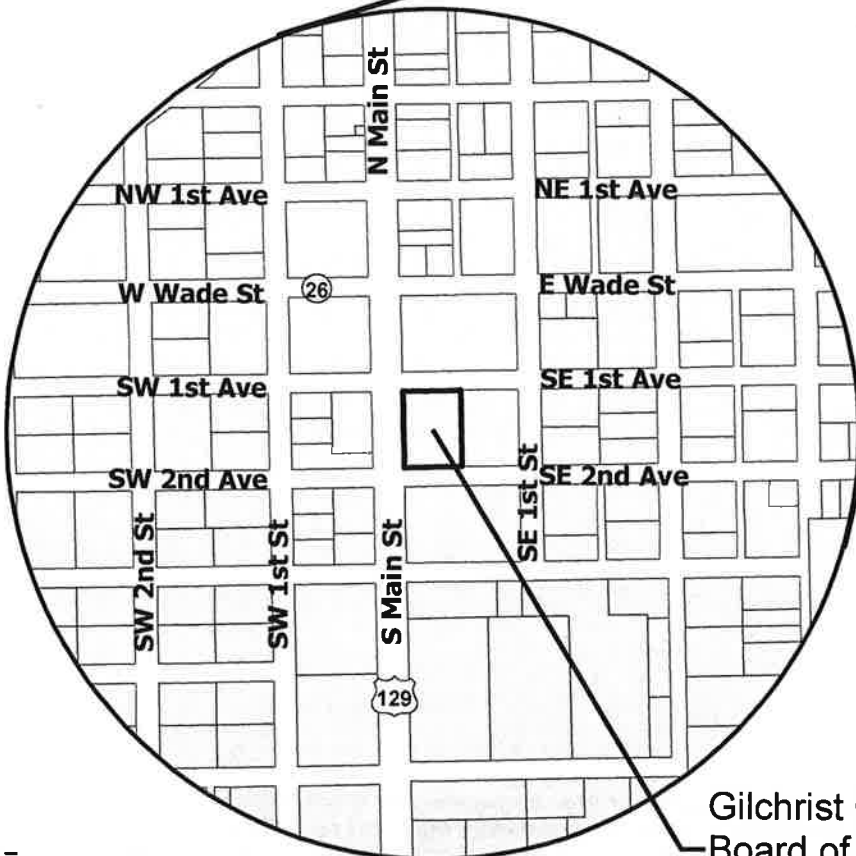
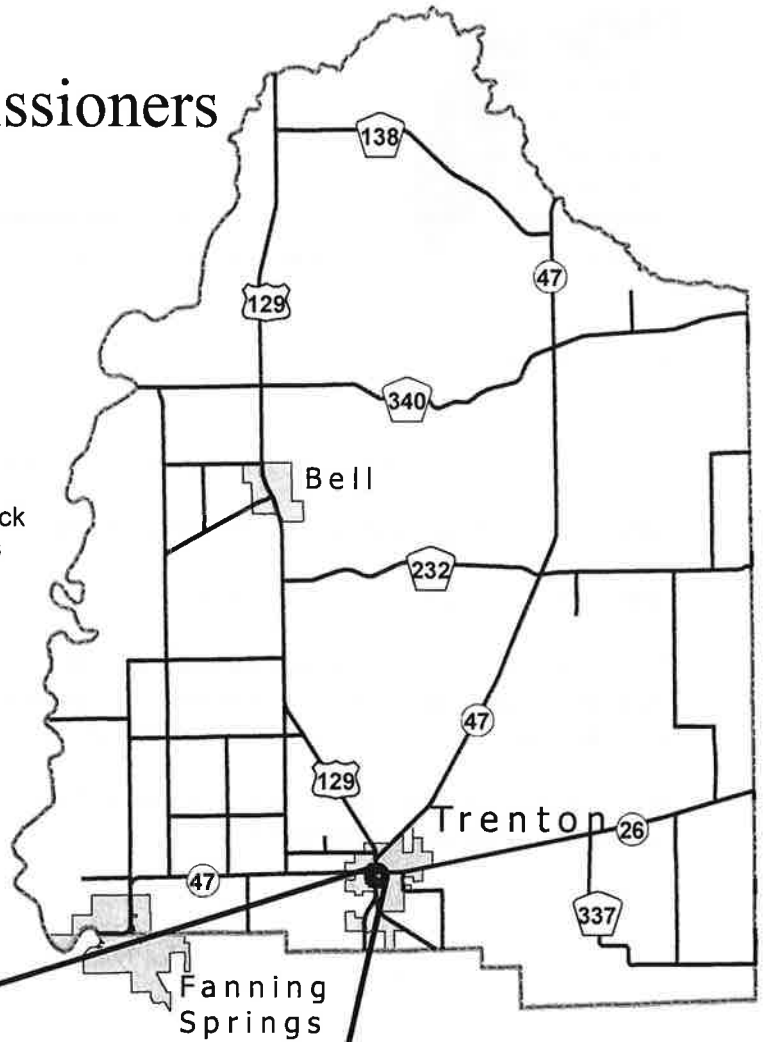
Attachments

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Dedicated to improving the quality of life of the Region's citizens,  
by coordinating growth management, protecting regional resources,  
promoting economic development and providing technical services to local governments.

# Gilchrist County Board of County Commissioners Meeting Facility 210 South Main St Trenton, Florida 32693

Directions: From the intersection of U.S. Highway 129 (also known as Main St) and State Road 26 (also known as Wade St) in the City of Trenton, head South onto U.S. Highway 129 (also known as Main St) travel one block and the Gilchrist County Board of County Commissioners Meeting Facility will be on the left, on the Eastern side of U.S. Highway 129 (also known as Main St).



1 inch = 500 feet

Gilchrist County  
Board of County Commissioners  
Meeting Facility





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**GILCHRIST COUNTY  
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

**MEETING ANNOUNCEMENT AND AGENDA**

Board of County Commissioners Meeting Room  
210 S. Main Street  
Trenton, Florida

Wednesday  
**October 15, 2013**  
1:30 p.m.

**I. BUSINESS MEETING – CALL TO ORDER**

**A. Introductions**

**B. Approval of the Meeting Agenda**

**ACTION REQUIRED**

**C. Approval of the August 28, 2013 Minutes  
Minutes**

**ACTION REQUIRED**

**II. NEW BUSINESS**

**A. Community Transportation Coordinator Annual  
Performance Evaluation**

**ACTION REQUIRED**

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

**B. Rural Area Capital Assistance Program Grant Application**

**ACTION REQUIRED**

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

**C. Elect Vice-Chair**

**ACTION REQUIRED**

The Board needs to re-elect Ms. Alana McKay as the Board's Vice-Chair or elect a new Vice-Chair

- D. 2012/13 Annual Operations Report** **NO ACTION REQUIRED**

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

- E. Statewide Medicaid Managed Care Program** **NO ACTION REQUIRED**

Enclosed is information concerning the Statewide Medicaid Managed Care Program

- F. Quarterly Operations Reports** **NO ACTION REQUIRED**

**III. OTHER BUSINESS**

**A. Comments**

- 1. Members**
- 2. Citizens**

**IV. FUTURE MEETING DATES**

- A. Wednesday, January 8, 2014 at 1:30 p.m.**
- B. Wednesday, April 16, 2014 at 1:30 p.m.**
- C. Wednesday, July 16, 2014 at 1:30 p.m.**
- D. Wednesday, October 15, 2014 at 1:30 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.

**GILCHRIST COUNTY  
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

<b>MEMBER/ORGANIZATION</b>	<b>ALTERNATE</b>
Commissioner John Rance Thomas Local Elected Official/Chair	Not Applicable
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Brad Seeling Florida Department of Children and Families	Vacant Florida Department of Children and Families
Rayford Riels Florida Department of Education	Vacant 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
Jaqueline Loubet Regional Workforce Board	Vacant Regional Workforce Board
Vacant Florida Association for Community Action	Vacant Florida Association for Community Action
Cloud Haley Public Education	Vacant Public Education
Jim Mash Veterans	Vacant Veterans
William R. Cummings (Term ending June 30, 2014) Citizen Advocate	Vacant Citizen Advocate
Vacant Citizen Advocate - User	Vacant Citizen Advocate - User
Jim McCrone (Term ending June 30, 2015) Persons with Disabilities	Vacant Persons with Disabilities
Betty Ramey (Term ending June 30, 2016) Elderly	Vacant Elderly
Vacant Medical Community	Vacant Medical Community
Tonya Hiers Children at Risk	Vacant Children at Risk
Vacant Private Transit	Vacant Private Transit

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



**GILCHRIST COUNTY  
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

**MEETING MINUTES**

County Commissioners' Meeting Room  
Courthouse Annex  
Trenton, Florida

Wednesday  
August 28, 2013  
1:30 p.m.

**VOTING MEMBERS PRESENT**

Bobby Crosby representing Commissioner John Rance Thomas  
Sandra Collins, Florida Department of Transportation  
William R. Cummings, Citizen Advocate  
Richard Esseck, representing Betty Ramey Elderly Representative  
Tonya Hiers, Early Childhood Services Representative  
Jaqueline Loubet, Regional Workforce Board Representative  
Jim Mash, Veterans Representative  
Jim McCrone, Persons with Disabilities Representative  
Alana McKay, Florida Agency for Health Care Administration, Vice-Chair  
Rayford Riels, Florida Department of Education  
Cindy Roberts, Florida Department of Elder Affairs  
Brad Seeling, Florida Department of Children and Families

**VOTING MEMBERS ABSENT**

Cloud Haley, Public Education Representative

**OTHERS PRESENT**

Matthew Pearson, Suwannee River Economic Council

**STAFF PRESENT**

Lynn Godfrey, North Central Florida Regional Planning Council

**I. BUSINESS MEETING CALL TO ORDER**

Vice-Chair McKay called the meeting to order at 1:30 p.m.

**A. Pledge of Allegiance**

Vice-Chair McKay led the Board in reciting the Pledge of Allegiance.

**B. Introductions**

Vice-Chair McKay asked everyone to introduce themselves.

**C. Approval of the Meeting Agenda**

**ACTION: Sandra Collins moved to approve the meeting agenda. Jim Mash seconded; motion passed unanimously.**

**D. Approval of the April 17, 2013 Meeting Minutes**

**ACTION: James McCrone moved to approve the April 17, 2013 meeting minutes. Sandra Collins seconded; motion passed unanimously.**

**II. NEW BUSINESS**

**A. Bylaws**

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that the Florida Commission for the Transportation Disadvantaged requires the Board to review and approve the Bylaws annually.

**ACTION: Jim Mash moved to approve the Bylaws. James McCrone seconded; motion passed unanimously.**

**B. Unmet Needs**

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

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



Mr. Matthew Pearson, Suwannee River Economic Council Transportation Director, stated that Gilchrist County received additional Transportation Disadvantaged Trust Funds beginning July 1, 2013. He said Suwannee River Economic Council may recommend using the additional funds to provide a third trip to Gainesville, additional trips to the mealsite program or additional shopping trips for seniors.

Mr. Jim Mash said that he has been told by some veterans that their calls to Suwannee River Economic Council are not always answered.

Mr. Pearson said he has not heard of that issue, but, that he will look into it. He said he will start calling periodically to find out if there is a problem.

Mr. Richard Esseck said that, sometimes Suwannee River Economic Council has to deny trips to the grocery store because there isn't enough room on the bus.

Mr. Pearson explained that there are limited Aging Program funds available for shopping trips. He said he will look into providing more service to the grocery store.

The Board asked that the Transportation Disadvantaged Trust Fund trip priorities be placed on the next meeting agenda for discussion.

**C. Statewide Medicaid Managed Care Program**

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

**D. Operations Reports**

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

The Board reviewed the operations reports.

**III. OTHER BUSINESS**

**A. Comments**

**1. Members**

There were no member comments.

**2. Citizens**

There were no citizen comments.

**IV. FUTURE MEETING DATES**

Vice-Chair McKay stated that the next meeting of the Board is scheduled for Wednesday, October 16, 2013 at 1:30 p.m.

**ADJOURNMENT**

The meeting was adjourned at 2:00 p.m.

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Coordinating Board Chair

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Date



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I.H.

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October 7, 2013

TO: Gilchrist County Transportation Disadvantaged Coordinating Board  
FROM: Lynn Godfrey, AICP, Senior Planner  
SUBJECT: Annual Performance Evaluation

RECOMMENDATION

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

BACKGROUND

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

Attachment

t:\lynn\td13\gilchrist\memos\eval.docx



# Community Transportation Coordinator Annual Performance Evaluation

Community Transportation Coordinator: Suwannee River Economic Council

County: Gilchrist

Review Period: July 1, 2012 - June 30, 2013

## I. Findings and Recommendations

### A. General Information

**Areas of Noncompliance:** None

**Recommendations:** None

**Timeline for Compliance:** None

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

**Areas of Noncompliance:** None

**Recommendations:** None

**Timeline for Compliance:** None

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

**Areas of Noncompliance:** None

**Recommendations:** None

**Timeline for Compliance:** None

### D. Bus/Van Ride

**Areas of Noncompliance:**

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

A local phone number for complaints or grievances was not posted inside the vehicle.

The Transportation Disadvantaged Helpline phone number (1-800-983-2435) was not posted inside the vehicle.

**Recommendations:**

All drivers should have a form of identification that is in view of the passengers.

A local phone number and the Transportation Disadvantaged Helpline phone number should be posted in all vehicles.

**Timeline for Compliance:**

November 1, 2013

### E. Surveys (see attachment)

**Areas of Noncompliance:** None

**Recommendations:** None

**Timeline for Compliance:** None



# COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



## Transportation Disadvantaged

Community Transportation Coordinator: Suwannee River Economic Council

County: Gilchrist

Address: P.O. Box 70, Live Oak, FL 32060

Contact: Matthew Pearson, Transportation Director Phone: 386-362-4115

Review period: July 1, 2012 - June 30, 2013

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
PHYSICAL CHEMISTRY



Figure 1  
Arrhenius plot of the rate constant  
for the reaction of the  
hydroxyl radical with  
methyl acetate.

The rate constant for the reaction of the hydroxyl radical with methyl acetate was determined from the slope of the Arrhenius plot shown in Figure 1. The slope of the line is  $-1.1 \times 10^4 \text{ K}^{-1}$ , which corresponds to an activation energy of  $11 \text{ kcal mol}^{-1}$ . The pre-exponential factor,  $A$ , is  $1.5 \times 10^{10} \text{ L mol}^{-1} \text{ s}^{-1}$ . The rate constant for the reaction of the hydroxyl radical with methyl acetate at  $298 \text{ K}$  is  $1.5 \times 10^{10} \text{ L mol}^{-1} \text{ s}^{-1}$ .



# Community Transportation Coordinator Annual Performance Evaluation

Approved by the

Gilchrist County  
Transportation Disadvantaged Coordinating Board

2009 NW 67th Place  
Gainesville, FL 32653-1603  
[www.ncfrpc.org/mtpo](http://www.ncfrpc.org/mtpo)  
352.955.2000

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**John Rance Thomas, Chair**

with Assistance from

North Central Florida Regional Planning Council  
2009 NW 67th Place  
Gainesville, FL 32653-1603  
[www.ncfrpc.org](http://www.ncfrpc.org)  
352.955.2200

October 16, 2013

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Compliance With Rule 41-2, F.A.C. _____	6
On-Site Observation of the System _____	8
Level of Cost _____	10
Level of Competition _____	11
Level of Coordination _____	12

## GENERAL QUESTIONS

1. What was the designation date of the Community Transportation Coordinator?  
7/01/12
2. What is the complaint process?  
See attached complaint process.
3. Does the community transportation coordinator have a complaint form?  
 Yes (attached)       No
4. Does the form have a section for resolution of the complaint?  
 Yes     No
5. Is a summary of complaints given to the Transportation Disadvantaged Board on a regular basis?  
 Yes     No
6. When is the dissatisfied party referred to the Florida Commission for the Transportation Disadvantaged Helpline?  
If the Transportation Director is unable to resolve a complaint, the complainant will be referred to the Transportation Disadvantaged Helpline
7. When a complaint is forwarded to your office from the Transportation Disadvantaged Helpline, is the complaint entered into the local complaint file/process?  
 Yes     No
8. Does the Community Transportation Coordinator provide written rider/beneficiary information or brochures to inform riders/beneficiaries about transportation disadvantaged services?  
 Yes (attached)       No
9. Does the rider/ beneficiary information or brochure list the Transportation Disadvantaged Helpline phone number?  
 Yes     No
10. Does the rider/ beneficiary information or brochure list the complaint procedure?  
 Yes     No
11. What is the eligibility process for Transportation Disadvantaged sponsored riders?  
Individuals needing transportation assistance from Florida's Transportation Disadvantaged Program must complete an eligibility application (attached).
13. Does the Community Transportation Coordinator have a contract or agreement with the Regional Workforce Board?  
 Yes     No
14. What innovative ideas have you implemented in your coordinated system?  
Providing and administering "regional" transportation service in four counties saves money. Our service rates are lower compared to other Community Transportation Coordinators in our region.

# Complaint Process

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

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

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

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

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

# SREC Transportation Complaint Form

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Incident:

Complaint Resolution:

Staff Signature: \_\_\_\_\_

Director of Transportation Signature: \_\_\_\_\_

# SREC Transportation Complaint Form

Client Name: [REDACTED]

Date: 10.24.12

Description of Incident:

Please see Att. Papers

Complaint Resolution:

No resolution necessary, client's  
 Dispatchers are working on scheduling  
 needs.

Staff Signature: Dean Lewis

Director of Transportation Signature: [Signature]

██████████ called my office on the afternoon of Oct. 22 to see what his pickup time was for transportation on the 23<sup>rd</sup> of Oct. At that time I told him that he was not on the schedule for transportation and that I had no seats available at this particular time for him and his wife. He argued that he had already scheduled the ride. I tried to explain to him that I had no record of his appointments. He hung up and called Live Oak and spoke with our Exec. Dir., Mrs. Frances Terry.

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

██████████ also called Tallahassee and I received a call from my supervisor, Matt Pearson on the 23<sup>rd</sup> about the same complaint. Matt advised me to fill out a complain form and turn it in.

██████████ called October 23, right after noon and advised me that he was going to Orlando on family business and would not be able to make his appointment on the 25<sup>th</sup>. I suggested that he leave his appointment in case he made in back and wanted to schedule at the last minute and the bus would be full.

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



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

██████████ told Ms. Terry that I was unable to get him on the bus until December, but it was in fact Shands, who gave him a December appointment and was unable to get him in before then.

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

## *Suwannee River Economic Council, Inc.*

Established  
1966



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

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

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### **SREC's Vision**

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

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

## Bradford County Programs and Services

For information on our Aging Programs:

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

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



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

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

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

## Programs, Services, Eligibility Aging Programs

### Alzheimer's Disease Initiative

- Respite

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

### Assisted Living Medicaid Waiver

- Case Management

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

### Community Care for the Elderly (CCE)

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

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

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

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

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

### Home Care for the Elderly (HCE)

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

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

### Medicaid Waiver

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

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

## Programs, Services, Eligibility Aging Programs

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

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

Eligibility: 60+ years of age

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

### Care To Share

- Assist with utilities.

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

### Community Services Block Grant (CSBG)

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

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

### Emergency Food & Shelter Program (EFSP)

- Emergency assistance for food and housing.

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

### Low Income Home Energy Assistance Program

- Assistance with utility bills and utility crisis resolution.

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

### Project Share

- Assist with utility bills.

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

### Salvation Army

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

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

## Programs, Services, Eligibility Housing/Transportation Programs

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### Weatherization Programs

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

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

### Transportation

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

Eligibility: Income guidelines, Medicaid, disabled.

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

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

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



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

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

## Bradford County Programs and Services

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For information on:

### Emergency Assistance/Self Sufficiency

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

### Housing

- Weatherization

### Transportation

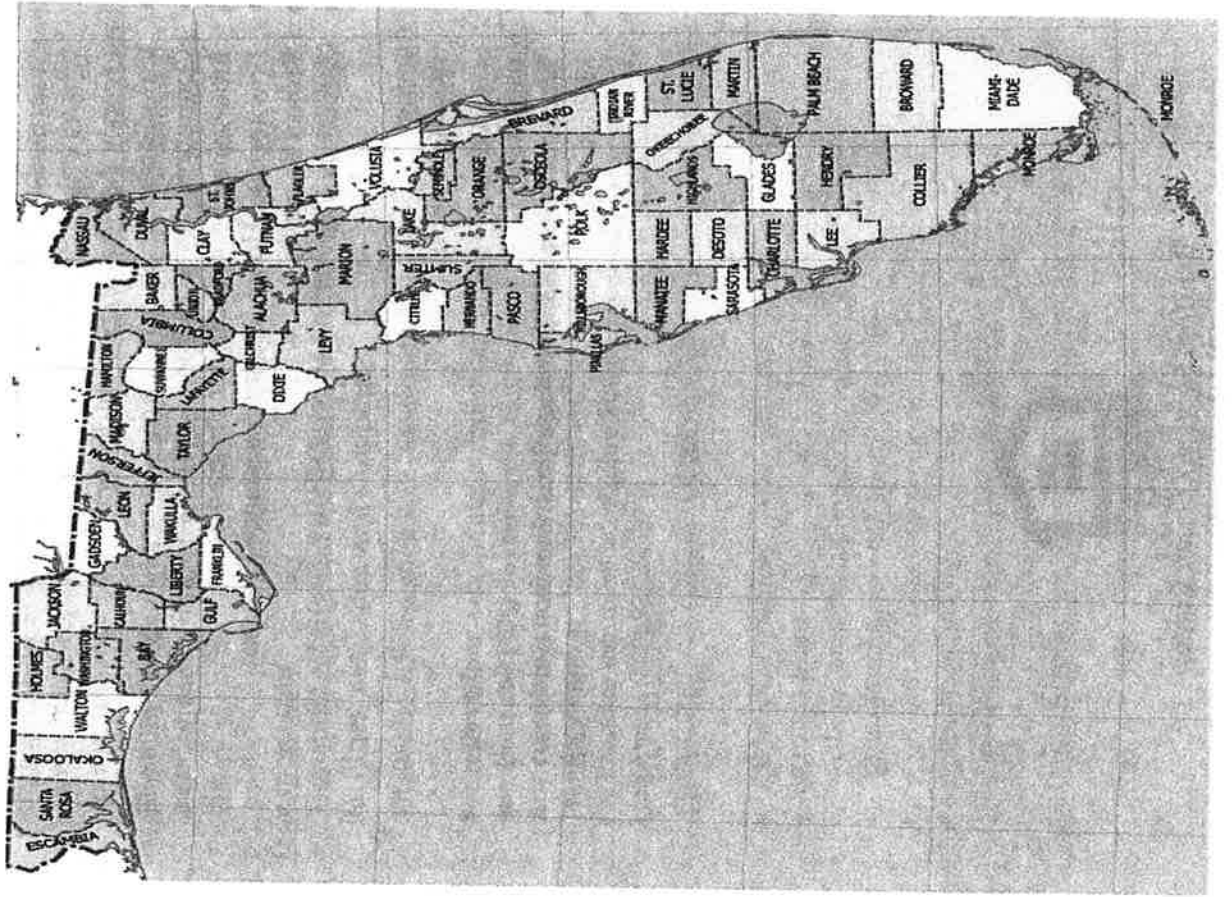
- Transportation Disadvantage Trust Fund
- Medicaid
- Title IIIB

### Contact

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

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Florida State Map  
67 Counties



# Transportation Disadvantaged BENEFICIARY INTAKE FORM

## SECTION 1 – DETERMINATION OF ELIGIBILITY

**LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MI** \_\_\_\_\_ **MEDICAD#** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **COUNTY** \_\_\_\_\_  
**DOB** \_\_\_/\_\_\_/\_\_\_ **SEX** \_\_\_ **SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **TELEPHONE#** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **TDD #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**EMERGENCY CONTACT** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **TELEPHONE** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**OTHERS HOUSEHOLD MEMBERS**      **NAME**      **RELATIONSHIP**      **AGE**      **DRIV. LIC (Y/N)**      **TYPE OF VEHICLE**  
*(Please list each member)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 2 – AVAILABILITY OF SUITABLE MODE OR TRANSPORTATION TO OTHER COMMUNITY LOCATIONS

Yes / No

1. \_\_\_\_\_ **Do you own a car?**      Year \_\_\_\_\_ Model \_\_\_\_\_  
 \_\_\_\_\_ Do you have a valid Florida Driver's License?      DL#: \_\_\_\_\_  
 \_\_\_\_\_ Could you drive your car to medical appointments?      If not, why? \_\_\_\_\_
2. \_\_\_\_\_ **Does any member of your household have a car?**      Name: \_\_\_\_\_  
 \_\_\_\_\_ Could they transport you to medical appointments?      If not, why? \_\_\_\_\_
3. \_\_\_\_\_ **Do you have family members in the county who can transport you?**      Name: \_\_\_\_\_  
 \_\_\_\_\_ Could they transport you to medical appointments?      If not, why? \_\_\_\_\_
4. \_\_\_\_\_ **Do you have friends in the county who can transport you?**      Name: \_\_\_\_\_  
 \_\_\_\_\_ Could they transport you to medical appointments?      If not, why? \_\_\_\_\_
5. \_\_\_\_\_ Do you live in a facility that provides transportation?      Name: \_\_\_\_\_  
 \_\_\_\_\_ Could this facility transport you to medical appointments?      If not, why? \_\_\_\_\_

12. Please list all Hospitals, Doctors and Medical Facilities that you visit on a regular basis:

<u>NAME OF HOSPITAL/DOCTOR/FACILITY</u>	<u>TYPE OF TREATMENT</u>	<u>NUMBER OF MONTHLY VISITS</u>	<u>DESCRIBE HOW YOU PREVIOUSLY GOT THERE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SECTION 3 – AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

Yes / No

1. \_\_\_\_\_ Do you live on a bus route? What is the distance to the nearest bus stop? \_\_\_\_\_
2. \_\_\_\_\_ Have you used the bus system for transportation in the past?
2. \_\_\_\_\_ Do you have any limitations that would prevent you from using the bus system now? If Yes, please describe them below.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_ Are you enrolled in any other programs that will pay for or provide transportation? If Yes, please describe them below.  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4 – SPECIAL NEEDS**

Please check or list any special needs, services or modes of transportation you require during transportation:

Powered Wheelchair       Stretcher       Manual Wheelchair       Walker  
 Cane       Respirator       Service Animal       Personal Care Attendant (PCA)  
 Cultural Considerations (Please explain)

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT**

I understand and affirm that the information provided in this application for CTD Medicaid Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services and appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of the State of Florida.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
**Suwannee River Economic Council, Inc.**  
**1210 Andrews Circle, Starke, FL 32091**  
**Or PO Box 1142, Starke, FL 32091**  
**904-964-6696**

**SECTION 6 – RESULTS OF INTERVIEW**

**DO NOT WRITE IN THIS SPACE – OFFICIAL OFFICE USE ONLY**

NEW ELIGIBILITY APPLICATION: \_\_\_\_\_ (Y/N) REDETERMINATION: \_\_\_\_\_ (Y/N) DATE RECEIVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ REVIEWED BY: \_\_\_\_\_

APPROVED DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DENIED DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ REASON FOR DENIAL: \_\_\_\_\_ LETTER: \_\_\_\_\_ (Y/N)

MODE: \_\_\_\_\_ PCA NEEDED: \_\_\_\_\_ (Y/N) DATE OR DATES OF SERVICE: \_\_\_\_\_



# Transportation Disadvantaged BENEFICIARY INTAKE FORM

## SECTION 1 - DETERMINATION OF ELIGIBILITY

LAST NAME [REDACTED] FIRST NAME [REDACTED] M [REDACTED] MEDICAID # [REDACTED]  
 ADDRESS [REDACTED] CITY Cross City STATE Fla ZIP 32028 COUNTY Dixie  
 DOB [REDACTED] SEX Female SS# [REDACTED] TELEPHONE# [REDACTED] TDD # ( ) \_\_\_\_\_  
 EMERGENCY CONTACT [REDACTED] RELATIONSHIP Husband TELEPHONE ( ) [REDACTED]

OTHER HOUSEHOLD MEMBERS (Please list each member)	NAME	RELATIONSHIP	AGE	DRV. LIC (Y/N)	TYPE OF VEHICLE
<u>None</u>					

## SECTION 2 - AVAILABILITY OF SUITABLE MODE OR TRANSPORTATION TO OTHER COMMUNITY LOCATIONS

YES/NO	QUESTION	Year	Model
<u>NO</u>	Do you own a car?		
<u>YES</u>	Do you have a valid Florida Driver's License?		
<u>NO</u>	Could you drive your car to medical appointments?	If not, why? <u>Don't have car.</u>	
<u>NO</u>	Does any member of your household have a car?	Name: _____	
<u>NO</u>	Could they transport you to medical appointments?	If not, why? _____	
<u>YES</u>	Do you have family members in the county who can transport you?	Name: <u>ALLAN HARRIS</u>	
<u>NO</u>	Could they transport you to medical appointments?	If not, why? <u>they would want \$100.00</u>	
<u>NO</u>	Do you have friends in the county who can transport you?	Name: _____	
<u>NO</u>	Could they transport you to medical appointments?	If not, why? _____	
<u>NO</u>	Do you live in a facility that provides transportation?	If not, why? _____	
<u>NO</u>	Could this facility transport you to medical appointments?	If not, why? _____	

6. Please list all Hospitals, Doctors and Medical Facilities that you visit on a regular basis:

NAME OF HOSPITAL/DOCTOR/FACILITY	TYPE OF TREATMENT	NUMBER OF MONTHLY VISITS	DESCRIBE HOW YOU PREVIOUSLY GOT THERE
<u>Retina center</u>	<u>eyes</u>	<u>1 a year</u>	<u>S.R.F.C.</u>
<u>Shands</u>	<u>women's health</u>	<u>16 months</u>	<u>S.R.F.C.</u>
<u>Cardiology Associates</u>	<u>heart</u>	<u>16 months</u>	<u>S.R.F.C.</u>

## SECTION 3 - AVAILABILITY OF FEDERALLY FUNDED OR PUBLIC TRANSPORTATION

YES/NO  
 1. NO Do you live on a bus route? What is the distance to the nearest bus stop? \_\_\_\_\_  
 2. NO Have you used the bus system for transportation in the past?  
 2. NO Do you have any limitations that would prevent you from using the bus system now? If Yes, please describe them below.  
 \_\_\_\_\_  
 3. NO Are you enrolled in any other programs that will pay for or provide transportation? If Yes, please describe them below.  
 \_\_\_\_\_

**SECTION 4 – SPECIAL NEEDS**

Please check or list any ~~special needs, services or modes of transportation you require during transportation~~

Powered Wheelchair     Stretcher     Manual Wheelchair     Walker     Cane  
 Respirator     Service Animal     ~~Personal Care Attendant (PCA)~~

Other: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 – CERTIFICATION AND ACKNOWLEDGEMENT**

I understand and affirm that the information provided in this application for CTD Medicaid Non-Emergency Transportation (NET) services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with medical and transportation professionals involved in evaluating and determining my needs and eligibility for transportation to and from Medicaid eligible services and appointments. I understand that providing false or misleading information, or making fraudulent claims, or making false statements on behalf of others constitutes a felony under the laws of Florida.

APPLICANT SIGNATURE  DATE 7-11-11

**PLEASE RETURN THIS FORM TO:**  
Dixie Service/Senior Center  
314 NE 255<sup>th</sup> Street  
P.O. Box 953  
Cross City, Florida 32628  
  
Telephone Number (352) 498-5018 extension 222 or 1-800-597-7579  
TTD Number (352) 498-5018

**SECTION 6 – RESULTS OF INTERVIEW**

**DO NOT WRITE IN THIS SPACE – OFFICIAL OFFICE USE ONLY**

NEW ELIGIBILITY APPLICATION: \_\_\_\_\_ (Y/N)    REDETERMINATION: \_\_\_\_\_ (Y/N)    DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_    REVIEWED BY: \_\_\_\_\_  
~~APPROVED DATE~~ \_\_\_\_/\_\_\_\_/\_\_\_\_    ~~DENIED DATE~~ \_\_\_\_/\_\_\_\_/\_\_\_\_    ~~REASON FOR DENIAL~~ \_\_\_\_\_    LETTER: \_\_\_\_\_ (Y/N)  
~~MODE~~ \_\_\_\_\_    PCA NEEDED: \_\_\_\_\_ (Y/N)    ~~DATE OR DATES OF SERVICE~~: \_\_\_\_\_

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

## COMPLIANCE WITH CHAPTER 427, FLORIDA STATUTES

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

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED

STANDARD COORDINATION/OPERATOR CONTRACT

**THIS CONTRACT** is entered into between the COMMUNITY TRANSPORTATION COORDINATOR, Suwannee River Economic Council, Inc., designated pursuant to Chapter 427, F.S., to serve the transportation disadvantaged for the community that includes the entire area of Dixie, Gilchrist & Lafayette counties, and hereinafter referred to as the "Coordinator" and Dixie County Emergency Services, hereinafter referred to as the "Agency/Operator". The terms and conditions of this Contract are effective July 1, 2008 and will continue through June 30, 2009.

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

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

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

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

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

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

WHEREAS, this Contract allows for the provisions of transportation services 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.

STATE OF FLORIDA  
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED  
STANDARD COORDINATION/OPERATOR CONTRACT

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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 representations herein, the parties agree as follows:

THE AGENCY/OPERATOR SHALL:

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

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

F. Comply with Safety Requirements by:

1. Complying with Section 341.061, F.S., and Rule 14-90, F.A.C., concerning System Safety or complying with Chapter 234.051, F.S., regarding school bus safety requirements for those services provided through a school board;
2. Assuring compliance with local, state, and federal laws, and Commission policies relating to drug testing, and;
3. Complying with Coordinator's System Safety Program Plan (SSPP) for designated service area.

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 \$300,000 per occurrence, general liability insurance rate of \$100,000 each accident and disease, and a \$1,000,000 policy limit in effect at all times during the existence of this Contract. Upon the execution of this Contract, the Agency/Operator shall add the Coordinator as an additional named insured to all insurance policies covering vehicles transporting the transportation disadvantaged. In the event of any cancellation or changes in the limits of liability in the insurance policy, the insurance agent or broker shall notify the Coordinator. The Agency/Operator shall furnish the Coordinator written verification of the existence of such insurance coverage prior to the execution of this Contract. School board vehicle insurance coverage shall be in accordance with Section 234.03, F.S. and 234.211, F.S. Insurance coverage in excess of \$1 million per occurrence must be approved by the Coordinator and/or the local Coordinating Board before inclusion in this contract or in the justification of rates and fare structures, s. 41-2.006(1), FAC..

H. Safeguard information by not using or disclosing any information concerning a user of services under this Agreement for any purpose not in conformity with the local, state and federal regulations, including but not limited to 45 CFR, Part 205.50, except upon order of a court of competent jurisdiction, written consent of the recipient, or his/her responsible parent or guardian when authorized by law.

I. Protect Civil Rights by:

1. Complying with Title VI of the Civil Rights Act of 1964 and Section 504 of the



Rehabilitation Act of 1973, as amended. The Agency/Operator gives this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance and agreeing to complete a Civil Rights Compliance Questionnaire if so required by the Coordinator. Agency/Operator shall also assure compliance with:

- a. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from federal financial assistance.
  - b. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of disability in programs and activities receiving or benefiting from federal financial assistance.
  - c. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
  - d. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
  - e. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
  - f. All regulations, guidelines, and standards lawfully adopted under the above statutes.
  - g. The Americans with Disabilities Act of 1990, as it may be amended from time to time.
2. Agreeing that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the Agency/Operator, its successors, subcontractors, transferees, and assignees for the period during which such assistance is provided. Assuring that operators, subcontractors, sub grantees, or others with whom the Coordinator arranges to provide services or benefits to participants or employees

in connection with any of its programs and activities are not discriminating 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 days after such notice by the Coordinator is given by registered mail. Only an adjudication or judgment after the highest appeal is exhausted specifically finding the Coordinator solely negligent shall excuse performance of this provision by the Agency/Operator. Agency/Operator shall pay all costs and fees related to this obligation and its enforcement by the Coordinator. The Coordinator's failure to notify Agency/Operator of a claim shall not release Agency/Operator of the above duty to defend.

K Comply with all standards and performance requirements of the:

1. The Commission for the Transportation Disadvantaged (Attachment II);
2. The local Coordinating Board approved Transportation Disadvantaged Service Plan and;
3. Any entities that purchase service.

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

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

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

THE COORDINATOR § 4.1:

- 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 OPERATOR AND COORDINATOR FURTHER AGREE:

- A. Nothing in the Contract shall require the Coordinator to observe or enforce compliance with any provision thereof, perform any other act or do any other thing in contravention of any applicable state law. If any provision of the Contract is found by a court of law to violate any applicable state law, the purchasing entity will at once notify the Coordinator in writing in order that appropriate changes and modification may be made by the Coordinator and the Agency/Operator to the end that the Agency/Operator may proceed as soon as possible with the provision of transportation services.
- B. If any part or provision of this Contract is held invalid, the remainder of this Contract shall be binding on the parties hereto.
- C. Termination Conditions:
  - 1. Termination at Will - This Contract may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt required, or in person with proof of delivery.
  - 2. Termination due to Lack of Designation - In the event that the Coordinator so designated by the local Coordinating Board and approved by the Commission, loses its designation, this contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.
  - 3. Termination due to Disapproval of Memorandum of Agreement - In the event that the Commission does not accept and approve any contracted transportation

rates listed within the Memorandum of Agreement, this Contract is terminated immediately upon notification to the Agency/Operator. Notice shall be delivered by certified mail, return receipt requested, or in person, with proof of delivery. Notice shall be effective upon receipt.

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

H. Notice and Contact

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

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

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

Tim Alexander, Director  
P.O. Box 2009  
Cross City, FL 32628

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

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

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

AGENCY/OPERATOR:

COMMUNITY TRANSPORTATION  
COORDINATOR

Dixie County EMS  
Tim Alexander

Suwannee River Economic Council, Inc.  
Frances Terry

Typed Name of Authorized Individual

Typed Name of Authorized Individual

Signature: *Tim Alexander*

Signature: *Frances Terry*

Title: Director

Title: Executive Director

Date: June 25, 2008

Date: 7-21-08

ATTACHMENT I  
AGENCY/OPERATOR CONTRACT

SERVICE DESCRIPTION

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

(Type of Service - ambulatory, non-ambulatory, stretcher)

Ambulatory, Non-Ambulatory, and Stretcher

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

(Days and Hours of availability)

24 hours / 7 days

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

(Holidays and other days not available)

As agreed upon by Contractor and Coordinator

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

(Vehicle Inventory attached)

4. Vehicle/Equipment Standards (if any)

(Identify standards such as functioning air conditions/heating, grab rails, stanchions, first aid kits, fire extinguishers, and adequate communication equipment)

See Attachment IV – Dixie County System Safety Program Plan

5. Driver Requirements (if any)

(Identify requirements of drivers such as current license, vision, dress, specialized training, relationship with riders - provide assistance, physical contact, communication)

See Attachment IV – Dixie County System Safety Program Plan

6. Training

(Identify required training of all personnel, including drivers, reservations, etc. Also provide how often this training is required and how it will be provided to operator's employees).

See Attachment IV – Dixie County System Safety Program Plan

7. Agency/Operator' fare structure

(Identify fare structure and what services are eligible and ineligible)

See Attachment

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

(When, how often, what reports if any should be submitted)

Monthly

9. Reporting Requirements

(Include all Requirements of Commission, Coordinator, Local Coordinating Board and any Entities purchasing transportation.)

As agreed upon by Contractor and Coordinator



## ATTACHMENT II

### The Commission for the Transportation Disadvantaged Standards and Performance Requirements

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

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

- (I) Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, except in instances where the Community Transportation Coordinator is a non-governmental entity;
- (j) Passenger/trip database 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 Resuscitation shall be determined locally and provided in the local Transportation Disadvantaged Service Plan.

**Attachment III**  
**Rates of Service for Dixie and Gilchrist Counties**

Dixie County Emergency Services

Pick up Fee	\$40.00 per trip
Mileage Rate	\$1.75 per loaded vehicle mile
Escort Fee	\$9.00 per trip

Contract Extension

Between Agency and Provider


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

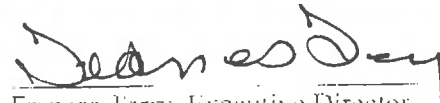
Provider Name Dixie County Emergency Services  
P.O. Box 2009  
Cross City, Florida 32628

until 06/30/13. All conditions remain the same as in original contract.

---

Extension approval

  
Tim Alexander, Director  
Dixie County Emergency Services

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

7-5-12  
Date

7-13-12  
Date



*Suwannee River Economic Council, Inc.*  
*Post Office Box 70*  
*Live Oak, Florida 32064*

ADMINISTRATIVE OFFICE - PHONE (386) 362-4115  
FAX (386) 362-4078  
E-Mail: [francesterry@suwanneec.net](mailto:francesterry@suwanneec.net)

January 3, 2013

Tim Alexander  
Dixie EMS  
P O Box 2009  
Cross City, FL 32628

Dear Mr. Alexander,

Thank you for letting me visit with you and your staff to perform a required safety review. As always, you and your staff were helpful and prepared, the vans were clean and all required safety items were on board. The vans had all the necessary daily inspections and 5,000 mile safety inspections. Also, the Vans had the necessary annual inspections in place.

The file for driver Jordan Ward had the required information including an updated physical, drug policy cert., SSPP review policy and training certifications.

The model SSPP and HSP you have implemented meet the requirements. Thanks for incorporating that into your overall safety plan.

Again, thank you for allowing me to perform the review. Feel free to call if you have any questions.

Sincerely,  
Suwannee River Economic Council, Inc.

Matt Pearson  
Director of Transportation

SERVING

BRADFORD - COLUMBIA - DIXIE - GILCHRIST - HAMILTON - LAFAYETTE - LEVY - MADISON - PUTNAM - SUWANNEE - TAYLOR - UNION

AN EQUAL OPPORTUNITY EMPLOYER



## Florida Department of Transportation

RICK SCOTT  
GOVERNOR

2198 Edison Avenue MS2806  
Jacksonville, FL 32204-2730

ANANTH PRASAD, P.E.  
SECRETARY

Date: October 17, 2012

To: Ms. Frances Terry, Executive Director  
Mr. Matt Pearson, Director of Transportation  
Suwannee River Economic Council, Inc.  
1171 Nobles Ferry Road, Live Oak, FL 32064

Re: **Suwannee River Economic Council, Inc. - Bus Transit System Safety and Security Compliance Audit, July 2012**

Dear Ms. Terry/ Mr. Pearson,

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

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

Sincerely,

---

**Phil Worth**

District Public Transportation Manager  
FDOT District Two Modal Development Office  
2198 Edison Avenue, MS 2813  
Jacksonville, FL 32204  
Phone: 904-360-5650  
Email: phil.worth@dot.state.fl.us

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

**SUBSTANCE ABUSE MANAGEMENT REVIEW**

**For**

**SUWANNEE RIVER ECONOMIC COUNCIL**

**By**

**FLORIDA DEPARTMENT OF TRANSPORTATION**

**DISTRICT 2  
PUBLIC TRANSIT OFFICE**

**FINAL REPORT**

**Review Date(s): 08/23/10**

**Draft Report Date: 09/16/10**

**Final Report Date: 9/20/10**

**Approved by:**

**Name: Phil Worth**

**Title: D2 Modal Development Manager**

**Phone: 904-360-5687**

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

**Reviewer/Consultant**

**Name:**

**Diana Byrnes**

**Phone: 813-426-6980**

**Email: byrnes@cutr.usf.edu**

**Review Period:**

**August 23, 2009 through August 23, 2010**

**Contractor/Consultant:**

**University of South Florida – Center for Urban Transportation Research**

**4202 E. Fowler Avenue-CUT100, Tampa, FL 33620**

**813-974-3120**



## **I. INTRODUCTION**

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

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

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

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

## **II. SYSTEM INFORMATION**

### **General Information**

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

## **III. SUBSTANCE ABUSE MANAGEMENT REVIEW CHECKLIST ITEMS**

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

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

#### **IV. EXPLANATION OF FINDINGS**

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

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

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

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

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

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

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

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

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

**Areas of Concern: None**

**Deficiency: None**

**Observation: None**

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

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

**Areas of Concern: None**

**Deficiency: None**

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

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

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

**Areas of Concern: None**

**Deficiency: None**

**Observation: None**

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

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

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

**Areas of Concern: None**

**Deficiency: None**

**Observation: None**

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

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

**Areas of Concern: None**

**Deficiency: None**

**Observation: None**

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

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

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

THIS CERTIFIES CALENDAR YEAR 2013

DATE: 3/13/2013

SUBCONTRACTED TRANSPORTATION PROVIDER: SUWANNEE RIVER ECONOMIC COUNCIL, INC.

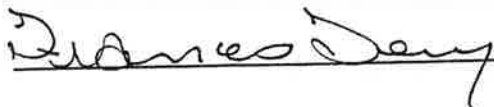
ADDRESS: P.O. BOX 70, LIVE OAK, FLORIDA, 32064

In accordance with the Medicaid Non-Emergency Transportation Subcontracted Transportation Provider (STP) Contract with the Commission for the Transportation Disadvantaged, the above STP, hereby certifies to the following:

1. The adoption of a System Safety Program Plan and a Security Program Plan (a.k.a. Emergency Management Plan) based on established standards set forth in **Rule Chapter 14.90, F.A.C.** Such plans ensure the continuation of appropriate services during an emergency, including but not limited to localized acts of nature, accidents, and technological and/or attached-related emergencies, both natural and manmade;
2. Compliance with its adopted System Safety Program Plan and Security Program Plan, including:
  - a. Safety inspections of all service vehicles;
  - b. Applicable Drug and Alcohol procedures, including training and monitoring;
  - c. Driver Training and Monitoring.
3. Compliance with requirement of monitoring subcontracted operators;
4. Compliance with maintenance of support documentation for plans, inspections, training and monitoring, and that said documentation is available upon request by an authorized representative of the Commission or the Agency for Health Care Administration.

I understand that providing false information may result in an unfavorable action by the Commission.

Signature:



Name:

FRANCES L. TERRY  
(Type or Print)

Title: EXECUTIVE DIRECTOR

## COMPLIANCE WITH RULE 41-2 FLORIDA ADMINISTRATIVE CODE

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

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

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

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

## ON-SITE OBSERVATION OF THE SYSTEM

1. Date of Observation:  
9/20/13
2. Please list any special guests that were present:  
None
3. Location:  
Suwannee River Economic Council mealsite to Hitchcocks Grocery Store
4. Number of Passengers picked up/dropped off  
4  
  
Ambulatory:  
4  
  
Non-Ambulatory  
0
5. Was the driver on time?  
 Yes  
 No If no, how many minutes late/early?
6. Did the driver provide any passenger assistance?  
 Yes  
 No
7. Was the driver wearing any identification?  
 Yes  
 No
8. Did the driver render an appropriate greeting?  
 Yes  
 No
9. Did the driver ensure the passengers were properly belted?  
 Yes  
 No
10. Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?  
 Yes  
 No
11. Is there a sign posted on the interior of the vehicle with both a local phone number and the Transportation Disadvantaged Helpline for comments/complaints/commendations?  
 Yes  
 No
12. Does the vehicle have working heat and air conditioning?  
 Yes  
 No



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

**PURCHASING AGENCY SURVEY**

Purchasing Agency: Florida Commission for the Transportation Disadvantaged

1) Does your agency purchase transportation from Suwannee River Economic Council, Inc.?

- YES
- NO

2) What is your agency's primary purpose for purchasing transportation services for your clients?

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

3) On average, how often do your clients use Suwannee River Economic Council, Inc.'s service?

- 7 Days/Week
- 1-2 Times/Week
- 3-5 Times/Week
- 1-3 Times/Month
- Less than 1 Time/Month

4) Have you or your clients had any problems with Suwannee River Economic Council, Inc.'s service?

- Yes
- No If no, skip to question 6

5) What type of problems have you or your clients had with Suwannee River Economic Council, Inc.'s service?

- Advance notice requirement
- Cost
- Service area limits
- Pick up times not convenient
- Vehicle condition
- Lack of passenger assistance
- Accessibility concerns
- Complaints about drivers
- Complaints about timeliness
- Length of call hold time for reservations
- Other \_\_\_\_\_

6) Overall, are you satisfied with the transportation services that your clients receive from Suwannee River Economic Council, Inc.?

- Yes
- No If no, why? \_\_\_\_\_

Comments: \_\_\_\_\_

PURCHASING AGENCY SURVEY

Purchasing Agency: AMCA

1) Does your agency purchase transportation from Suwannee River Economic Council, Inc.?

- No
 Yes

2) What is your agency's primary purpose for purchasing transportation services for your clients?

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

3) On average, how often do your clients use Suwannee River Economic Council, Inc.'s service?

- 7 Days/Week
 1-2 Times/Week
 3-5 Times/Week
 3 Times/Month

4) Have you or your clients had any problems with Suwannee River Economic Council, Inc.'s service?

- Yes
 No If no, skip to question 6

5) What type of problems have you or your clients had with Suwannee River Economic Council, Inc.'s service?

- Advance notice requirement
 Cost
 Service area limits
 Pick up times not convenient
 Vehicle condition
 Lack of passenger assistance
 Accessibility concerns
 Complaints about drivers
 Complaints about timeliness
 Length of call hold time for reservations

Other 2 complaints from one rider regarding reservationist, there have been no other complaints in the past year.

6) Overall, are you satisfied with the transportation services that your clients receive from Suwannee River Economic Council, Inc.?

- Yes
 No If no, why?

Comments: Mark Pearson has been responsive & helpful whenever I've called him.

**LEVEL OF COST**

Insert Cost page from the AOR.

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

County: Gilchrist		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Submitted to FLCTD			
Section VII: Financial Data			
<b>2. Expense Sources</b>			
<b>Expense Item</b>	<b>Community Transportation Coordinator</b>	<b>Coordination Contractor</b>	<b>TOTAL EXPENSES</b>
Labor (501):	\$65,925.00	\$0.00	\$65,925.00
Fringe Benefits (502):	\$34,039.00	\$0.00	\$34,039.00
Services (503):	\$12,962.00	\$0.00	\$12,962.00
Materials and Supplies Cons. (504):	\$111,494.00	\$0.00	\$111,494.00
Utilities (505):	\$6,404.00	\$0.00	\$6,404.00
Casualty and Liability (506):	\$8,408.00	\$0.00	\$8,408.00
Taxes (507):	\$79.00	\$0.00	\$79.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$7,780.00	\$0.00	\$7,780.00
Miscellaneous (509):	\$282.00	\$0.00	\$282.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$14,415.00	\$0.00	\$14,415.00
Annual Depreciation (513):	\$0.00	\$0.00	\$0.00
Contributed Services (530):	\$16,374.00	\$0.00	\$16,374.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL:</b>	<b>\$278,162.00</b>	<b>\$0.00</b>	<b>\$278,162.00</b>

**LEVEL OF COMPETITION**

1. Inventory of Transportation Operators in the Service Area

	Transportation Providers Available	Transportation Providers Contracted in the System.
Private Non-Profit	1	1
Private For-Profit	0	0
Government	1	1
Public Transit Agency	0	0
Total	2	2

2. How many of the operators are coordination contractors? 0

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

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

<input type="checkbox"/>	Low bid
<input type="checkbox"/>	Requests for qualifications
<input type="checkbox"/>	Negotiation only

<input checked="" type="checkbox"/>	Requests for proposals
<input type="checkbox"/>	Requests for interested parties
<input type="checkbox"/>	

## LEVEL OF COORDINATION

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

All plans for providing transportation disadvantaged services are coordinated.

2. Eligibility – How is passenger eligibility coordinated for local transportation services?

Suwannee River Economic Council determines passenger eligibility.

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

Individuals call Suwannee River Economic Council to schedule all trips.

4. Reservations – How is the duplication of a reservation prevented?

Suwannee River Economic Council handles all trip reservations.

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

Suwannee River Economic Council handles all trip allocations.

6. Scheduling – How is the trip assignment to vehicles coordinated?

Suwannee River Economic Council schedules all trips.

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

Suwannee River Economic Council monitors transportation operators.







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

H.B.

---

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

October 7, 2013

TO: Gilchrist County Transportation Disadvantaged Coordinating Board  
FROM: Lynn Godfrey, AICP, Senior Planner  
SUBJECT: Rural Area Capital Assistance Program Grant Application

RECOMMENDATION

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

BACKGROUND

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

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

Attachment

t:\lynn\td13\gilchrist\memos\rcag.docx

Dedicated to improving the quality of life of the Region's citizens,  
by coordinating growth management, protecting regional resources,  
promoting economic development and providing technical services to local governments.



# EXHIBIT A

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

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

12. I hereby certify that this document has been duly authorized by the governing body of the applicant, and the applicant intends to complete the project, and to comply with any attached assurances if the assistance is awarded.

Frances Terry, Executive Director

TYPED NAME OF AUTHORIZED REPRESENTATIVE AND TITLE

*James Day*

SIGNATURE OF AUTHORIZED REPRESENTATIVE

September 13, 2013

DATE

13. **Local Coordinating Board Approval**

I hereby certify that this grant has been reviewed in its entirety by the

\_\_\_\_\_ County Coordinating Board.

\_\_\_\_\_  
COORDINATING BOARD CHAIRPERSON'S SIGNATURE

\_\_\_\_\_  
DATE

# EXHIBIT B

## PROPOSED PROJECT FUNDING

### I. Project Description and Cost

Capital equipment - **Prioritize based on need.**  
If vehicle, specify type of vehicle and fuel type  
(gas, diesel, alternative)

- |                            |             |
|----------------------------|-------------|
| 1. Small Cutaway Van (gas) | \$66,000.00 |
| 2.                         | \$          |
| 3.                         | \$          |

**Total Project Cost** \$66,000.00

### II. Funding Participation

- |   |                    |
|---|--------------------|
| A. Transportation Disadvantaged Trust Funds | (90%) \$59,400.00  |
| B. Local Match                              | (10%) \$6,600.00   |
| C. <b>Total Project Cost</b>                | <b>\$66,000.00</b> |

# EXHIBIT C

## SCOPE

### **Who:**

Suwannee River Economic Council, Inc. currently provides transportation services to the disadvantaged in Dixie and Gilchrist Counties. Approximately 11,852 trips are expected to be performed in the upcoming year. Many of these riders have no other means of transportation to and from medical facilities. In most cases it is over 70 miles to the nearest medical facility from these rural areas. Many of these riders are elderly and in need of life sustaining treatments. Approval of this grant will ensure the quality of service these people receive will be at a level that is deserved.

### **What:**

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

### **Where:**

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

### **When:**

SREC, Inc. predicts that the services provided by this grant can begin by October 1, 2012. This will allow time for the new vehicle to be purchased.

### **How:**

This service will be a continuation of the services that are already being provided and therefore should not cause any interruptions of services. The new vehicle that will be obtained through this grant will only enhance the quality of service and ensure the continuation of these services.

### **Why:**

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

# AUTHORIZING RESOLUTION

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

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

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

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

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


BOARD OF SUWANNEE RIVER ECONOMIC COUNCIL, INC.

Richard Tillis, Vice President

Typed name of Chairperson



Signature of Chairperson



ATTEST:

Signature

# EXHIBIT E

## STANDARD ASSURANCES

The recipient hereby assures and certifies that:

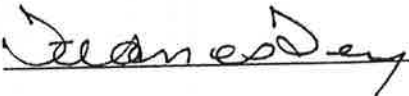
- (1) The recipient will comply with the federal, state, and local statutes, regulations, executive orders, and administrative requirements which relate to discrimination on the basis of race, color, creed, religion, sex, age, and handicap with respect to employment, service provision, and procurement.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



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

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

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

Date: September 13, 2013 Signature: 

Name: Frances Terry

Title: Executive Director

# EXHIBIT F

## CURRENT VEHICLE INVENTORY FORM

Name of CTC: Suwannee River Economic Council, Inc.

Model Year	Vehicle Make And Type	FDOT Control No. or Vin No.	W/C Equip	Avg. Miles Per Year	Current Mileage	Anticipated Retire date	Source Funded By
2005*	Ford Cutaway	1FDWE35L 64HA37038	Y	30,324	242,591	2010	FDOT
2007*	GMC Cutaway	1GDJG31U 461247748	Y	17,696	106,177	2012	FDOT
2009	Chevy Cutaway	1GBJG31K 481232418	Y	32,298	129,192	2014	TD-RC
2009	Ford Cutaway	1FDFE45S 39DA88332	Y	18,539	74,157	2014	5311-STIM
2009	Ford Cutaway	1FDFE45S 59DA88333	Y	34,433	137,730	2014	5311-STIM
2010	Chevy Cutaway	1GBJG31K 191172261	Y	24,466	73,398	2015	FDOT
2011	Chevy Cutaway	1GB3G2BG 4B1171025	Y	15,285	30,569	2016	TD-RC

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

**U.S.C. Section 5311 ARRA Grant Program**

<b>PROJECT</b>	<b>PROJECT YEAR</b>	<b>LOCATION</b>	<b>ESTIMATED COST</b>	<b>FUNDING SOURCE</b>
Construction of maintenance facilities for van repairs, cleaning and safety inspections.	2009/10	Bradford, Dixie, Gilchrist and Lafayette Counties	\$150,000 Federal	U.S.C. Section 5311 ARRA

**Rural Area Capital Assistance Program**

<b>PROJECT</b>	<b>PROJECT YEAR</b>	<b>LOCATION</b>	<b>ESTIMATED COST</b>	<b>FUNDING SOURCE</b>
<u>Purchase one replacement vehicle.</u>	<u>2013/14</u>	<u>Dixie and Gilchrist Counties</u>	<u>\$59,400 State</u>  <u>\$6,600 Local</u>	<u>Rural Area Capital Assistance Program Grant</u>  <u>Suwannee River Economic Council</u>

**Transportation Disadvantaged Trust Fund Grant**

<b>PROJECT</b>	<b>PROJECT YEAR</b>	<b>LOCATION</b>	<b>ESTIMATED COST</b>	<b>FUNDING SOURCE</b>
Provide trips to transportation disadvantaged individuals.	2013/14	Dixie County	\$191,075 State  \$21,231 Local	Transportation Disadvantaged Trust Fund  Suwannee River Economic Council



#D.



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October 7, 2013

TO: Gilchrist County Transportation Disadvantaged Coordinating Board  
FROM: Lynn Godfrey, AICP, Senior Planner  
SUBJECT: 2012-2013 Annual Operations Report

RECOMMENDATION

**Review the 2012/2013 Annual Operations Report.**

BACKGROUND

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

Attachment

t:\lynn\td13\gilchrist\memos\lor.docx



# FLCTD

## Annual Operations Report

### Section I: Face Sheet

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

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

County: Gilchrist

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

Status: Submitted to FLCTD

**Section II: Coordinated System General Information**

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

Number of Private Non-Profits: 1

Number of Private For-Profits: 0

**Public Entities:**

School Board: 0

Municipality: 0

County: 1

Transit Authority: 0

Other: 0

**Total: 2**

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

0



# FLCTD

## Annual Operations Report

### Section III: Passenger Trip Info

County: <b>Gilchrist</b>		Fiscal Year: <b>July 1, 2012 - June 30, 2013</b>	
<b>Status: Submitted to FLCTD</b>			
<b>Section III: Passenger Trip Information</b>			
<b>1a. One-Way Passenger Trips</b>			
Type of Service	Service Area		Total
	Within	Outside	
<b>Fixed Route/Fixed Schedule</b>			
Daily Trip Tickets	0	0	0
Weekly Passes	0	0	0
Monthly Passes	0	0	0
<b>Deviated Fixed Route Service</b>	0	0	0
<b>Paratransit</b>			
Ambulatory	1417	2387	3804
Non-Ambulatory	643	333	976
Stretcher	22	6	28
<b>Other Services</b>			
School Board Trips	0	0	0
<b>Total Trips</b>	<b>2082</b>	<b>2726</b>	<b>4808</b>
<b>1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)?</b>			0
<b>1c. How many of the total trips were provided by coordination contractors?</b>			0
<b>2. One-Way Trips by Funding Source</b>			
Agency for Health Care Administration			1426
Agency for Persons with Disabilities			0
Agency for Workforce Innovation			0
Commission for the Transportation Disadvantaged			2862
Department of Children and Families			0
Department of Community Affairs			0
Department of Education			0
Department of Elder Affairs			519
Department of Health			0

Department of Juvenile Justice	0
Florida Department of Transportation	0
Local Government	0
Local Non-Government	1
Other Federal Programs	0
<b>Total:</b>	<b>4808</b>
<b>3. One-Way Trips by Passenger Type</b>	
Was this information obtained by sampling?	
<b>Elderly</b>	
Low Income:	2209
Disabled:	224
Low Income and Disabled:	289
Other:	0
<b>Children</b>	
Low Income:	325
Disabled:	61
Low Income and Disabled:	0
Other:	0
<b>Other</b>	
Low Income:	1445
Disabled:	101
Low Income and Disabled:	154
Other:	0
<b>Total:</b>	<b>4808</b>
<b>4. One-Way Passenger Trips - by Purpose</b>	
Was this information obtained by sampling?	yes
Medical Purpose	4289
Employment Purpose	0
Education/Training/Daycare Purpose	0
Nutritional Purpose	419
Life-Sustaining/Other Purpose	100
<b>Total:</b>	<b>4808</b>
<b>5. Unduplicated Passenger Head Count</b>	
5a. Paratransit/Deviated Fixed Route/ School Brd	356

5b. Fixed Route	0
<b>Total:</b>	356
<b>6. Number of Unmet Trip Requests</b>	
	31
<b>Unmet Trip Requests by Type of Trip</b>	
Unmet Medical	0
Unmet Employment	0
Unmet Education/Training/Daycare	0
Unmet Nutritional	0
Unmet Life-Sustaining/Other	31
<b>Reason Trip was Denied (Optional)</b>	
Lack of Funding:	0
Lack of Vehicle Availability:	0
Lack of Driver Availability:	0
Other:	0
<b>7.) Number of Passenger No-shows</b>	
	15
<b>Passenger No-Shows by Funding Source (optional)</b>	
CTD:	0
AHCA:	15
AWI:	0
DCF:	0
APD:	0
DOE:	0
DOEA:	0
Other:	0
<b>8. Complaints</b>	
Complaints by Service	0
Complaints by Policy	0
Complaints by Vehicle	0
Complaints by Other	0
<b>Complaint Total:</b>	0
<b>9. Commendations</b>	
Commendations by CTC	0

Commendations by Transportation Providers	0
Commendations by Coordination Contractors	0
<b>Total Commendations:</b>	<b>0</b>

# FLCTD

## Annual Operations Report

### Section IV: Vehicle Info

County: <b>Gilchrist</b>		Fiscal Year: <b>July 1, 2012 - June 30, 2013</b>	
<b>Status: Submitted to FLCTD</b>			
<b>Section IV: Vehicle Information</b>			
<b>1. Mileage Information</b>			
	<b>Vehicle Miles</b>		<b>Revenue Miles</b>
CTC:	95308		79698
Transportation Providers:	3004		2580
Coordination Contractors:	0		0
School Bus Utilization Agreement:	0		0
<b>Total:</b>	<b>98312</b>		<b>82278</b>
<b>2. Roadcalls</b>			
	1		
<b>3. Accidents</b>			
	<b>Chargeable</b>		<b>Non-Chargeable</b>
Total Accidents Person Only:	0		0
Total Accidents Vehicle Only:	0		0
Total Accidents Person & Vehicle:	0		0
<b>Total Accidents:</b>	<b>0</b>		<b>0</b>
<b>Grand Total:</b>	<b>0</b>		
<b>4. Total Number of Vehicles</b>			
	9		
		<b>Count</b>	<b>Percentage</b>
a. Total vehicles that are wheelchair accessible:		9	100.00%
b. Total vehicles that are stretcher equipped:		2	22.00%

# FLCTD

## Annual Operations Report

### Section V: Employee Info

County: <b>Gilchrist</b>		Fiscal Year: <b>July 1, 2012 - June 30, 2013</b>	
<b>Status: Submitted to FLCTD</b>			
<b>Section V: Employee Information</b>			
<b>1. CTC and Transportation Provider Employee Information</b>			
			<b>Hours</b>
Full-Time Drivers	3		4980
Part-Time Drivers	1		1324
Volunteer Drivers	0		0
<b>Total Hours:</b>			<b>6304</b>
Maintenance Employees	0		
Dispatchers	1		
Schedulers	0		
Call Intake/Reserv./Cust. Serv.	0		
Other Operations Employees	0		
			<b>Hours</b>
Other Volunteers	0		0
Administrative Support	0		
Management Employees	1		
<b>Total</b>	<b>6</b>		
<b>2. Coordination Contractors Employee Information</b>			
			<b>Hours</b>
Full-Time Drivers	0		0
Part-Time Drivers	0		0
Volunteer Drivers	0		0
<b>Total Hours:</b>			<b>0</b>
Maintenance Employees	0		
Dispatchers	0		
Schedulers	0		
Call Intake/Reserv./Cust. Serv.	0		

Other Operations Employees	0	
		<b>Hours</b>
Other Volunteers	0	0
Administrative Support	0	
Management Employees	0	
<b>Total</b>	0	
		<b>TOTAL HOURS: 6304</b>

# FLCTD

## Annual Operations Report

### Section VI: Revenue Sources

County: <b>Gilchrist</b>		Fiscal Year: <b>July 1, 2012 - June 30, 2013</b>	
<b>Status: Submitted to FLCTD</b>			
<b>Section VI: Financial Data</b>			
<b>1. Detailed Revenue and Trips Provided by Funding Source</b>			
<b>Revenue Source</b>	<b>CTC and Transportation Providers</b>	<b>Coordination Contractors</b>	<b>TOTAL REVENUES</b>
<b>Agency for Health Care Administration</b>			
Medicaid Non-Emergency	\$76,724.00	\$0.00	\$76,724.00
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$0.00	\$0.00	\$0.00
<b>Agency for Persons with Disabilities</b>			
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00
Developmental Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Agency for Workforce Innovation</b>			
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Commission for the Transportation Disadvantaged</b>			
Non-Sponsored Trip Program	\$91,979.00	\$0.00	\$91,979.00



Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00
Rural Capital Equip.	\$55,378.00	\$0.00	\$55,378.00
TD Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Children and Families</b>			
Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00
Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Community Affairs</b>			
Community Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Education</b>			
Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$0.00	\$0.00	\$0.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Elder Affairs</b>			
Older Americans Act	\$4,858.00	\$0.00	\$4,858.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Health</b>			
Children's Medical Services	\$0.00	\$0.00	\$0.00
Office of Disability Deter.	\$0.00	\$0.00	\$0.00

County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
<b>Department of Juvenile Justice</b>			
(specify)	\$0.00	\$0.00	\$0.00
<b>Department of Transportation</b>			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$0.00	\$0.00	\$0.00
49 USC 5311 (Section 18)	\$82,762.00	\$0.00	\$82,762.00
490USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$0.00	\$0.00	\$0.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify)	\$0.00	\$0.00	\$0.00
<b>Local Government</b>			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$0.00	\$0.00	\$0.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
<b>Local Non-Government</b>			
Farebox	\$1,629.00	\$0.00	\$1,629.00

Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$16,374.00	\$0.00	\$16,374.00
<b>Other Federal or State Programs</b>			
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL:</b>			
	\$329,704.00	\$0.00	\$329,704.00

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

County: Gilchrist		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Submitted to FLCTD			
Section VII: Financial Data			
<b>2. Expense Sources</b>			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$65,925.00	\$0.00	\$65,925.00
Fringe Benefits (502):	\$34,039.00	\$0.00	\$34,039.00
Services (503):	\$12,962.00	\$0.00	\$12,962.00
Materials and Supplies Cons. (504):	\$111,494.00	\$0.00	\$111,494.00
Utilities (505):	\$6,404.00	\$0.00	\$6,404.00
Casualty and Liability (506):	\$8,408.00	\$0.00	\$8,408.00
Taxes (507):	\$79.00	\$0.00	\$79.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$7,780.00	\$0.00	\$7,780.00
Miscellaneous (509):	\$282.00	\$0.00	\$282.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$14,415.00	\$0.00	\$14,415.00
Annual Depreciation (513):	\$0.00	\$0.00	\$0.00
Contributed Services (530):	\$16,374.00	\$0.00	\$16,374.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL:</b>	<b>\$278,162.00</b>	<b>\$0.00</b>	<b>\$278,162.00</b>

PERFORMANCE TRENDS - GILCHRIST COUNTY, 2011 - 2013

PERFORMANCE STANDARD	MEASURE	Fiscal Year 2010/2011	Fiscal Year 2011/2012	Fiscal Year 2012/2013	Percent Change 2011/2012 - 2012/2013
<b>TOTAL SERVICE</b>	Passenger Trips	6,466	4,702	4,808	2%
	Ambulatory Trips	4,756	2,314	3,804	39%
	Non-Ambulatory Trips	1,632	324	976	67%
	Stretcher Trips	78	13	28	54%
	Revenue Vehicle Miles	102,057	91,194	82,278	-11%
	Vehicle Miles	133,505	99,264	98,312	-1%
	Driver Hours	6,629	6,538	6,304	-4%
<b>SERVICE EFFECTIVENESS</b>	Passenger Trips/Revenue Vehicle Mile	0.06	0.05	0.06	12%
	Passenger Trips/Vehicle Mile	0.05	0.05	0.05	3%
	Passenger Trips/Driver Hour	0.98	0.72	0.76	6%
<b>COST EFFECTIVENESS &amp; EFFICIENCY</b>	Revenue	\$241,071.00	\$254,193.00	\$329,704.00	23%
	Expenses	\$193,160.00	\$199,860.00	\$278,162.00	28%
	Cost/Passenger Trip	\$29.87	\$42.51	\$57.85	27%
	Cost/Revenue Vehicle Mile	\$1.89	\$2.19	\$3.38	35%
	Cost/Vehicle Mile	\$1.45	\$2.01	\$2.83	29%
	Cost/Vehicle	\$21,462.22	\$22,206.67	\$30,906.89	28%
	Cost/Driver Hour	\$29.14	\$30.57	\$44.12	31%
<b>VEHICLE UTILIZATION</b>	Vehicles	9	9	9	0%
	Revenue Vehicle Miles Per Trip	16	19	17	-13%
	Passenger Trips/Vehicles	718	522	534	2%
	Vehicle Miles/Vehicle	14,833.89	11,029.33	10,923.56	-1%
	Revenue Vehicle Miles/Vehicle	11,339.67	10,132.67	9,142.00	-11%
<b>SAFETY</b>	Accidents	0	0	0	#DIV/0!
	Accidents/100,000 Miles	0	0	0	#DIV/0!
<b>SERVICE AVAILABILITY</b>	Average Vehicle Miles Between Roadcalls	133,505	99,264	98,312	-1%
	Roadcalls	0	1	1	0%
	Unmet Trip Requests	31	29	31	6%
	Passenger No Shows	12	15	15	0%

Source - Annual Operating Reports





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October 7, 2013

**TO:** Gilchrist County Transportation Disadvantaged Coordinating Board  
**FROM:** Lynn Godfrey, AICP, Senior Planner  
**SUBJECT:** Statewide Medicaid Managed Care Program

RECOMMENDATION

**For information only. No action is required.**

BACKGROUND

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

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

Attachment

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





## Lynn Godfrey

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**From:** Holmes, Steven [Steven.Holmes@dot.state.fl.us]  
**Sent:** Thursday, September 26, 2013 10:47 AM  
**To:** Holmes, Steven  
**Cc:** CO-CTD Staff  
**Subject:** Managed Medical Assistance Plans Awarded by Region  
**Attachments:** MMA Plans Awarded by Region.xlsx

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

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

Thanks

*Steve Holmes*

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



Join us on Facebook and Twitter

## Lynn Godfrey

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**From:** Holmes, Steven [Steven.Holmes@dot.state.fl.us]  
**Sent:** Thursday, September 26, 2013 12:45 PM  
**To:** Holmes, Steven  
**Subject:** FW: Health Plan Selected for SMMC - MMA Program

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

*Steve Holmes*

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



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**From:** "Office of Communications, Florida Agency for Health Care Administration Press Secretary "  
<[ahcacomunications@ahca.myflorida.com](mailto:ahcacomunications@ahca.myflorida.com)>  
**Date:** September 23, 2013, 4:00:10 PM EDT  
**To:** <[chiefs@ahca.myflorida.com](mailto:chiefs@ahca.myflorida.com)>  
**Subject:** Health Plans Selected for the Statewide Medicaid Managed Care Managed Medical Assistance Program



# PRESS RELEASE

## IMMEDIATE RELEASE

September 23, 2013

For information contact:

Office of Communications  
[communications@ahca.myflorida.com](mailto:communications@ahca.myflorida.com)

850-688-1236

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

**Tallahassee, Fla.** –The Agency for Health Care Administration (Agency) selected the health plans it will contract with for the Managed Medical Assistance program. The Agency selected 10 general, non-specialty MMA plans via a competitive bidding process. In addition, the Agency selected five companies to provide specialty plans, including specialty plans focused on HIV/AIDS, child welfare and foster care, severe and persistent mental illness, and individuals with chronic conditions. A listing of the plans selected for each region and relevant information about the procurement can be found via the Agency's Management Services' Vendor Bid System at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu). A summary chart of the plans is available at [http://www.myflorida.com/apps/vbs/vbs\\_main\\_menu](http://www.myflorida.com/apps/vbs/vbs_main_menu).

-106-

ed in each region is below.

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

facts of note regarding the selected plans:

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

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

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

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

*Agency for Health Care Administration is committed to better health care for all Floridians. The Agency administers Florida's Medicaid program, lic  
gulates more than 45,000 health care facilities and 37 health maintenance organizations, and publishes health care data and statistics at  
[FloridaHealthFinder.gov](http://FloridaHealthFinder.gov). Additional information about Agency initiatives is available via [Facebook \(AHCAFlorida\)](#), [Twitter \(@AHCA\\_FL\)](#) and [YouTube \(AHCAFlorida\)](#).*

RESPONDENT NAME	REGION											Total Number of Awards
	1	2	3	4	5	6	7	8	9	10	11	
<b>General, Non-specialty Plans</b>												
Group Florida, Inc.					X	X						
Health, LLC - PSN	X					X				X		
Coast Advantage, LLC - PSN				X								
Florida Medical Plan, Inc.	X					X			X	X	X	
Florida Health Plan, Inc. d/b/a Integral Quality Care - PSN						X		X				
Florida Medical Plan, Inc.												X
Florida Health Choice - PSN		X	X		X	X	X		X			X
Florida State Health Plan, Inc.			X	X	X	X	X	X	X	X	X	X
Florida Healthcare of Florida, Inc.				X								X
Florida State of Florida, Inc. d/b/a Staywell Health Plan of Florida		X	X		X	X	X	X				X
<b>General, Non-specialty Plans Awarded</b>												
	2	2	3	3	4	7	3	3	3	3	3	6
<b>Specialty Plans</b>												
Florida State of Florida, Inc. d/b/a Positive Healthcare Florida HIV/AIDS Specialty Plan											X	X
Florida MHS, Inc. d/b/a Magellan Complete Care Serious Mental Illness Specialty Plan		X		X	X	X	X		X	X	X	X
Florida MHS, Inc. Cardiovascular Disease (CVD) Specialty Plan			X		X	X	X	X	X	X	X	X
Florida MHS, Inc. Chronic Obstructive Pulmonary Disease (COPD) Specialty Plan			X		X	X	X	X	X	X	X	X
Florida MHS, Inc. Congestive Heart Failure (CHF) Specialty Plan			X		X	X	X	X	X	X	X	X
Florida MHS, Inc. Diabetes Specialty Plan			X		X	X	X	X	X	X	X	X
Florida Healthcare Plans, Inc. d/b/a Clear Health Alliance HIV/AIDS Specialty Plan	X	X	X		X	X	X	X	X	X	X	X
Florida State Health Plan, Inc. Child Welfare Specialty Plan	X	X	X	X	X	X	X	X	X	X	X	X
<b>Specialty Plans Awarded</b>												
	2	3	6	2	7	7	7	6	7	8	8	8

###

Florida Agency for Health Care Administration

This message was sent from Florida Agency for Health Care Administration to [chiefs@ahca.myflorida.com](mailto:chiefs@ahca.myflorida.com). It was sent from: Florida Agency for Health Care Administration, 2727 Mahan Drive Tallahassee, FL 32308. You can modify/update your subscription via the link below.



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

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



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October 7, 2013

TO: Gilchrist County Transportation Disadvantaged Board  
FROM: Lynn Godfrey, AICP, Senior Planner  
SUBJECT: Operations Reports

RECOMMENDATION

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

BACKGROUND

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

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

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

Attachments

t:\lynn\td13\gilchrist\memos\statoct.docx



**QUARTERLY OPERATING REPORT  
GILCHRIST COUNTY  
APRIL - JUNE 2013**

**QUARTERLY OPERATING REPORT  
GILCHRIST COUNTY  
APRIL - JUNE 2012**

OPERATING DATA	OPERATOR		TOTAL
	Suwannee River Economic Council	Dixie County EMS	
<b>NUMBER OF INVOICED TRIPS</b>	<b>1,524</b>	<b>16</b>	<b>1,540</b>
Medicaid	337	16	353
Title III-B	0	0	0
TD Trust Fund	1,187	0	1,187
Other	0	0	0
<b>TOTAL VEHICLE MILES</b>	<b>31,855</b>	<b>620</b>	<b>32,475</b>
<b>TOTAL REVENUE VEHICLE MILES</b>	<b>26,829</b>	<b>506</b>	<b>27,335</b>
<b>TOTAL VEHICLE HOURS</b>	<b>1,434</b>	<b>15</b>	<b>1,449</b>
<b>TOTAL DOLLARS INVOICED</b>	<b>\$63,779.98</b>	<b>\$2,813.93</b>	<b>\$66,593.91</b>
Medicaid	\$26,944.41	\$2,813.93	\$29,758.34
Title III-B	\$0.00	\$0.00	\$0.00
TD Trust Fund	\$36,835.57	\$0.00	\$36,835.57
Other	\$0.00	\$0.00	\$0.00
<b>AVERAGE COST PER TRIP</b>	<b>\$41.85</b>	<b>\$175.87</b>	<b>\$43.24</b>
Medicaid	\$79.95	\$175.87	\$84.30
Title III-B	#DIV/0!	-	#DIV/0!
TD Trust Fund	\$31.03	#DIV/0!	\$31.03
Other	#DIV/0!	-	#DIV/0!
<b>AVG. COST PER VEHICLE MILE</b>	<b>\$2.00</b>	<b>\$4.54</b>	<b>\$2.05</b>
<b>AVG. COST PER REVENUE VEHICLE MILE</b>	<b>\$2.38</b>	<b>\$5.56</b>	<b>\$2.44</b>
<b>AVG. COST PER VEHICLE HOUR</b>	<b>\$44.48</b>	<b>\$187.60</b>	<b>\$45.96</b>
<b>TRIP PURPOSE*</b>	-	-	-
Medical	1,524	16	1,540
Employment	0	0	0
Education/Training	0	0	0
Shopping	0	0	0
Meal Site	0	0	0
Recreation	0	0	0
<b>NUMBER OF TRIPS DENIED</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NUMBER OF SINGLE PASSENGER TRIPS PROVIDED</b>	<b>48</b>	<b>16</b>	<b>64</b>
<b>% OF SINGLE PASSENGER TRIPS</b>	<b>3%</b>	<b>100%</b>	<b>4%</b>
<b>NUMBER OF ACCIDENTS</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NUMBER OF VEHICLES</b>	<b>9</b>	<b>2</b>	<b>11</b>
<b>AVERAGE TRIPS PER VEHICLE</b>	<b>169</b>	<b>8</b>	<b>140</b>
<b>AVERAGE MILES PER TRIP</b>	<b>21</b>	<b>39</b>	<b>21</b>
<b>NUMBER OF ROADCALLS</b>	<b>0</b>	<b>0</b>	<b>0</b>

OPERATING DATA	TOTAL
<b>NUMBER OF INVOICED TRIPS</b>	<b>1,112</b>
Medicaid	339
Title III-B	173
TD Trust Fund	600
Other	0
<b>TOTAL VEHICLE MILES</b>	<b>17,163</b>
<b>TOTAL REVENUE VEHICLE MILES</b>	<b>13,726</b>
<b>TOTAL VEHICLE HOURS</b>	<b>868</b>
<b>TOTAL DOLLARS INVOICED</b>	<b>43,648</b>
Medicaid	\$18,658.62
Title III-B	\$23,503.38
TD Trust Fund	\$1,486.30
Other	\$0.00
<b>AVERAGE COST PER TRIP</b>	<b>\$39.25</b>
Medicaid	\$55.04
Title III-B	\$135.86
TD Trust Fund	\$2.48
Other	#DIV/0!
<b>AVG. COST PER VEHICLE MILE</b>	<b>\$2.54</b>
<b>AVG. COST PER REVENUE VEHICLE MILE</b>	<b>\$3.18</b>
<b>AVG. COST PER VEHICLE HOUR</b>	<b>\$50.29</b>
<b>TRIP PURPOSE*</b>	-
Medical	939
Employment	0
Education/Training	0
Shopping	0
Meal Site	173
Recreation	0
<b>NUMBER OF TRIPS DENIED</b>	<b>0</b>
<b>NUMBER OF SINGLE PASSENGER TRIPS PROVIDED</b>	<b>63</b>
<b>% OF SINGLE PASSENGER TRIPS</b>	<b>0</b>
<b>NUMBER OF ACCIDENTS</b>	<b>0%</b>
<b>NUMBER OF VEHICLES</b>	<b>11</b>
<b>AVERAGE TRIPS PER VEHICLE</b>	<b>101</b>
<b>AVERAGE MILES PER TRIP</b>	<b>15</b>
<b>NUMBER OF ROADCALLS</b>	<b>0</b>

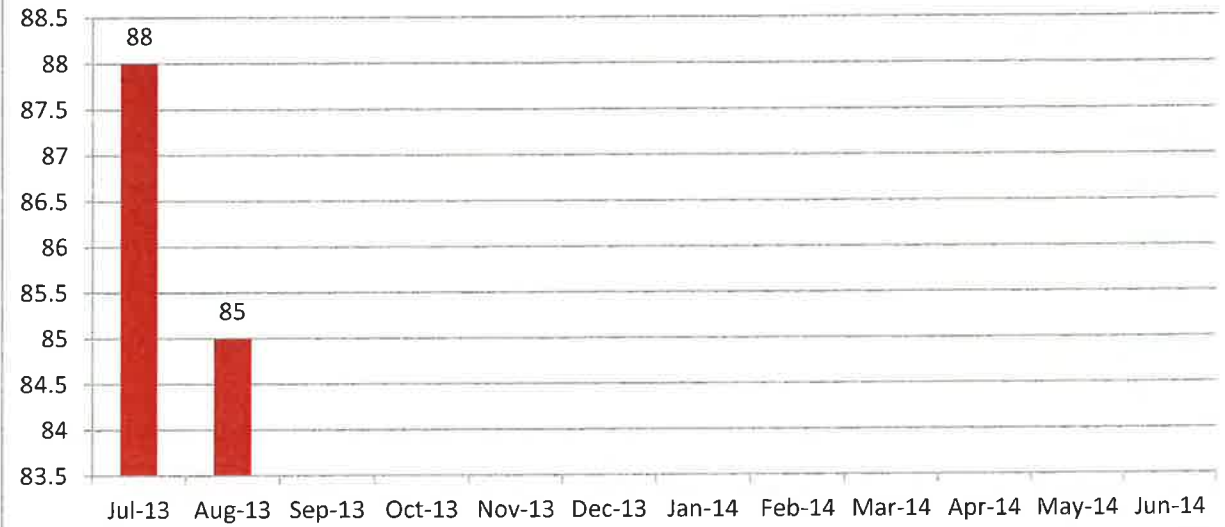
**2012-2013 TRIP/EQUIPMENT GRANT SUMMARY AQ035  
GILCHRIST COUNTY**

**CONTRACT AMOUNT: \$102,199.00**

<b>MONTH/ YEAR</b>	<b>TOTAL DOLLARS SPENT</b>	<b>TRUST FUND (90%)</b>	<b>LOCAL MATCH (10%)</b>	<b>TOTAL AMOUNT REMAINING</b>	<b>NUMBER OF TRIPS</b>	<b>AVERAGE COST PER TRIP</b>
July-12	\$3,648.37	\$3,283.53	\$364.84	\$98,550.63	145	\$25.16
August-12	\$3,123.07	\$2,810.76	\$312.31	\$95,427.56	122	\$25.60
September-12	\$3,899.44	\$3,509.50	\$389.94	\$91,528.12	117	\$33.33
October-12	\$4,767.15	\$4,290.43	\$476.72	\$86,760.97	145	\$32.88
November-12	\$6,713.62	\$6,042.26	\$671.36	\$80,047.35	167	\$40.20
December-12	\$8,071.01	\$7,263.91	\$807.10	\$71,976.34	201	\$40.15
January-13	\$8,515.00	\$7,663.50	\$851.50	\$63,461.34	209	\$40.74
February-13	\$11,347.30	\$10,212.57	\$1,134.73	\$52,114.04	214	\$53.02
March-13	\$15,279.47	\$13,751.52	\$1,527.95	\$36,834.57	356	\$42.92
April-13	\$15,861.63	\$14,275.47	\$1,586.16	\$20,972.94	463	\$34.26
May-13	\$12,366.63	\$11,129.97	\$1,236.66	\$8,606.31	402	\$30.76
June-13	\$8,607.31	\$7,746.58	\$860.73	(\$1.00)	322	\$26.73
Adjustment	(\$1.00)	(\$0.90)	(\$0.10)	\$0.00	2863	

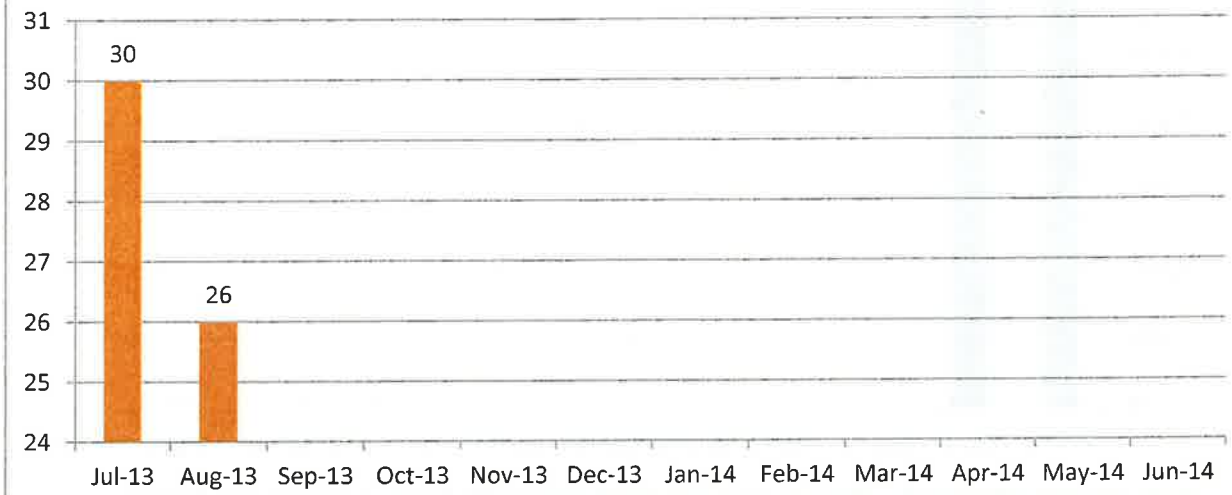


## Gilchrist County Medicaid Trips



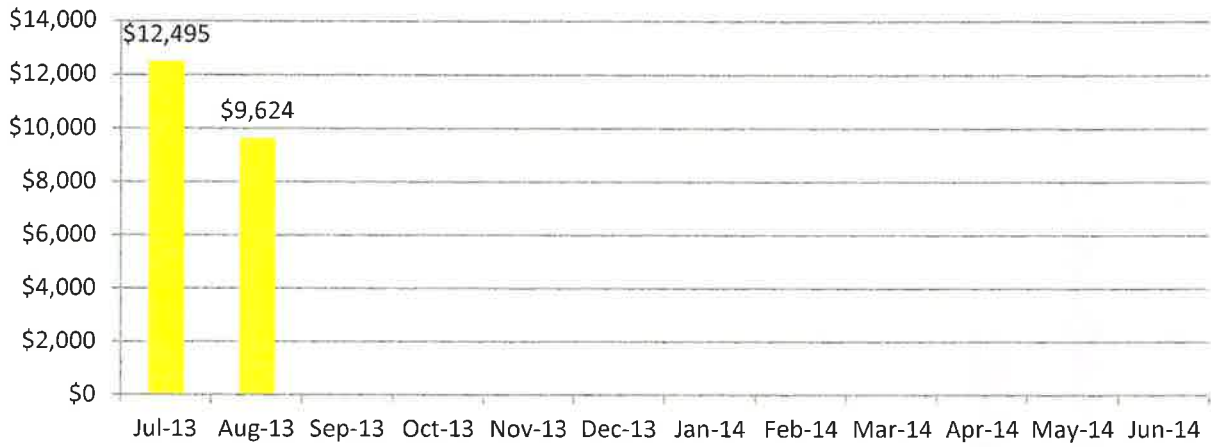
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Unduplicated Medicaid Passengers



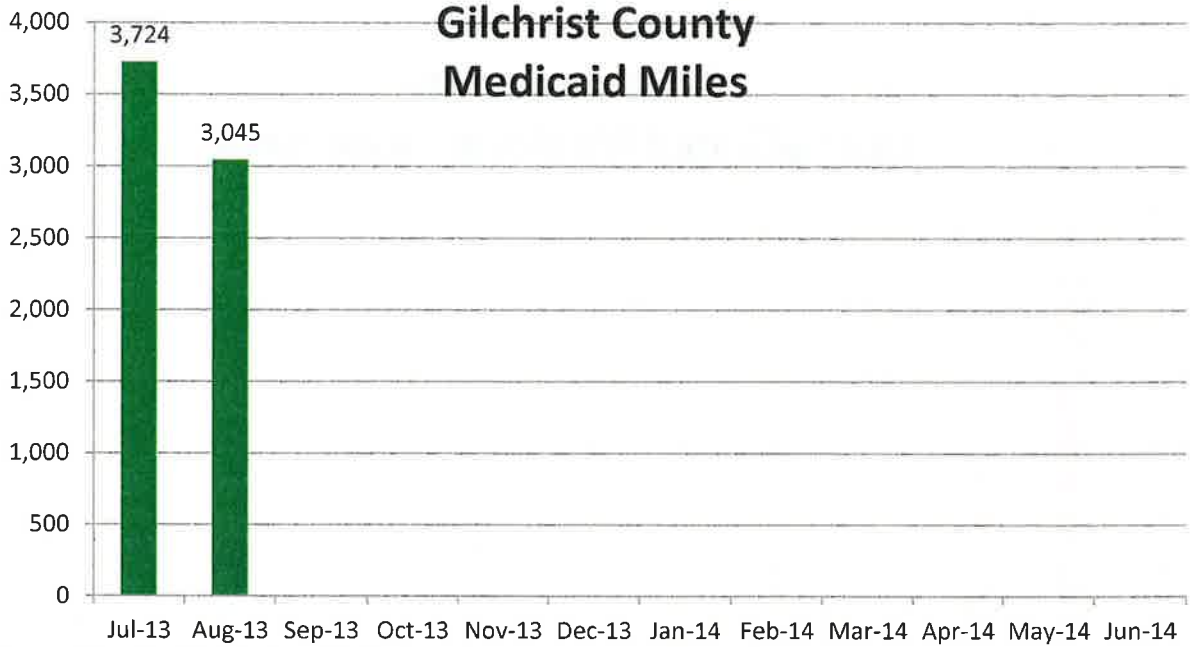
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Medicaid Trip Cost



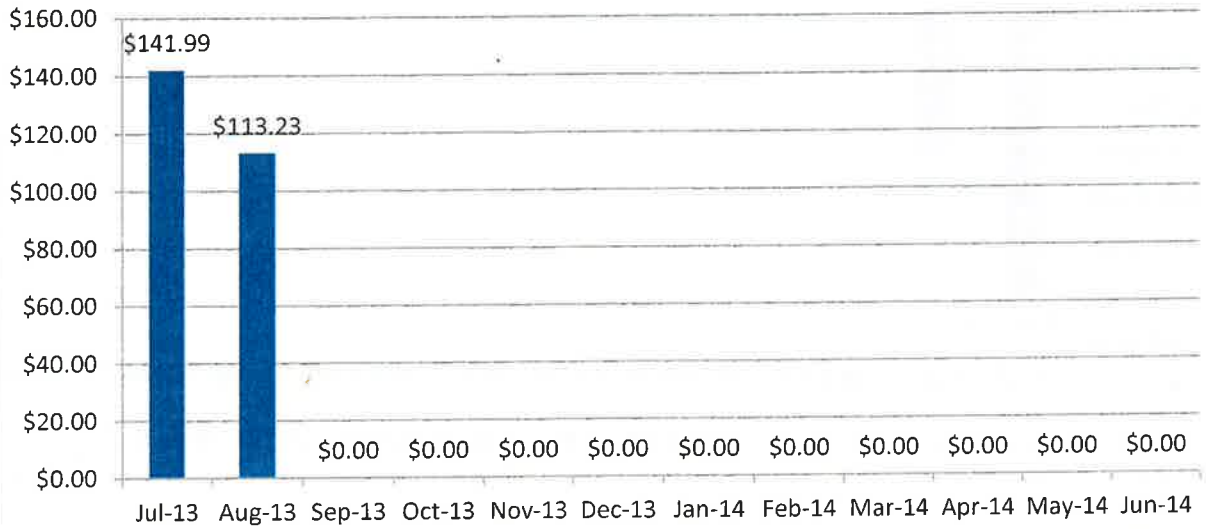
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Medicaid Miles



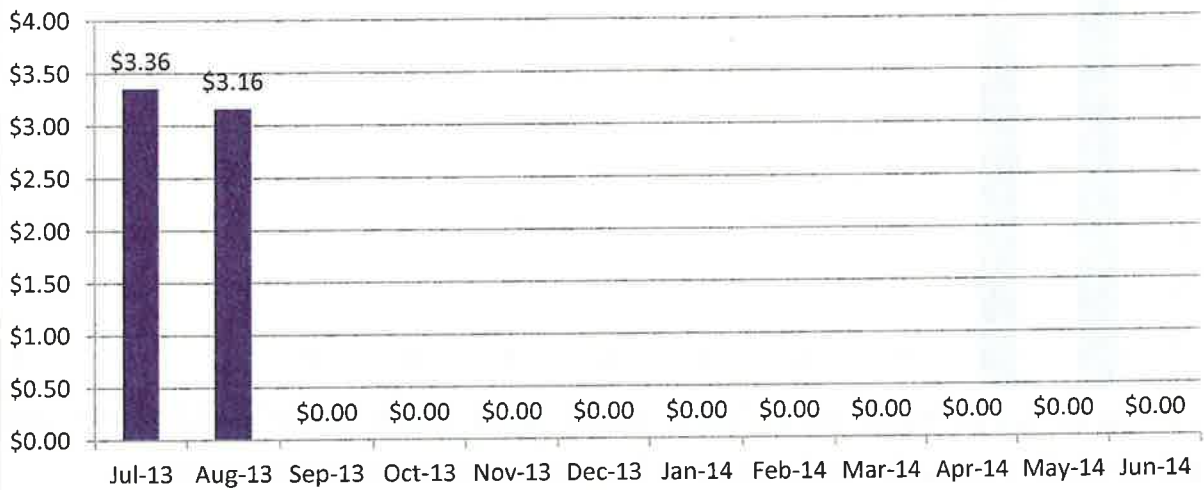
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Average Cost Per Medicaid Trip



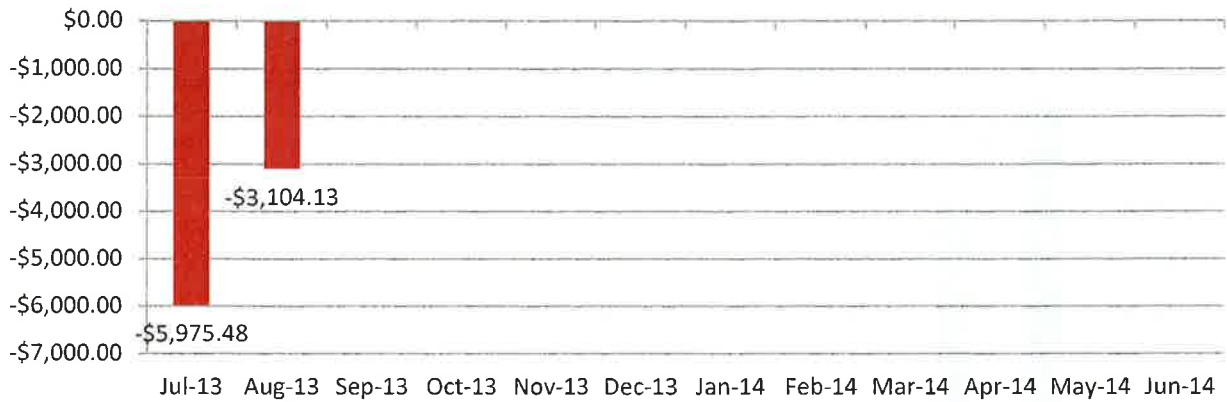
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Average Cost Per Medicaid Mile



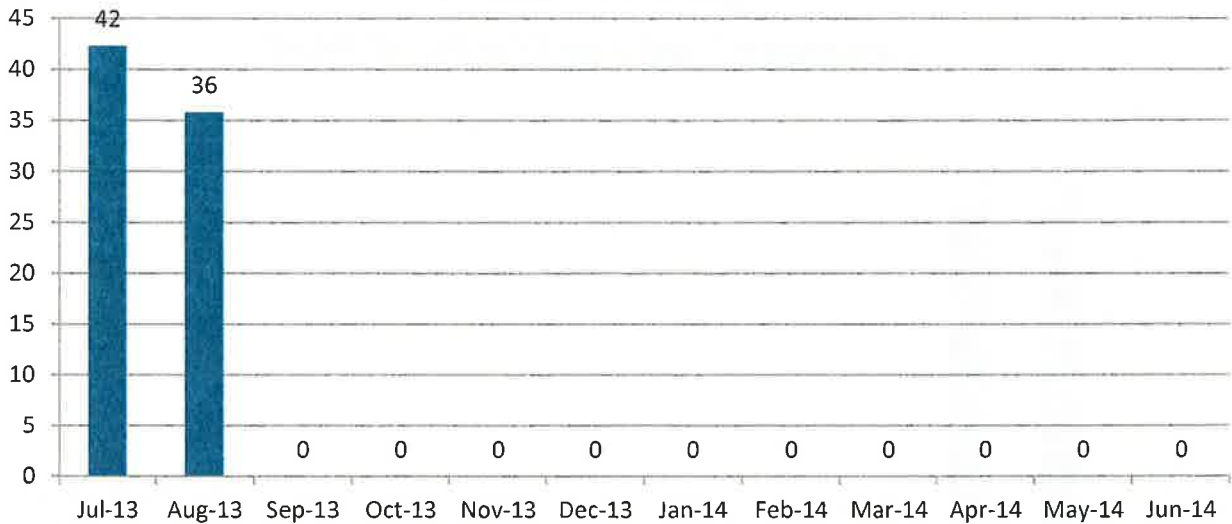
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

## Gilchrist County Medicaid Allocation vs Actual Service Cost



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

## Gilchrist County Average Medicaid Miles Per Trip



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

**GILCHRIST COUNTY  
 QUARTERLY SUMMARY OF SERVICE COMPLAINTS/COMMENDATIONS  
 APRIL - JUNE 2013**

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

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**ATTENDANCE RECORD**

**GILCHRIST COUNTY  
TRANSPORTATION DISADVANTAGED  
COORDINATING BOARD**

<b>MEMBER/ORGANIZATION</b>	<b>NAME</b>	<b>10/17/2012</b>	<b>1/9/2013</b>	<b>4/17/2013</b>	<b>8/28/2013</b>
Chair	Commissioner John Thomas			P	Bobby Crosby
Florida Department of Transportation Alternate Member	Sandra Collins Janell Damato	P	A A	P A	P A
Florida Department of Children and Families Alternate Member	Brad Seeling (Vacant)	P	P	P	P
Florida Agency for Health Care Administration Alternate Member	Alana McKay Andrew Singer	P A	P A	P A	P A
Florida Department of Education Alternate Member	Rayford Riels (Vacant)	A	P	A	P
Public Education Alternate Member	Cloud Haley (Vacant)	P	P	A	A
Citizen Advocate Alternate Member	William R. Cummings (Vacant)	P	P	P	P
Citizen Advocate-User Alternate Member	(Vacant) (Vacant)				
Elderly Alternate Member	Betty Ramey Richard Esseek	A A	A P	A P	A P
Veterans Alternate Member	Jim Mash (Vacant)	P	P	A	P
Persons with Disabilities Alternate Member	James McCrone (Vacant)	A	A	P	P
Florida Department of Elder Affairs Alternate Member	Cindy Roberts David Huckabee	A A	P A	P A	P A
Children at Risk Alternate Member	Tonya Hiers (Vacant)	P	A	P	P
Local Medical Community Alternate Member	(Vacant) (Vacant)				
Regional Workforce Board Alternate Member	Jaqueline Loubet (Vacant)			P	P

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 on the Board who fails to attend three consecutive meetings."

