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August 30, 2013

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Meeting Announcement

The Madison County Transportation Disadvantaged Coordinating Board will meet Monday, September 9, 2013 at 1:00 p.m. in the meeting room of the Madison County Courthouse Annex located at 112 E. Pinckney Street, Madison, 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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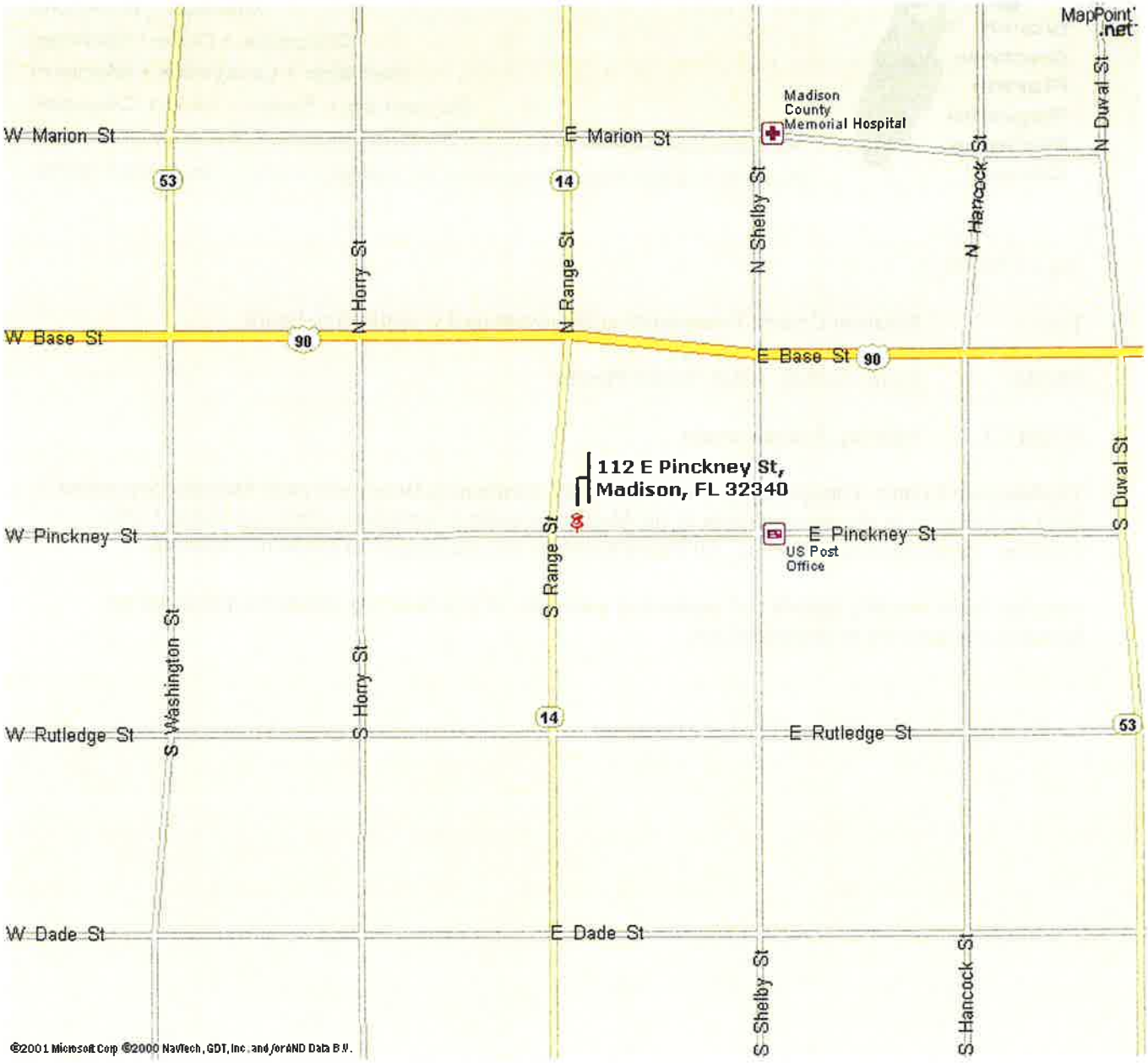
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Madison County Memorial Hospital
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Madison, FL 32340
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MADISON COUNTY

TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING ANNOUNCEMENT AND AGENDA

Madison County Courthouse Annex
112 E. Pinckney Street_
Madison, Florida 32340

Monday
September 9, 2013
1:00 p.m.

I. BUSINESS MEETING – CALL TO ORDER

A. Introductions

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

C. Approval of the May 6, 2013 Minutes — **ACTION REQUIRED**

II. NEW BUSINESS

A. Bylaws — **ACTION REQUIRED**

The Board needs to review and approve the Bylaws

B. Elect Vice-Chair — **ACTION REQUIRED**

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

C. Statewide Medicaid Managed Care Program — **NO ACTION REQUIRED**

Staff will discuss the Statewide Medicaid Managed Care Program

D. Unmet Needs — **NO ACTION REQUIRED**

The Board needs to identify unmet transportation needs in Madison County

E. Operations Reports **NO ACTION REQUIRED**

III. OTHER BUSINESS

A. Comments

1. Members

2. Citizens

IV. FUTURE MEETING DATES

A. Monday, December 2, 2013 at 1:00 p.m.

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

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

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MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	ALTERNATE
Commissioner Ronnie Moore Local Elected Official/Chair	Not Applicable
Sandra Collins Florida Department of Transportation	Janell Damato Florida Department of Transportation
Karen Page Florida Department of Children and Families	Vacant Florida Department of Children and Families
Vacant Florida Department of Education	Vacant Florida Department of Education
Rosa Richardson Florida Department of Elder Affairs	Vacant Florida Department of Elder Affairs
Faye Basiri Florida Agency for Health Care Administration	Harold Walker Florida Agency for Health Care Administration
Sheryl Rehberg Regional Workforce Board	Vacant Regional Workforce Board
Matthew Pearson Florida Association for Community Action	Vacant Florida Association for Community Action
Gladney Cherry Public Education	Vacant Public Education
Oliver Bradley Veterans	Vacant Veterans
Shanetha Mitchell (Term ending June 30, 2014) Citizen Advocate	Vacant Citizen Advocate
Donna Hagan (Term ending June 30, 2016) Citizen Advocate - User	Vacant Citizen Advocate - User
Vacant Persons with Disabilities	Vacant Persons with Disabilities
Vacant Elderly	Vacant Elderly
Leila C. Rykard Medical Community	Vacant Medical Community
Linda Jones 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.

MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEETING MINUTES

County Commission Meeting Room
Madison County Courthouse Annex
Madison, Florida

Monday
May 6, 2013
1:00 p.m.

VOTING MEMBERS PRESENT

Commissioner Ronnie Moore, Chair
Faye Basiri, Florida Agency for Health Care Administration
Gladney Cherry, Public Education Representative
Sandra Collins, Florida Department of Transportation
Cindy Hutto representing Donna Hagan, Citizen Advocate – User
Sheryl Rehberg, Workforce Development Board Representative
Rosa Richardson, Florida Department of Elder Affairs Representative
Myrtle Webb representing Frances Terry, Community Action Agency Representative

VOTING MEMBERS ABSENT

Linda Jones, Early Childhood Services Representative
Shanetha Mitchell, Citizen Advocate
Karen Page, Florida Department of Children and Families Representative

OTHERS PRESENT

Willie Ann Dickey, Big Bend Transit
Dino Kaklamanos, Big Bend Transit
Shawn Mitchell, Big Bend Transit

STAFF PRESENT

Lynn Godfrey, North Central Florida Regional Planning Council

I. BUSINESS MEETING CALL TO ORDER

Chairman Moore called the public hearing to order at 1:00 p.m.

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

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

C. Approval of the February 4, 2013 Minutes

ACTION: Fay Basiri moved to approve the February 4, 2013 minutes. Sheryl Rehberg seconded; motion passed unanimously.

II. NEW BUSINESS

A. Madison County Transportation Disadvantaged Service Plan Amendments

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that, at its last meeting, the Board asked staff to assign due dates to the strategies identified in the Implementation Plan of the Madison County Transportation Disadvantaged Service Plan. She said staff assigned draft due dates to the strategies identified in the Implementation Plan that are included in the meeting packet.

Ms. Godfrey also stated that the Madison County Transportation Disadvantaged Service Plan includes the rates charged for Transportation Disadvantaged and Medicaid Non-Emergency Transportation Program sponsored service. She said Big Bend Transit Inc.'s proposed Fiscal Year 2013/14 rates are included in the meeting packet.

The Board reviewed the draft due dates and proposed Fiscal Year 2013/14 rates.

ACTION: Sheryl Rehberg moved to approve the Madison County Transportation Disadvantaged Service Plan amendments. Myrtle Webb seconded; motion passed unanimously.

B. Unmet Needs

Ms. Godfrey stated that the Florida Commission for the Transportation Disadvantaged requested that the Board identify unmet transportation needs in order to secure additional Transportation Disadvantaged Trust Funds. She asked the Board to report at the meetings any unmet needs that the members are aware of.

Ms. Basiri discussed the importance of identifying unmet needs at the meetings and to discuss ways to meet them.

C. Operations Reports

Ms. Willie Ann Dickey, Big Bend Transit, presented Big Bend Transit's Operations Report.

Chairman Moore announced that the Madison County Board of County Commissioners and the City of Madison both contributed $5,000 to continue the Madison In-Town Shuttle.

Mr. Dino Kaklamanos, Big Bend Transit General Manager, said this will help continue the Madison Shuttle service until new Florida Department of Transportation funding is available to fund the shuttle in July.

IV. OTHER BUSINESS

A. Comments

1. Members

Ms. Sandra Collins commended Big Bend Transit for the excellent service they provide in Madison County and for continually seeking additional project funds through the Florida Department of Transportation.

Chairman Moore asked the Board to send letters of appreciation to the Madison County Board of County Commissioners and to the Madison City Commission for providing funds to continue the Madison Shuttle.

2. Citizens

There were no citizen comments.

V. FUTURE MEETING DATES

Chairman Moore stated that the next meeting of the Board will be held Monday, September 9, 2013 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 2:30 p.m.

_____ _____

Coordinating Board Chairperson Date

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II A.

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August 30, 2013

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Madison County Transportation Disadvantaged Coordinating Board Bylaws

RECOMMENDATION

Approve the Board's Bylaws.

BACKGROUND

The Florida Commission for the Transportation Disadvantaged requires that the Board review and approve the Bylaws annually. Attached are the Board's Bylaws for review and approval.

If you have any questions concerning the Bylaws, please contact me at extension 110.

Attachment

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Bylaws

September 9, 2013

Madison County Transportation Disadvantaged Coordinating Board

Bylaws

Approved by the

Madison County Transportation Disadvantaged Coordinating Board

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

_____
Ronnie Moore, Chair

with Assistance from

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

September 9, 2013

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Table of Contents

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Chapter I: Madison County Transportation Disadvantaged Coordinating Board Bylaws

A. Preamble

The following sets forth the bylaws which shall serve to guide the proper functioning of the Madison County Transportation Disadvantaged Coordinating Board. The intent is to provide procedures and policies for fulfilling the requirements of Section 427, Florida Statutes, Rule 41-2, Florida Administrative Code, and subsequent laws setting forth requirements for the coordination of transportation services to the transportation disadvantaged.

B. Agency Description

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

C. Definitions

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

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

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

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

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

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

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

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

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

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

D. Name and Purpose

(1) The name of the Coordinating Board shall be the Madison County Transportation Disadvantaged Coordinating Board, hereinafter referred to as the Board.

(2) The purpose of the Board is to identify local service needs and provide information, advice and direction to the Community Transportation Coordinator on the provision of services to the transportation disadvantaged.

E. Membership

(1) Voting Members. In accordance with Section 427.0157, Florida Statutes, all voting members of the Board shall be appointed by the Designated Official Planning Agency. The Designated Official Planning Agency for Madison County is the North Central Florida Regional Planning Council.

(a) An elected official from the service area which the Board serves shall be appointed to the Board.

(b) A local representative of the Florida Department of Transportation;

(c) A local representative of the Florida Department of Children and Family Services;

(d) A local representative of the Public Education Community which could include, but not be limited to, a representative of the District School Board, School Board Transportation Office or Headstart Program in areas where the School District is responsible;

(e) In areas where they exist, a local representative of the Florida Division of Vocational Rehabilitation or the Division of Blind Services, representing the Department of Education;

(f) A person recommended by the local Veterans Service Office representing the veterans of the county;

(g) A person who is recognized by the Florida Association for Community Action (President), representing the economically disadvantaged in the county;

(h) A person over age sixty (60) representing the elderly in the county;

(i) A person with a disability representing the disabled in the county;

(j) Two citizen advocate representatives in the county; one who must be a person who uses the transportation service(s) of the system as their primary means of transportation;

(k) A local representative for children at risk;

(l) In areas where they exist, the Chairperson or designee of the local Mass Transit or Public Transit System's Board, except in cases where they are also the Community Transportation Coordinator;

(m) A local representative of the Florida Department of Elder Affairs;

(n) An experienced representative of the local private for profit transportation industry. In areas where such representative is not available, a local private non profit representative shall be appointed, except where said representative is also the Community Transportation Coordinator;

(o) A local representative of the Florida Agency for Health Care Administration;

(p) A representative of the Regional Workforce Development Board established in Chapter 445, Florida Statutes; and

(q) A representative of the local medical community, which may include, but not be limited to, kidney dialysis centers, long term care facilities, assisted living facilities, hospitals, local health department or other home and community based services, etc.

(r) No employee of a Community Transportation Coordinator shall serve as a voting member of the Coordinating Board in an area where the Community Transportation Coordinator serves. However, an elected official serving as a member of the Community Transportation Coordinator's Board of Directors, or other governmental employees that are not employed for the purpose of making provisions for transportation and are not directly supervised by the Community Transportation Coordinator, shall not be precluded from serving as voting members of the Coordinating Board.

(2) Alternate Members. The North Central Florida Regional Planning Council may appoint one alternate member to represent appointed voting members in their absence. Alternate members may vote only in the absence of the voting member on a one-vote-per-member basis.

(3) Terms of Appointment. Except for the Chair, non-agency members of the Board shall be appointed for three-year staggered terms with initial membership being appointed equally for one, two and three years. The Chair shall serve until elected term of office has expired or otherwise replaced by the North Central Florida Regional Planning Council. There are no limits to the number of terms served by any member of the Board.

(4) Termination of Membership. Any member of the Board may resign at any time. Each member of the Board is expected to demonstrate his/her interest in the Board's activities through attendance of the scheduled meetings, except for reasons of an unavoidable nature. In each instance of an unavoidable absence, the absent member should ensure that his/her alternate will attend.

F. Officers

(1) Chair. The North Central Florida Regional Planning Council shall appoint the Chair for all Board meetings. The appointed Chair shall be an elected official from Madison County. The Chair shall preside at all meetings.

(2) Vice-Chair. The Board shall hold an organizational meeting each year for the purpose of electing a Vice-Chair. The Vice-Chair shall be elected by a majority vote of a quorum of the members of the Board present and voting at the organizational meeting. The Vice-Chair shall serve a term of one year starting with the next meeting. In the event of the Chair's absence, the Vice-Chair shall assume the duties of the Chairperson and conduct the meeting.

G. Meetings

(1) Regular Meetings. The Board shall meet at least quarterly. The Board may meet as often as necessary to fulfill its responsibilities as set forth in Section 427.0157, Florida Statutes.

(2) Emergency Meetings. The Board may hold emergency meetings in order to transact business necessary to ensure the continuation of services to the transportation disadvantaged population. Special meetings may be called by the Chair or by writing by 1/3 of the Board's voting membership.

(3) Special Meetings. Special meetings of the Board may be called for any appropriate purpose by the Chair or by written request of at least seven (7) voting members of the Board.

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

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

(6) Voting. At all meetings of the Board at which a quorum is present, all matters, except as otherwise expressly required by law or these Bylaws, shall be decided by the vote of a majority of the members of the Board present.

As required by Section 286.012, Florida Statutes, all Board members, including the Chair of the Board, must vote on all official actions taken by the Board except when there appears to be a possible conflict of interest with a member or members of the Board.

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

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

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

(10) Attendance. The North Central Florida Regional Planning Council shall review, and consider rescinding, the appointment of any voting member of the Board who fails to attend three consecutive meetings. The North Central Florida Regional Planning Council shall notify the Florida Commission for the Transportation Disadvantaged if any state agency voting member or their alternate fails to attend three consecutive meetings.

H. Administration

(1) Staff Support. The North Central Florida Regional Planning Council shall provide the Board with sufficient staff support and resources to enable the Board to fulfill its responsibilities as set forth in Section 427.0157, Florida Statutes. These responsibilities include providing sufficient staff to manage and oversee the operations of the Board and assist in the scheduling of meetings, preparing meeting agenda packets and other necessary administrative duties as required by the Board within the limits of the resources available.

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

I. Duties

(1) Board Duties. The following Board duties are set forth in Section 427, Florida Statutes and Rule 41-2, Florida Administrative Code.

(a) Maintain official meeting minutes, including an attendance roster, reflecting official actions and provide a copy of same to the Florida Commission for the Transportation Disadvantaged.

(b) Review and approve the Memorandum of Agreement and Transportation Disadvantaged Service Plan.

(c) Annually evaluate the Community Transportation Coordinator's performance in general and relative to Florida Commission for the Transportation Disadvantaged and local standards as referenced in Rule 41-2.006, Florida Administrative Code, and the performance results of the most recent Transportation Disadvantaged Service Plan. As part of the Community Transportation Coordinator's performance, the Board shall also set an annual percentage goal increase for the number of trips provided within the system for ridership on public transit, where applicable. In areas where the public transit is being utilized, the Board shall set an annual percentage of the number of trips to be provided on public transit. The Florida Commission for the Transportation Disadvantaged shall provide evaluation criteria for the Board to use relative to the performance of the Community Transportation Coordinator. This evaluation shall be submitted to the Florida Commission for the Transportation Disadvantaged upon approval by the Board.

(d) In cooperation with the Community Transportation Coordinator, review all applications for local, state or federal funds relating to transportation of the transportation disadvantaged in the service area to ensure that any expenditures within the county are provided in the most cost effective and efficient manner.

(e) Review coordination strategies for service provision to the transportation disadvantaged in the service area to seek innovative ways to improve cost effectiveness, efficiency, safety, working hours and types of service in an effort to increase ridership to a broader population. Such strategies should also encourage multi-county and regional transportation service agreements between area Community Transportation Coordinators and consolidation of adjacent counties when it is appropriate and cost effective to do so.

(f) Working with the Community Transportation Coordinator, jointly develop applications for funds that may become available.

(g) Assist the Community Transportation Coordinator in establishing trip priorities for trips that are purchased with Transportation Disadvantaged Trust Funds.

(h) Annually review coordination contracts to advise the Community Transportation Coordinator whether the continuation of said contract provides the most cost effective and efficient transportation available.

(i) Annually review all transportation operator contracts as to the effectiveness and efficiency of the transportation operator and recommend approval or disapproval of such contracts to the Community Transportation Coordinator.

(j) Annually hold a public hearing for the purpose of receiving input on unmet transportation needs or any other areas that relate to the local transportation services.

(k) Annually review the Annual Operations Report.

J. Committees

The Chair subject to approval by the Board shall appoint a Grievance Committee to process and investigate complaints from agencies, users, transportation operators and potential users of the system in the designated service area. The Grievance Committee shall make recommendations to the Board or to the Florida Commission for the Transportation Disadvantaged for improvement of service. The Board shall establish a process and procedures to provide regular opportunities for issues to be brought before the Grievance Committee and to address them in a timely manner. Rider brochures or other documents provided to users or potential users of the system shall provide information about the complaint and grievance process including the publishing of the Florida Commission for the Transportation Disadvantaged's Transportation Disadvantaged Helpline service when local resolution has not occurred. When requested, all materials shall be made available in accessible format. Members appointed to the Grievance Committee shall be voting members of the Board. If a Grievant claims a conflict between the Grievant and a Grievance Committee member, the Grievance Committee member identified as having a conflict shall recuse themselves from hearing the grievance.

Additional committees shall be appointed by the Chair, subject to approval by the Board, as necessary to investigate and report on specific subject areas of interest to the Board and to deal with administrative and legislative procedures.

K. Amendments

These Bylaws may be amended by a majority vote of members present at regular meetings.

L. Certification

The undersigned hereby certifies that he/she is the Chair of the Madison County Transportation Disadvantaged Coordinating Board and that the foregoing is a full, true and correct copy of the Bylaws of this Board as adopted by the Madison County Transportation Disadvantaged Coordinating Board the 9th day of September 2013.

_____

Ronnie Moore, Chair
Madison County Transportation Disadvantaged Coordinating Board Chair

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Madison County Transportation Disadvantaged Coordinating Board

Bylaws Team

Scott R. Koons, AICP, Executive Director

* Marlie Sanderson, AICP, Director of Transportation Planning

** Lynn Franson-Godfrey, AICP, Senior Planner

** Steven Dopp, Senior Planner

* Primary Responsibility
** Secondary Responsibility

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Madison County Transportation Disadvantaged Coordinating Board

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August 30, 2013

TO: Madison 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.

Please do not hesitate to contact me if you have any questions.

Attachment

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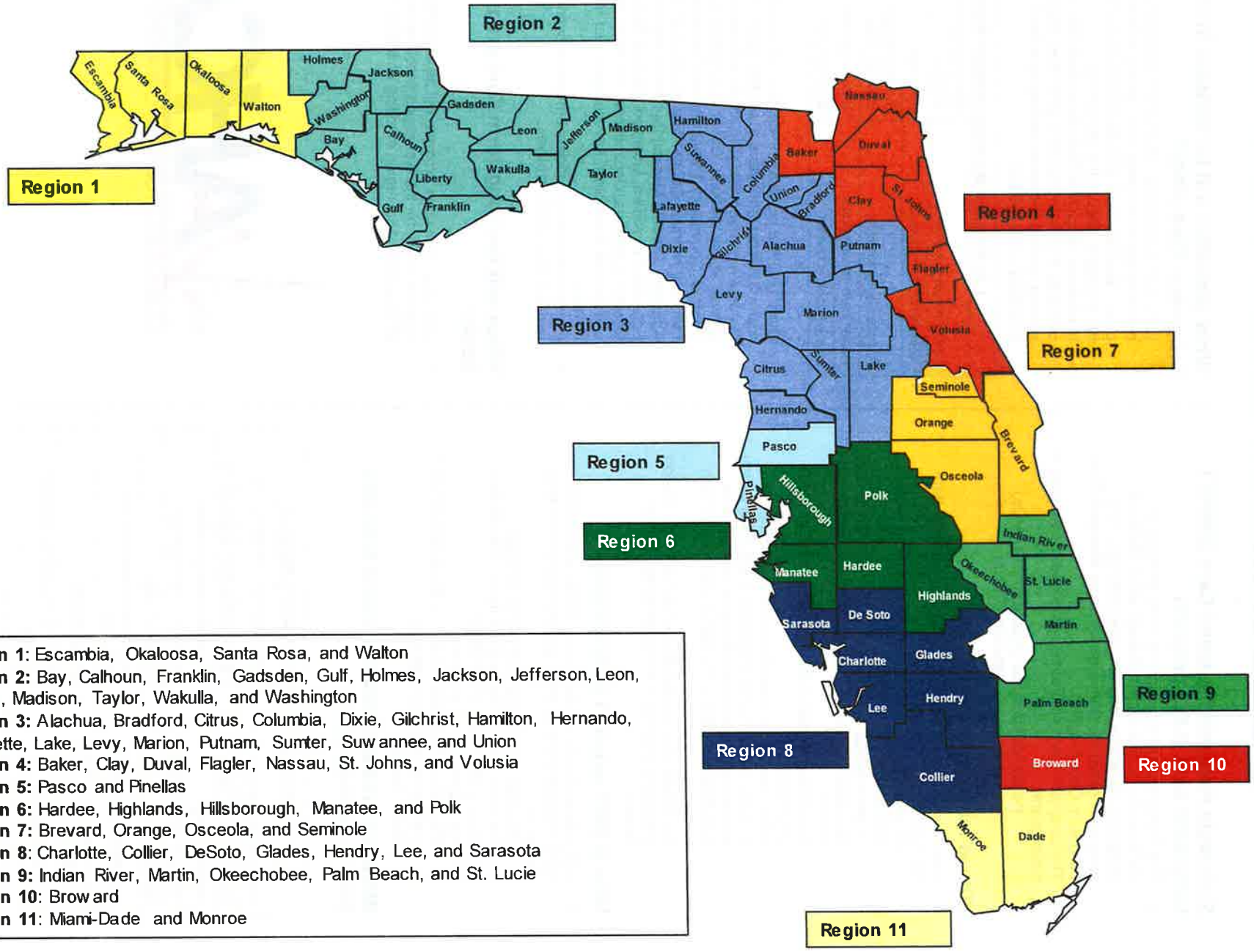
Statewide Medicaid Managed Care Region Map



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

A Snapshot of the Florida Medicaid Long-term Care Program

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) program

- The Florida Medicaid program is in the process of implementing a new system through which Medicaid recipients will receive long-term care services. This program is called the Statewide Medicaid Managed Care Long-term Care Program.
- The Long-term Care program is comprised of two types of health plans:
  - Health Maintenance Organizations (HMOs)
  - Provider Service Networks (PSNs)

Who is required to participate?

- Individuals are required to be enrolled in the Long-term Care program if they are:
  - 65 years of age or older AND need nursing facility level of care
  - 18 years of age or older AND are eligible for Medicaid by reason of disability AND need nursing facility level of care
  - Individuals enrolled in the Aged and Disabled Adult (A/DA) Waiver
  - Individuals who are enrolled in the Consumer-Directed Care Plus for individuals in the A/DA waiver
  - Individuals enrolled in the Assisted Living Waiver
  - Individuals enrolled in the Nursing Home Diversion Waiver
  - Individuals who are enrolled in the Frail Elder Option
  - Individuals enrolled in the Channeling Services Waiver.

Who is NOT required to Participate?

- Individuals who are enrolled in the following programs are NOT required to enroll, although they may enroll if they choose to:
  - Developmental Disabilities Waiver program
  - Traumatic Brain & Spinal Cord Injury (TBI) Waiver
  - Project AIDS Care (PAC) Waiver
  - Adult Cystic Fibrosis Waiver
  - Program of All-Inclusive Care for the Elderly (PACE)
  - Familial Dysautonomia Waiver
  - Model Waiver

What services are provided under the Long-term Care program?

LTC Program Minimum Covered Services	
Adult companion care	Intermittent and skilled nursing
Adult day health care	Medical equipment and supplies
Assisted living	Medication administration
Assistive care services	Medication management
Attendant care	Nursing facility
Behavioral management	Nutritional assessment/ risk reduction
Care coordination/ Case management	Personal care
Caregiver training	Personal emergency response system
Home accessibility adaptation	Respite care
Home-delivered meals	Therapies, occupational, physical, respiratory and speech
Homemaker	Transportation, Non-emergency
Hospice	

What providers will be included in the Long-term Care plans?

- Long-term Care plans may limit the providers in their networks based on credentials, quality indicators, and price – But they must include a minimum number of all of the providers listed in the chart below.
- In addition, Long-term Care plans must offer initial contracts to certain providers within their region, including: nursing facilities, hospices and aging network services providers in their region.

LTC Program Minimum Network Providers	
Adult day care centers	Homemaker and companion services
Adult family-care homes	Hospices
Assisted living facilities	Community care for the elderly lead agencies
Health care service pools	Nurse registries
Home health agencies	Nursing home

- Other qualified providers under the LTC program include: Alarm System Contractors, Case Managers and Case Management agencies, Centers for Independent Living, Clinical Social Workers, Community Mental Health Centers, Community Transportation Coordinators, Dietician/ Nutrition Counselors, Homemaker/ Companion Agencies, Durable Medical Equipment and Home Medical Equipment providers, Licensed Practical Nurses, Mental Health Counselors, Occupational, Physical, Respiratory and Speech Therapists, Psychologists and Registered Nurses.
- Plans must have a sufficient provider network to serve the needs of their plan enrollees.

When will the Long-term Care program begin?

- The Long-term Care program will be implemented on a regional basis, for the first region enrolling on August 1, 2013 and the final region enrolling on March 1, 2014.

July 30, 2013

A Snapshot of the Florida Medicaid Long-term Care Program

What Region am I in?

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

When will I be notified and be required to enroll?

Region	Pre-Welcome Letter	Welcome Letter	Reminder Letter	Last Day to Choose a Plan Before Initial Enrollment	Date Enrolled in LTC Plans
1	11/1/2013	12/23/2013	1/20/2014	2/13/2014	3/1/2014
2	*7/1/2013*	*8/26/2013*	*9/16/2013*	*10/17/2013*	*11/1/2013*
3	11/1/2013	12/23/2013	1/20/2014	2/13/2014	3/1/2014
4	11/1/2013	12/23/2013	1/20/2014	2/13/2014	3/1/2014
5	10/1/2013	11/25/2013	12/16/2013	1/16/2014	2/1/2014
6	10/1/2013	11/25/2013	12/16/2013	1/16/2014	2/1/2014
7	4/1/2013	5/20/2013	6/24/2013	7/18/2013	8/1/2013
8	5/1/2013	6/24/2013	7/22/2013	8/22/2013	9/1/2013
9	5/1/2013	6/24/2013	7/22/2013	8/22/2013	9/1/2013
10	*7/1/2013*	*8/26/2013*	*9/16/2013*	*10/17/2013*	*11/1/2013*
11	8/1/2013	9/23/2013	10/21/2013	11/21/2013	12/1/2013

What do I have to do to choose a Long-term Care plan?

- Prior to implementation in your region, you will receive plan selection materials from the choice counselor by mail. The dates for these mailings are listed above.
- All Medicaid recipients receiving services in a nursing facility, or through the Nursing Home Diversion Waiver, Aged and Disabled Adult Waiver, Assisted Living Waiver, Channeling Waiver, or the Frail Elder Option will have the opportunity to receive choice counseling prior to enrollment into the Long-term Care program.
- If a recipient is currently receiving services from a LTC plan that will also be a LTC plan in the region where the recipient resides, the recipient can choose to remain with the original plan, or the recipient can choose to enroll with a different plan.
- A counselor will assist you in selecting the plan in your region that best meets your needs. To contact a choice counselor, you can use your computer to go to www.flmedicaidmanagedcare.com; or you can call 1-877-711-3662 to talk to a choice counselor.
- You can request an in person visit from a choice counselor as well.
- The Aging and Disability Resource Center (ADRC) is also available to assist with any questions you may have.

What Long-term Care Plans are available in my Region?

	American Elder Care	Ameri-group	Coventry	Humana	Molina	Sunshine	United
1	X					X	
2	X						X
3	X					X	X
4	X			X		X	X
5	X				X	X	X
6	X		X		X	X	X
7	X		X			X	X
8	X					X	X
9	X		X			X	X
10	X	X		X		X	
11	X	X	X	X	X	X	X

Can I change LTC plans once I make a selection?

- Recipients are encouraged to work with their choice counselor to choose the LTC plan that best meets their needs.
- After joining a plan, the recipient has 90 days to change to another plan offered within their region.
- After the 90-day deadline, recipients may only change plans for "good cause" reasons.
- After the initial 12-month period, recipients may change plans during an open enrollment period.

Will my LTC plan continue the services I am receiving now?

- The new plan is required to continue existing services unabated for up to 60 days, OR until the recipient receives a comprehensive assessment and a new plan of care is developed.

Where can I find additional information on this program?

- Information on the LTC plans available in each region and on how to choose a LTC plan will be available on the Choice Counseling website ahead of when recipients will need to make a choice: www.flmedicaidmanagedcare.com.
- Questions about the program can be emailed to: FLMedicaidManagedCare@ahca.myflorida.com
- Updates about the Statewide Medicaid Managed Care program are posted at: http://ahca.myflorida.com/SMMC
- Upcoming events and news can be found on the "News and Events" tab on the SMMC website: http://ahca.myflorida.com/SMMC
- Keep up to date on information by signing up to receive program updates by visiting the SMMC website through the following link http://ahca.myflorida.com/SMMC and clicking the red "Sign Up for Program Updates" box on the right hand side of the page.
- Find more information at the following:

Youtube.com/AHCAFlorida

Facebook.com/AHCAFlorida

Twitter.com/AHCA_FL

Frequently Asked Questions

Question:

Please explain how transportation services would work. The materials say LTC plans would be required to serve recipients for LTC services, but who would cover other transportation needs. For example, locally, Lynx is used a lot.

Answer:

Each LTC plan will provide non-emergency transportation services to LTC services detailed in the enrollee's approved care plan. Each plan will instruct its plan members on accessing non-emergency transportation services and the plan's Enrollee Handbook will provide case manager and transportation contact numbers. Emergency transportation services are not covered by the LTC program nor are services to medical appointments. These services will continue to be provided as they are now (i.e., through the enrollee's Medicare coverage, Medicaid medical plan, CTD contract, or FFS emergency transportation).

Question:

Several of the facility representatives here today do short-term rehab, for example, less than 60 or 90 days. What is the process for getting the recipient's eligibility complete, enrolled in a plan and get the plan to pay for the services? Usually these recipients don't get full eligibility until after they have already been discharged back into the community. Will the plan pick up the payment for them since they are no longer in the facility or will the stay be covered by FFS?

Answer:

Short –term rehabilitation in nursing facilities is paid for by the plan member's Medicare coverage or fee-for-service Medicaid. Enrollment in the LTC program is not necessary to access this service.

Question:

Is there a handbook that defines each provider service, or is it individually defined by each individual plan?

Answer:

LTC plans must all provide the same core services. These services are defined in their contracts with the Agency and may also be defined in Medicaid Coverage and Limitations Handbooks.

Return to Table of Contents

Florida Managed Medical Assistance Program:

Program Overview

Agency for
Health Care Administration
Division of Medicaid

Table of Contents

Why Are Changes Being Made to Florida's Medicaid Program?

The Florida Legislature created a new program called "Statewide Medicaid Managed Care." Because of it, the Agency for Health Care Administration (AHCA) needs to change how some individuals receive health care from the Florida Medicaid program.

These changes to Florida Medicaid are **not** being made because of National Health Care Reform or the Affordable Care Act passed by the U.S. Congress.

There will be two different components that make up Medicaid Managed Care:

(i) The Florida Long-Term Care Managed Care Program and
(ii) The Florida Managed Medical Assistance Program.

Medicaid recipients who qualify and become enrolled in the Florida Long-Term Care Managed Care Program will receive long-term care services through a long-term care managed care plan. Medicaid recipients who qualify and become enrolled in the Florida Managed Medical Assistance Program will receive all health care services other than long-term care through a managed care plan.

This document describes the Florida Managed Medical Assistance Program. For information on the Florida Long-Term Care Managed Care Program there is another document called "Florida Long-Term Care Managed Care: Program Overview" available at http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml.

What Is Managed Care?

Managed care is when health care organizations manage how their enrollees receive health care services. Managed Care Organizations work with different providers to offer quality health care services. Managed Care Organizations also work to make sure enrollees have access to all needed doctors and other health care providers for covered services.

When Will These Changes to Florida Medicaid Occur?

It is anticipated that the Florida Managed Medical Assistance Program will be available in all areas by October 1, 2014.

What Is the Goal of the Florida Managed Medical Assistance Program?

The goals of Florida Managed Medical Assistance are to provide:

- Coordinated health care across different health care settings.
- A choice of the best managed care plans to meet recipients' needs.
- The ability for health care plans to offer different, or more, services.
- The opportunity for recipients to become more involved in their health care.

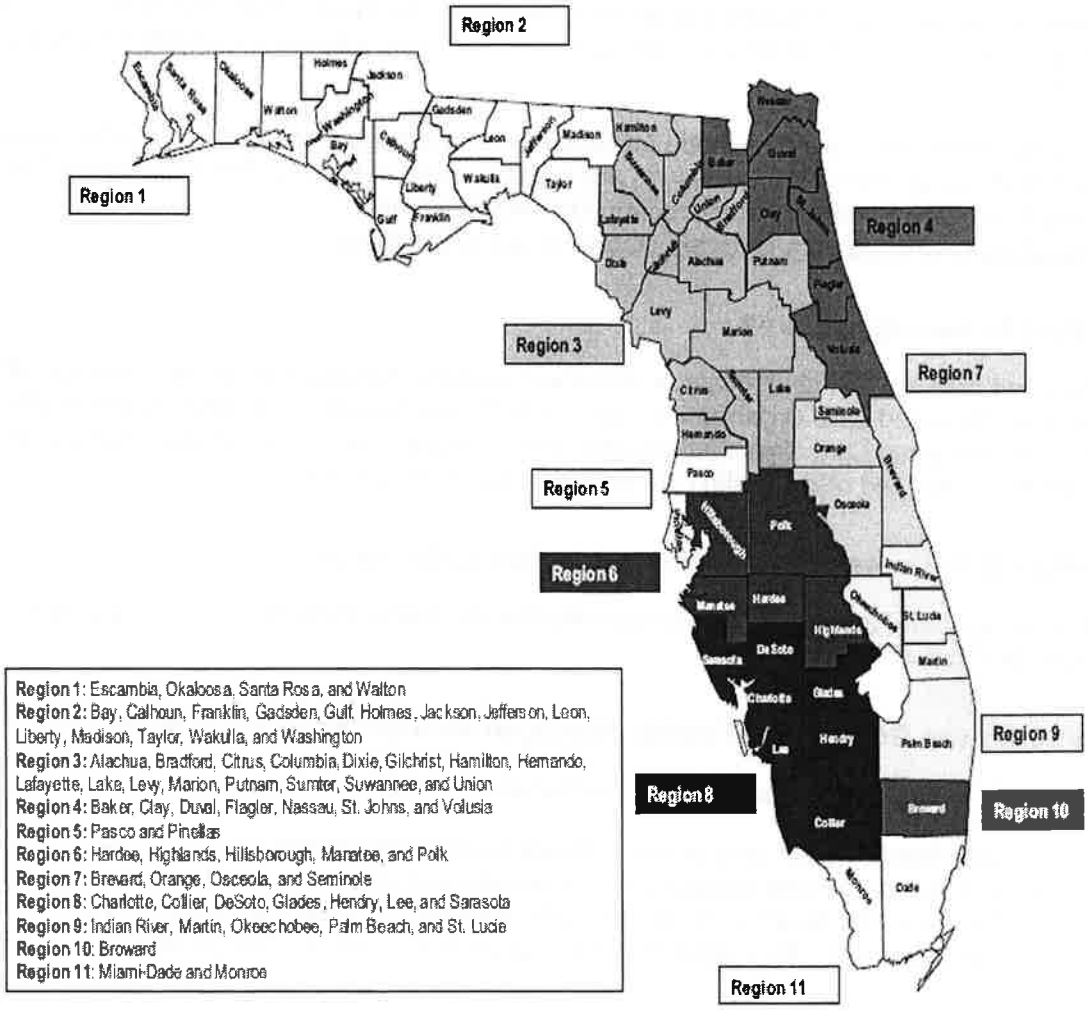
Will the Florida Managed Medical Assistance Program Affect Medicare Benefits?

No. The Florida Managed Medical Assistance Program will not change Medicare benefits.

How Will Changes to Florida Medicaid Be Made?

All Medicaid Recipients Eligible for Florida Managed Medical Assistance

The Florida Managed Medical Assistance Program will be in all areas of the State. To create the program, the State will be divided into 11 regions that will coincide with the existing Medicaid areas. The map below shows the 11 regions. Each region must have a certain number of managed care plans. See the chart in Appendix 1 that shows how many plans must be in each region.



AHCA will first invite qualified managed care plans to participate in the Florida Managed Medical Assistance Program. A list of types of managed care plans that may participate in the program is provided in Appendix 2.

AHCA will then choose the plans that may participate in the program through a competitive bid process. AHCA will consider many factors when choosing a plan including quality of care, number of providers, and value of services. A list of possible factors for AHCA to consider when choosing plans is provided in Appendix 3 of this document. AHCA must choose a certain number of managed care plans for each region to ensure that recipients have a choice between plans.

After AHCA has chosen the plans that may participate in the Florida Managed Medical Assistance Program, AHCA will begin to notify and transition eligible Medicaid recipients into the program. It is anticipated that the Florida Managed Medical Assistance Program will be available in all areas by October 1, 2014. AHCA will continue to provide information about the Florida Managed Medical Assistance Program during this process and will continue to respond to comments.

Any changes to Medicaid health care services prior to implementation are unrelated to the Florida Managed Medical Assistance Program.

Who Is Eligible to Enroll in the Florida Managed Medical Assistance Program?

The State will send Medicaid recipients a letter notifying them as to whether or not they are required to enroll in the Florida Managed Medical Assistance Program. In general, the criteria outlined below will determine whether a recipient is (1) required to enroll, (2) not required but may choose to enroll, or (3) is not allowed to enroll in the Florida Managed Medical Assistance Program.

1. The following Medicaid recipients are **required** to enroll:
    - Low-income families with children (Temporary Assistance for Needy Families (TANF) and TANF-related)
    - Children with chronic conditions
    - Children in foster care
    - Children in adoption subsidy
    - Pregnant women
    - Medically Needy recipients
    - Individuals with full Medicaid and Medicare coverage (where Medicaid acts as a secondary payer)
    - Recipients who are elderly, blind or disabled excluding the developmentally disabled (DD) population
2. The following Medicaid recipients are **not required** but may **choose** to enroll:
    - Medicaid recipients who have other comprehensive health care coverage, excluding Medicare
    - Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or mental health treatment facilities as defined by Florida Statutes section 394.455(32)
    - Persons eligible for refugee assistance

- Medicaid recipients who are residents of a developmental disability center, including Sunland Center in Marianna and Tacachale in Gainesville
- Medicaid recipients enrolled in the home and community-based services waiver pursuant to Florida Statutes chapter 393, developmental disability waivers, and Medicaid recipients on the waiting list for waiver services

3. The following Medicaid recipients are **not** allowed to enroll:

   - Women who are eligible only for family planning services
   - Women who are eligible through the breast and cervical cancer services program
   - Persons who are eligible for emergency Medicaid for aliens
   - Children receiving services in a prescribed pediatric extended care center

How Will Recipients Know if They Need to Select a Managed Care Plan?

Recipients will be sent a letter that explains whether or not they are required to enroll in the Florida Managed Medical Assistance Program (see Page 5) and, if they are required to enroll, how to choose a plan.

How Will Recipients Know What Plans Are Available?

Information on participating plans and service providers will be available before the Florida Managed Medical Assistance Program begins to help eligible recipients choose the plan that best fits their needs.

How Will Enrollment Occur for Medicaid Recipients Who Are Required to Enroll in the Florida Managed Medical Assistance Program?

Eligible Medicaid recipients will receive a letter with enrollment information, including information on how to enroll. Eligible recipients who must enroll will have 30 days to choose a managed care plan from the plans available in their region. Enrollees will have 90 days after enrollment to choose a different plan.

After 90 days, enrollees will remain in their plans for the remainder of the 12-month period unless they meet certain criteria.

Newborns will be automatically enrolled in their mother's plan at the time of birth. However, their mother may choose another plan for the baby within 90 days of enrollment.

What Happens if a Recipient Who Is Required to Enroll Does Not Select a Plan?

Recipients are encouraged to choose the managed care plan that best meets their needs; however, if a recipient who is required to enroll does not choose a plan within 30 days, AHCA will automatically enroll the recipient into a managed care plan. Before automatically enrolling the recipient into a managed care plan, AHCA will consider:

- Whether the plan is able to meet the recipient's needs;
- Whether the recipient has previously received services from one of the plan's primary care providers in the plan; and

- Whether primary care providers in one plan are closer to where the participant lives.

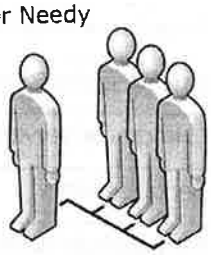
Can Enrollees Change Primary Care Providers?

Enrollees may change primary care providers within their managed care plan at any time. Each managed care plan must provide information on primary care providers online. In addition, each managed care plan must establish a program to encourage enrollees to establish a relationship with their primary care providers by, among other things, providing information on the importance of choosing a primary care provider.

Enrollment Overview

Medicaid Recipients Required to Enroll

- Low Income Families with children (Temporary Assistance for Needy Families (TANF) and TANF related)
- Children with chronic conditions
- Children in foster care and adoption subsidy children
- Pregnant women
- Medically Needy recipients
- Individuals with full Medicaid and Medicare coverage (where Medicaid acts as a secondary payer)
- Persons eligible for Medicaid, persons that are elderly, blind or disabled excluding the Developmentally Disabled (DD) population
- **Other Medicaid recipients will have the option to enroll in the Florida Managed Medical Assistance Program**



Recipients have 30 days to enroll in a plan. → **Recipients have 90 days after enrollment to change plans.** → **After 90 days, enrollees must stay in their plan for the remainder of the 12 month period before changing plans again.*** → **Enrollees can change their primary care providers within their plan at any time.**

*** Recipients may change plans again before the remainder of the 12 month period, but only if they meet certain criteria.**

How Will Enrollment Occur for Medicaid Recipients Who Are Not Required but May Choose to Enroll in the Florida Managed Medical Assistance Program?

Recipients who are not required but may choose to enroll in a managed care plan may enroll in one at any time. See Page 6, Item 2, for the list of recipients who are not required, but may choose to enroll. Enrollment will begin on the next available enrollment month.

Such recipients may change plans or disenroll at any time.

What Services Will Medical Assistance Managed Care Plans Provide?

All managed care plans must provide the following services. Managed care plans may choose to provide additional services.

Florida Managed Medical Assistance Services
Advanced registered nurse practitioner services
Ambulatory surgical treatment center services
Birthing center services
Chiropractic services
Dental services
Early periodic screening diagnosis and treatment services for recipients under age 21
Emergency services
Family planning services and supplies
Healthy start services, except as provided in 409.975(4)
Hearing services
Home health agency services
Hospice services
Hospital inpatient services
Hospital outpatient services
Laboratory and imaging services
Medical supplies, equipment, prostheses, and orthoses
Mental health services
Nursing care
Optical services and supplies
Optometrist services

Florida Managed Medical Assistance Services
Physical, occupational, respiratory, and speech therapy services
Physician services, including physician assistant services
Podiatric services
Prescription drugs
Renal dialysis services
Respiratory equipment and supplies
Rural health clinic services
Substance abuse treatment services
Transportation to covered services

Recipients will have the option to choose a managed care plan with a benefit package that best fits their needs. For example, one plan's benefit package may offer fewer chiropractic visits and more vision benefits than another plan's benefit package. If the recipient does not need a chiropractor but wears glasses, he/she may wish to choose a plan with a benefit package that offers more vision benefits.

Managed care plans will also establish programs to encourage and reward healthy behaviors including the following medically approved or directed programs for:

- Smoking cessation;
- Weight loss; and
- Alcohol or substance abuse recovery.

AHCA will provide a preferred prescription drug list that all care plans must use.

Remember, managed care plans in the Florida Managed Medical Assistance Program are **not** required to provide long-term care services. The Florida Long-Term Care Managed Care Program will provide long-term care services to eligible recipients.

Recipients who enroll in managed care plans (see Page 6) will receive Medicaid services through the Managed Medical Assistance Program and, if applicable, through the Long-Term Care Managed Care Program.

Recipients who are not allowed to enroll in managed care plans (see Page 6, Item 3) will continue to receive health care services through traditional Medicaid.

Will the Public Have an Opportunity to Comment on the Florida Managed Medical Assistance Program?

Yes. AHCA will submit certain documents that describe the Florida Managed Medical Assistance Program to the Federal Centers for Medicare & Medicaid Services (CMS). The public will have an opportunity to comment on these documents on the program at any time.

Comments can be mailed to:

Statewide Medicaid Managed Care Program
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

Comments can be emailed to:

FLMedicaidManagedCare@ahca.myflorida.com

In addition, public meetings were held from June 10, 2011 through June 17, 2011 on Medicaid Managed Care. Many people participated in these meetings and shared comments. AHCA will use the comments received to help implement the Florida Managed Medical Assistance Program in a way that addresses the concerns raised.

What Will Happen to the Medically Needy?

Medically Needy Medicaid Enrollees:

Medically Needy Medicaid enrollees are individuals who (i) are not eligible for Medicaid because their income or assets (what they own) are over the Medicaid program limits and (ii) have a certain amount of medical bills each month. This is referred to as a "share of cost" and varies depending on the individual's household size and income.

AHCA is currently working with the Federal Centers for Medicare & Medicaid Services (CMS) to establish a new health care delivery system for Medically Needy individuals who qualify for Medicaid. Once approved, this new program:

- Medically Needy Medicaid recipients will be enrolled in one provider service network that will provide care to all Medically Needy Medicaid enrollees statewide.
- Once qualified for Medicaid, Medically Needy Medicaid enrollees will have continuous Medicaid coverage for up to six months.

This program has not yet been approved. If this program is approved, it will only provide health care services to Medically Needy Medicaid enrollees until the Florida Managed Medical Assistance Program begins. Once the Florida Managed Medical Assistance Program begins, all Medically Needy recipients will be required to enroll in a managed care plan, as discussed above.

- Under the Florida Managed Medical Assistance Program, once qualified for Medicaid, and enrolled in a managed care plan, Medically Needy enrollees will have continuous Medicaid coverage for up to 12 months.

APPENDIX 1
Chart Describing Number of Plans Per Region

The chart below shows how many managed care plans must be in each region.

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

*Children's Medical Services Network is in addition to the number of plans listed.

APPENDIX 2
List of Types of Plans Eligible to Participate in the Program

Only certain types of managed care plans may participate in the Florida Managed Medical Assistance Program, including:

- Health Maintenance Organizations
- Provider Service Networks
- Accountable Care Organizations
- Exclusive Provider Organizations
- Children's Medical Services Network

APPENDIX 3
List of Possible Factors for AHCA to Use to Select Plans for Each Region

Invitation to Negotiate: AHCA will invite eligible plans to participate in the Florida Managed Medical Assistance Program using invitations to negotiate. The Legislature has provided factors to help AHCA choose eligible plans, including the following:

- Accreditation by a nationally recognized accrediting body.
- Experience serving similar populations, including the organization's record in achieving specific quality standards with similar populations.
- Availability and accessibility of primary care and specialty physicians in the provider network.
- Establishment of community partnerships with providers that create opportunities for reinvestment in community-based services.
- Organization commitment to quality improvement and documentation of achievements in specific quality improvement projects, including active involvement by organization leadership.
- Provision of additional benefits, particularly dental care and disease management, and other initiatives that improve health outcomes.
- Evidence that a plan has written agreements or signed contracts or has made substantial progress in establishing relationships with providers before the plan submits a response.
- Comments submitted in writing by any enrolled Medicaid provider relating to a plan participating in the procurement in the same region as the submitting provider.
- Documentation of policies and procedures for preventing fraud and abuse.
- The business relationship an eligible plan has with any other eligible plan that responds to the invitation to negotiate.

II.E.

North Central Florida Regional Planning Council

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August 30, 2013

TO: Madison 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. Madison County Ridership Report April - June 2013; and
2. Medicaid Non-Emergency Transportation Program Encounter Data Report July 2012 - July 2013.

If you have any questions regarding the attached information, please contact me.

Attachment

t:\lynn\td13\madison\memos\statsept.docx

BIG
BEND
TRANSIT, INC

MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

APRIL 2013 – JUNE 2013

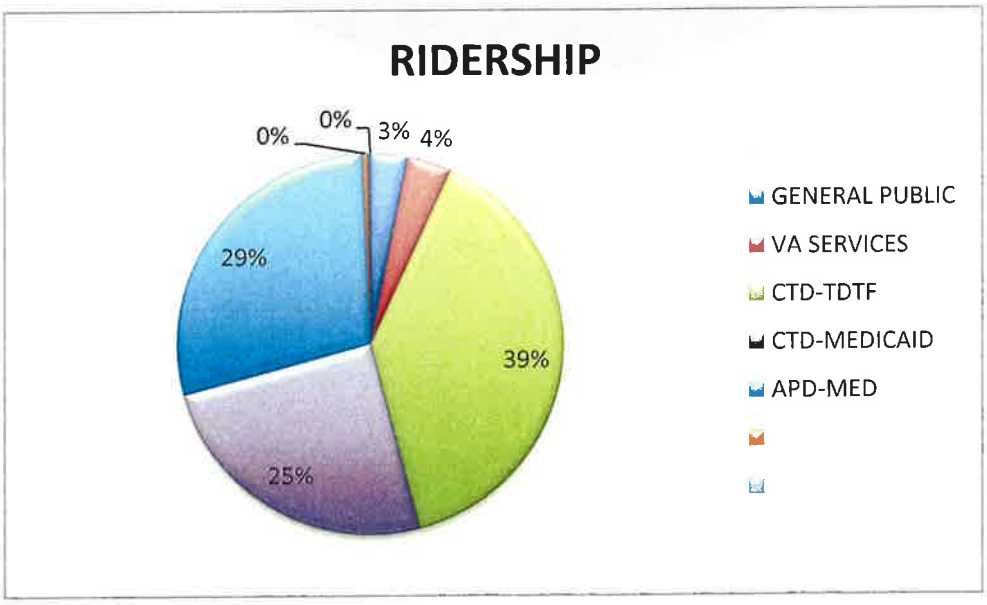
COMMUNITY TRANSPORTATION QUARTERLY REPORT

(APRIL 2013 – JUNE 2013)

Number of Trips Provided From All Funding Sources

During this reporting period BBT scheduled 3,997 total trips.

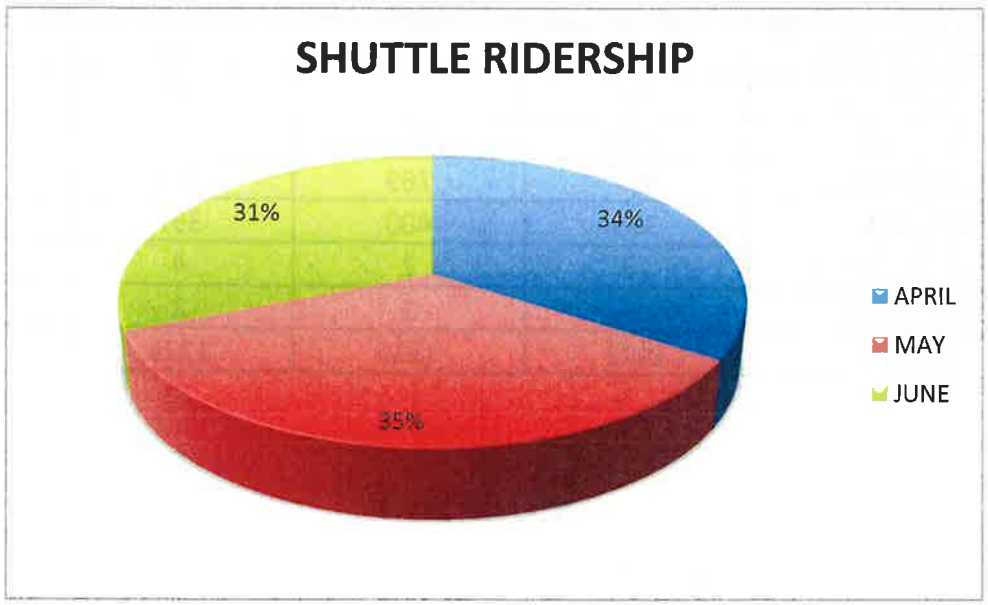
SOURCES	APRIL	MAY	JUNE	TOTAL
GENERAL PUBLIC	50	44	29	123
VA SERVICES	60	51	36	147
CTD-TDTF	519	541	496	1556
CTD-MEDICAID	397	289	301	987
APD-MED	380	400	357	1137
OTHER SOURCES	13	2	4	19
STRETCHER	3	3	2	8
TOTAL	1422	1330	1225	3977

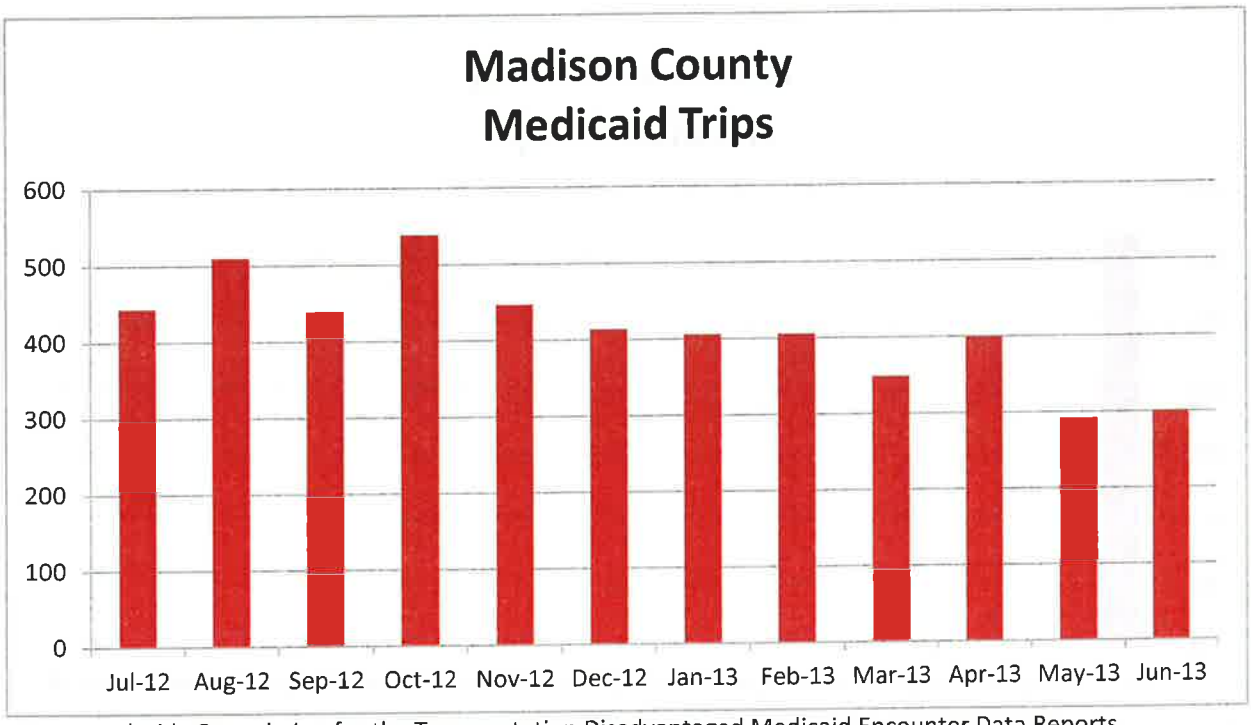


NUMBER OF COMPLAINTS RECEIVED (0)

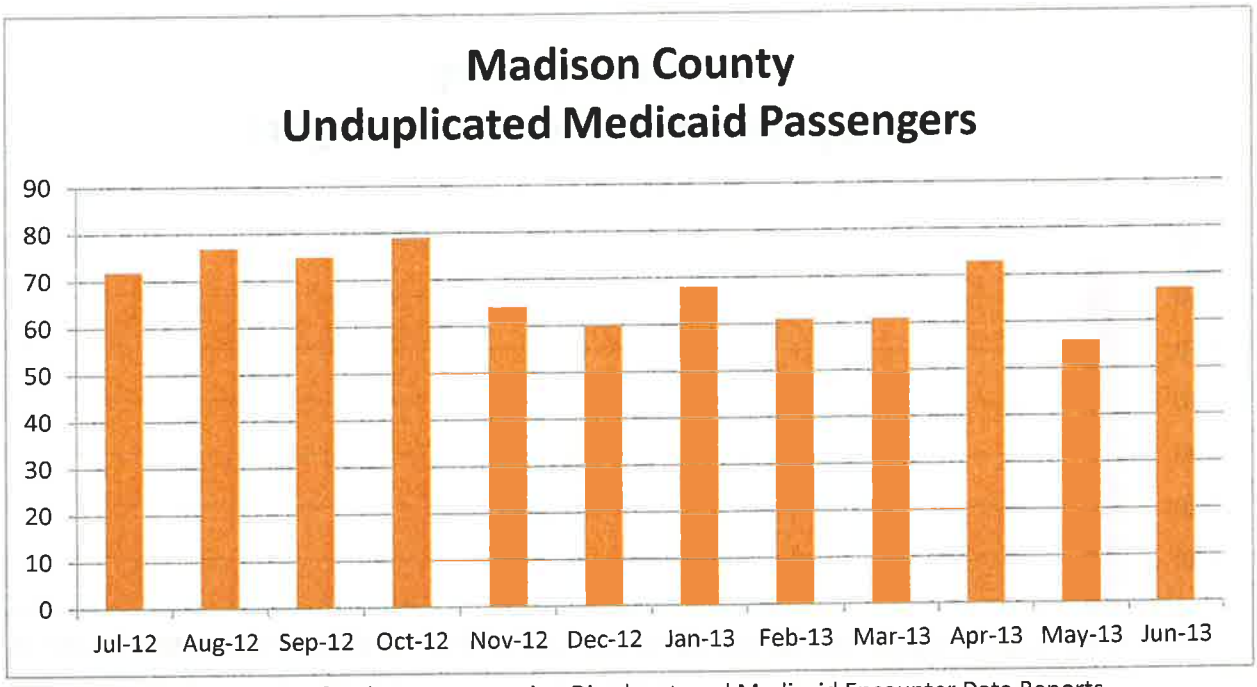
"IN TOWN SHUTTLE REPORT"

APRIL	MAY	JUNE	TOTAL
268	270	244	782

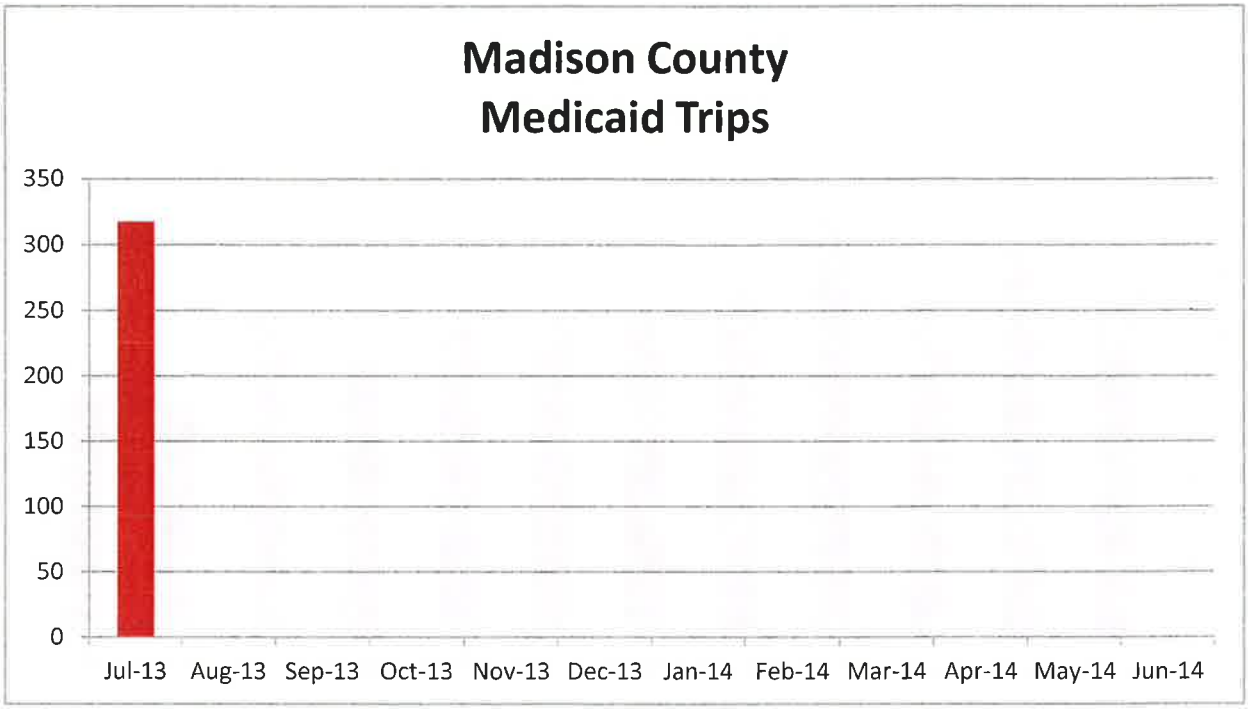




Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports



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



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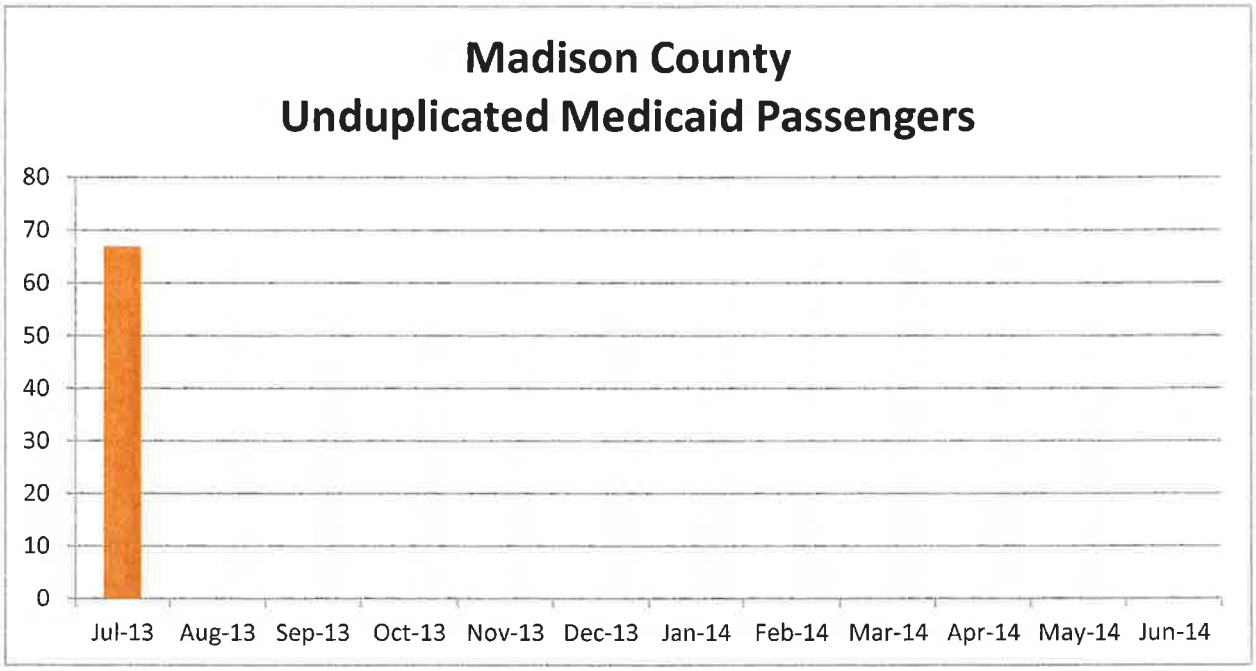
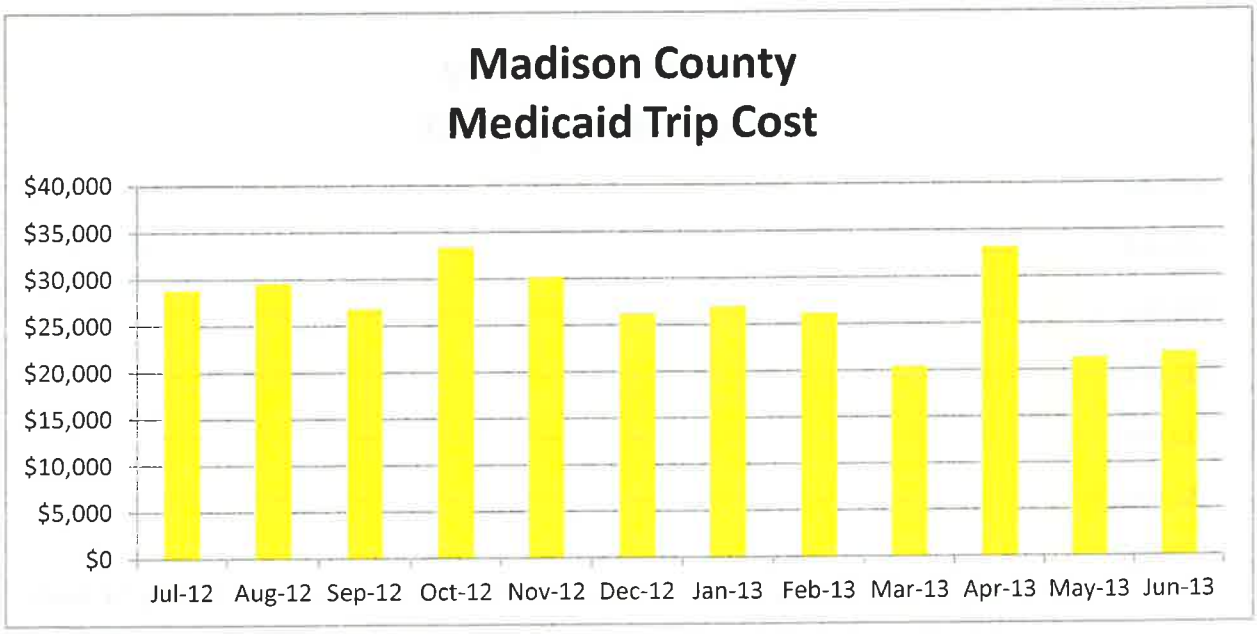


Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports



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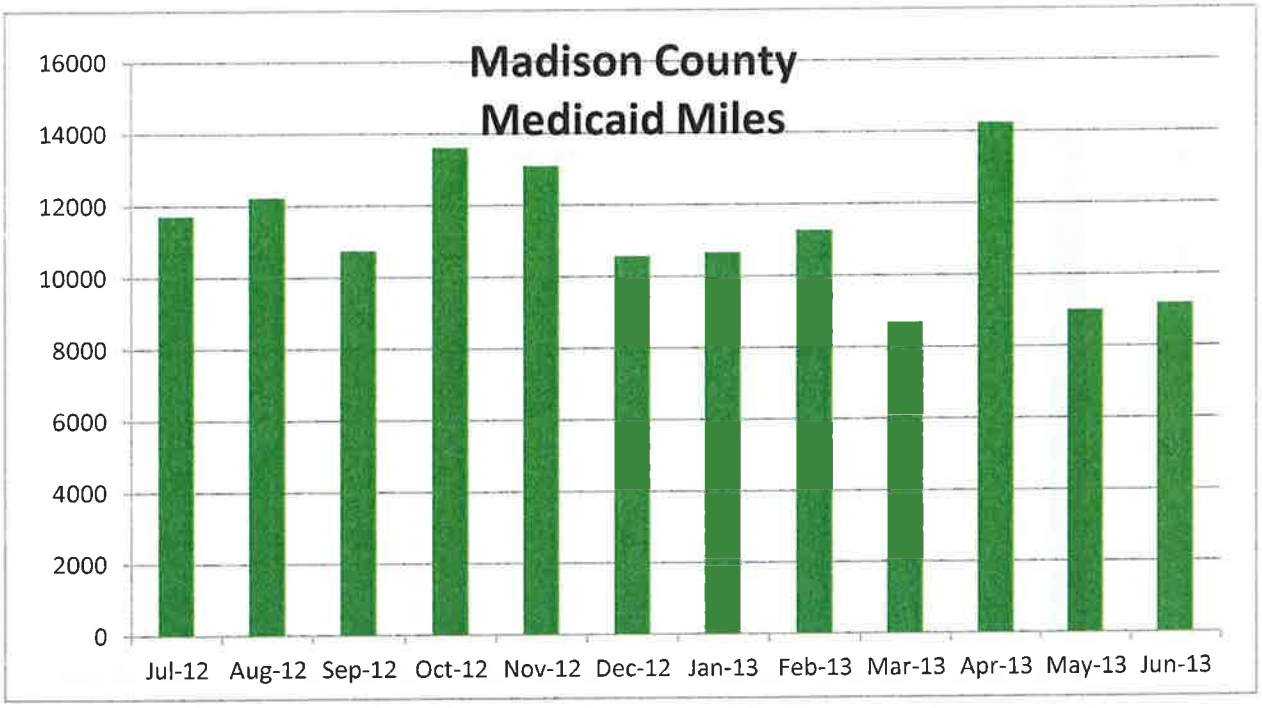

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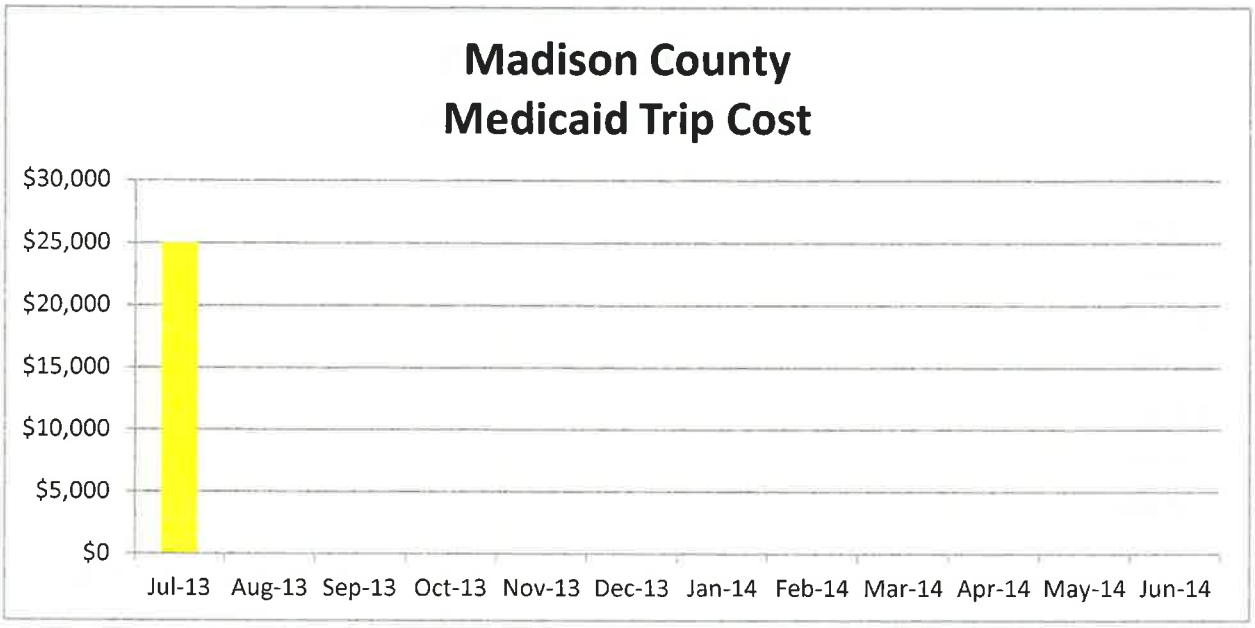
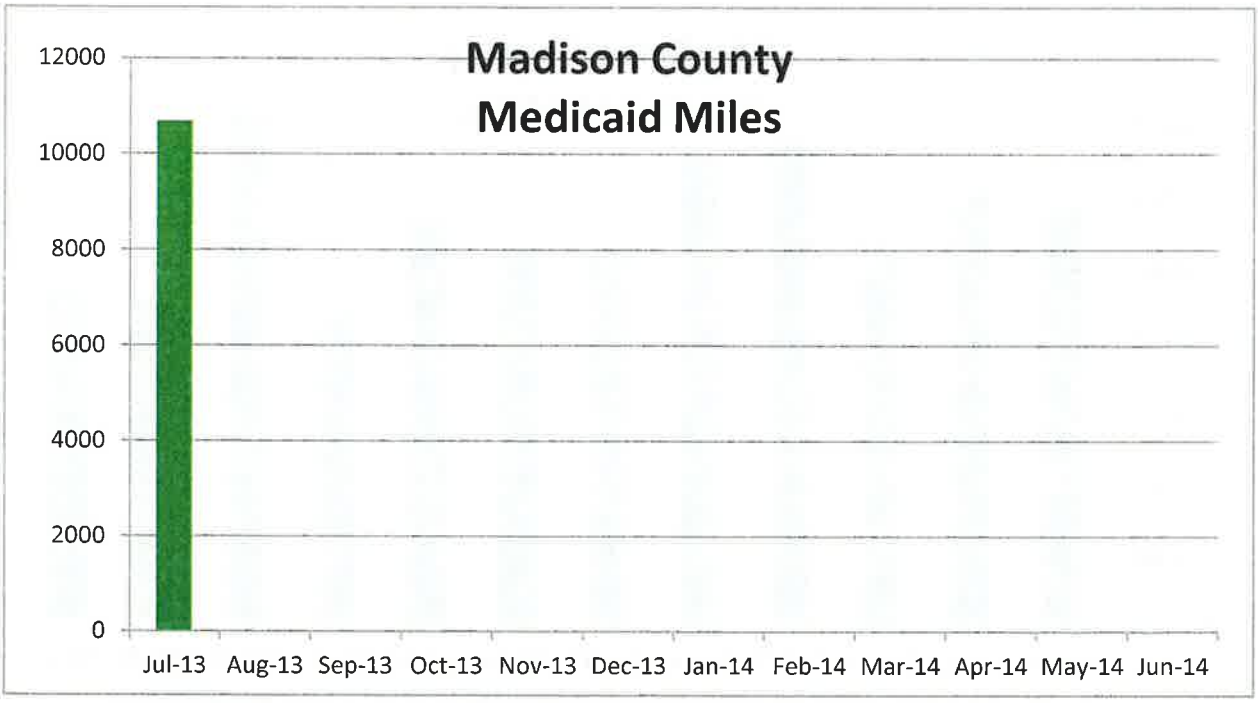


Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports



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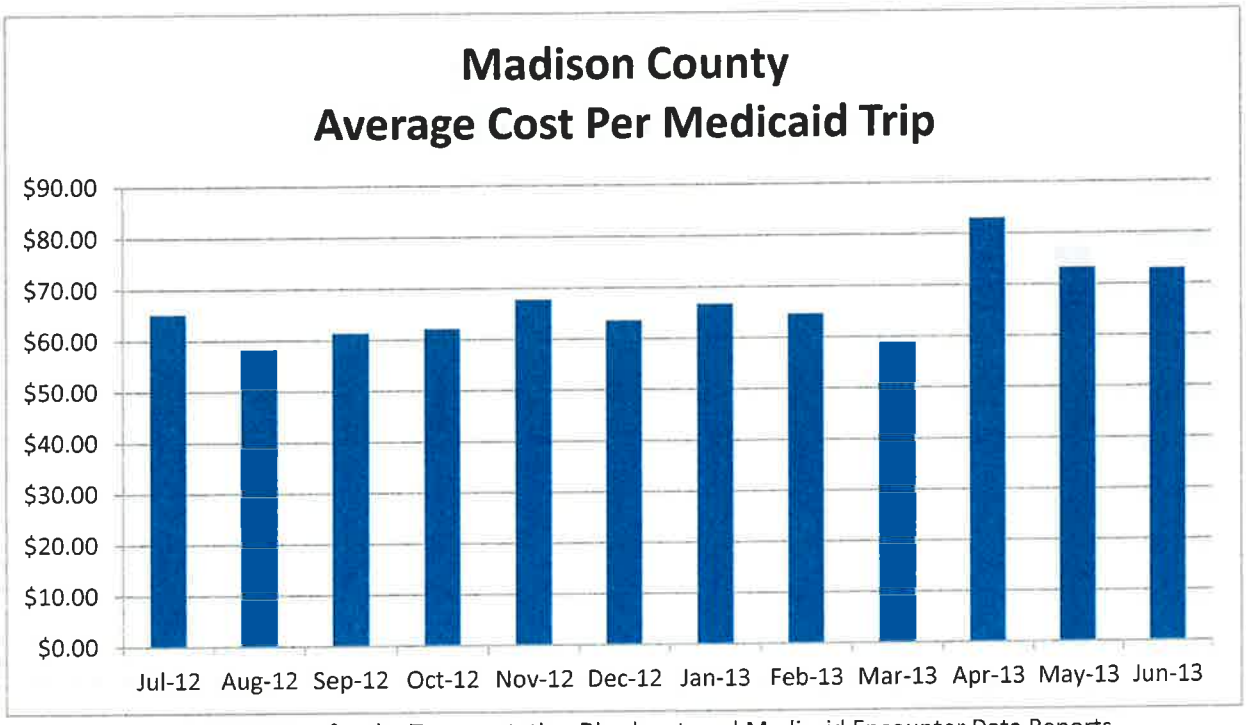

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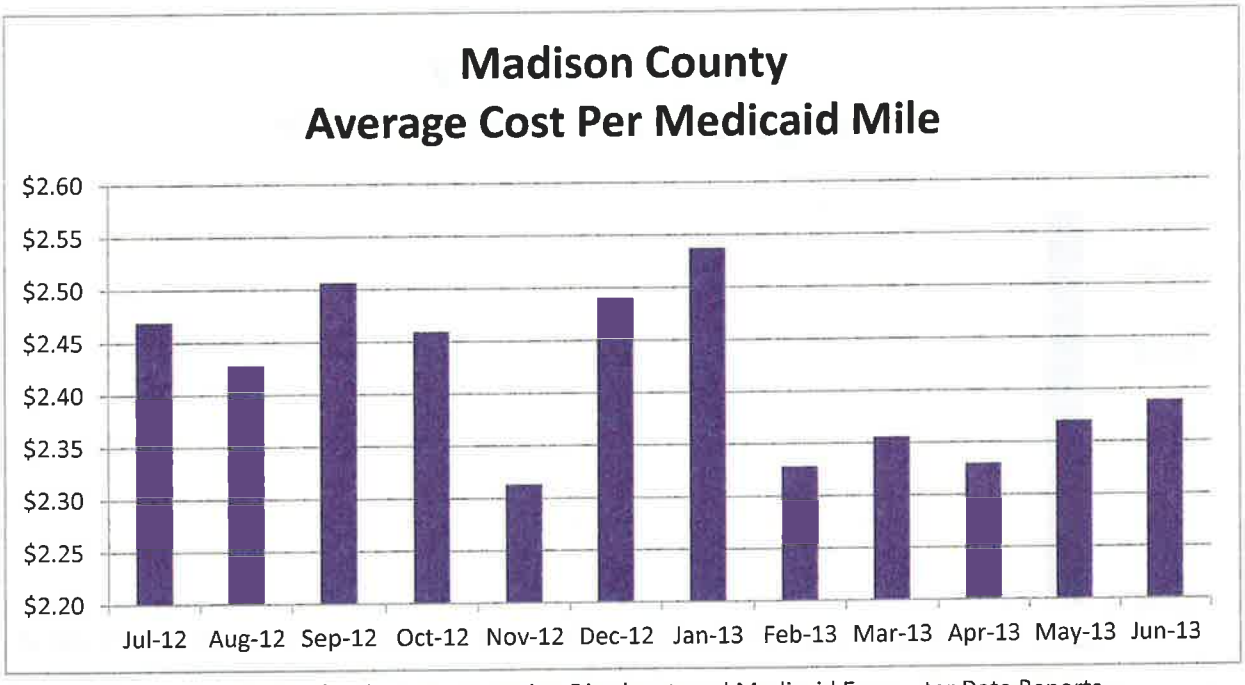

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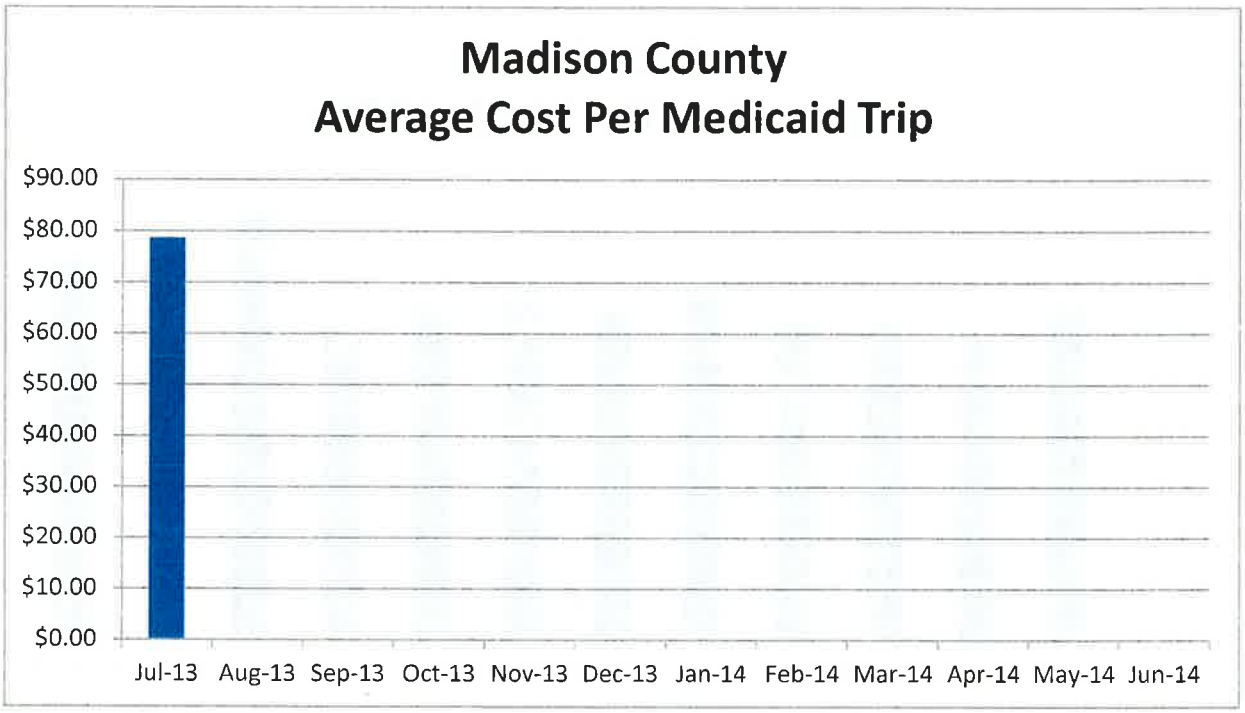

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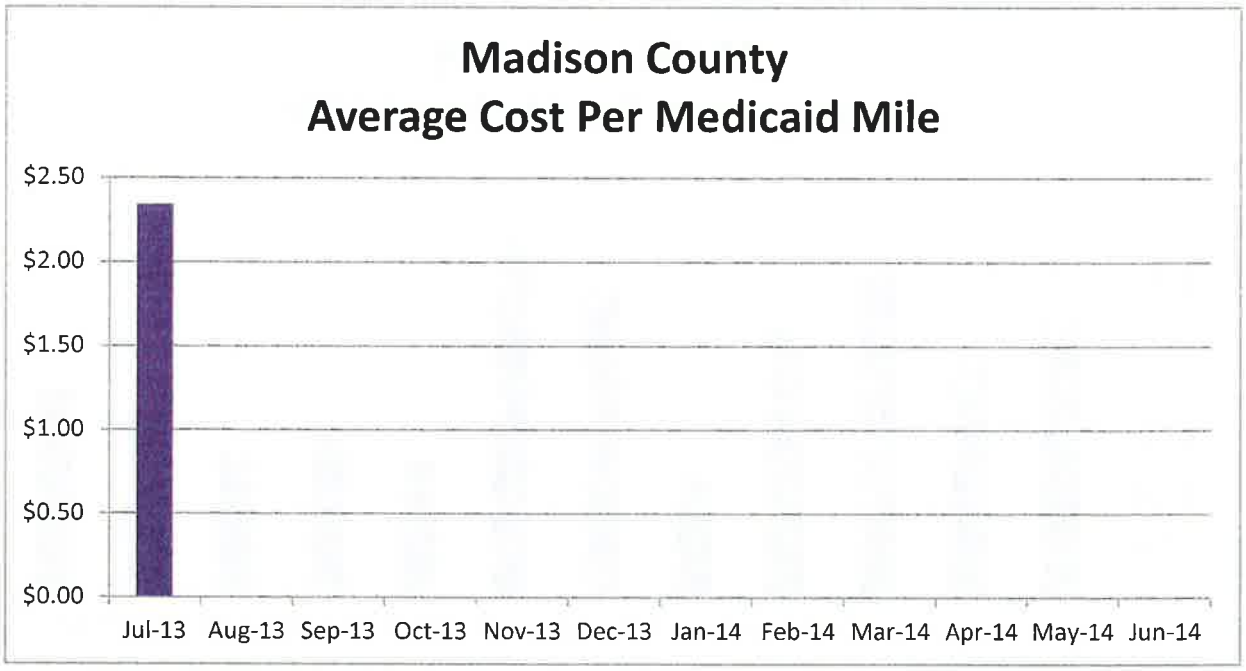

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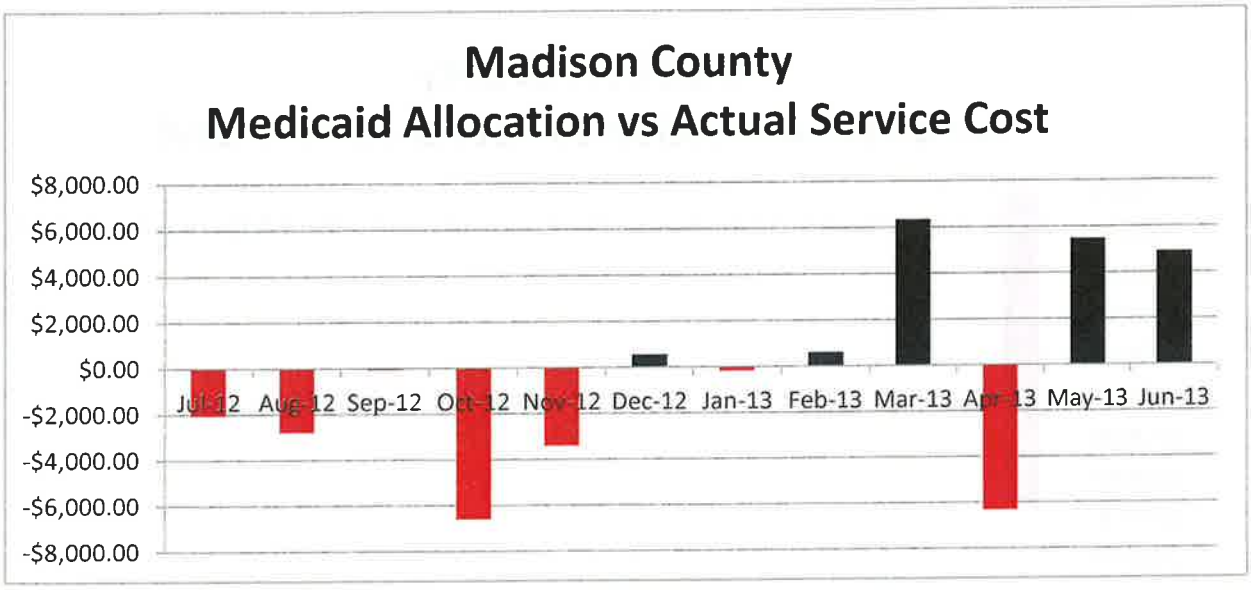

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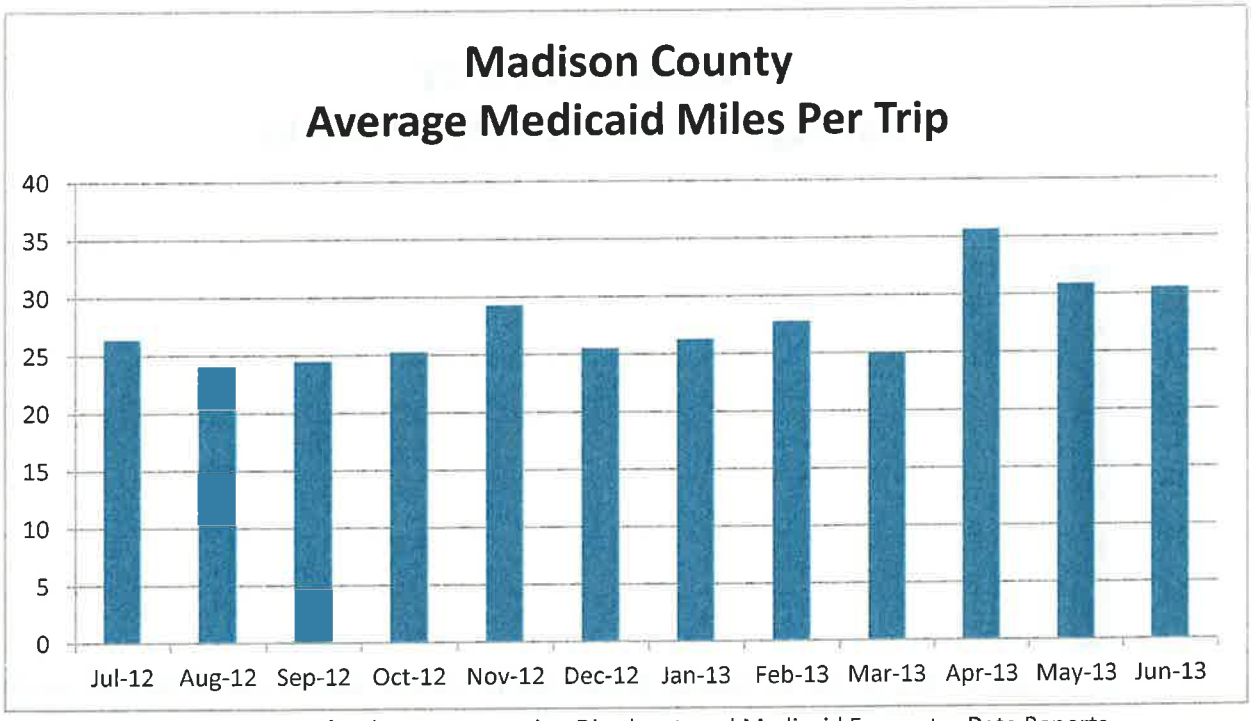

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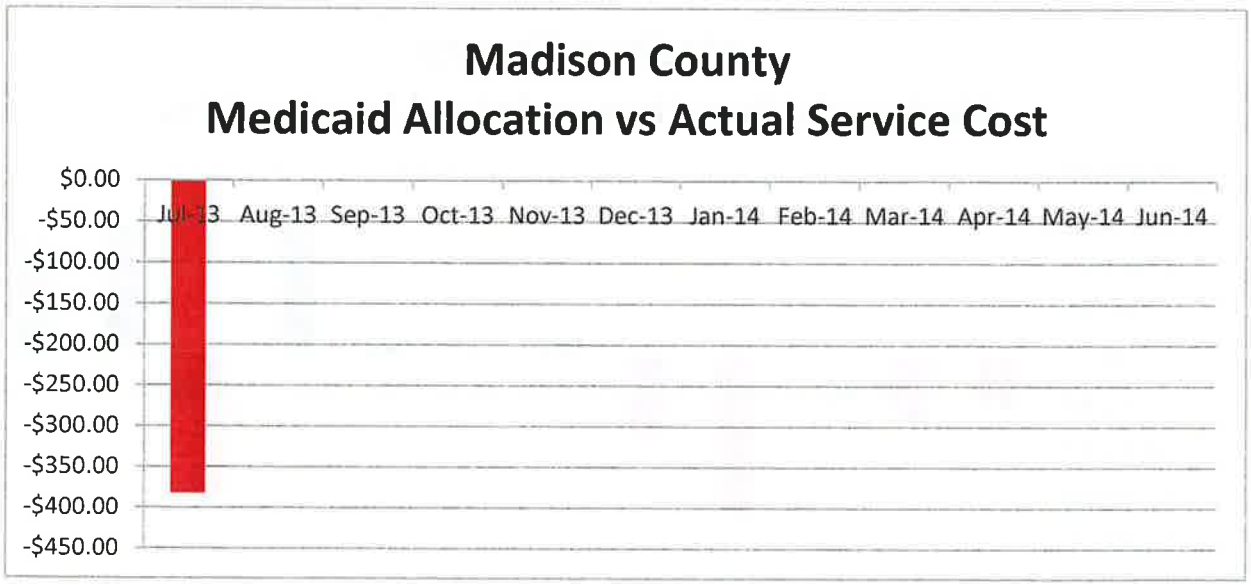

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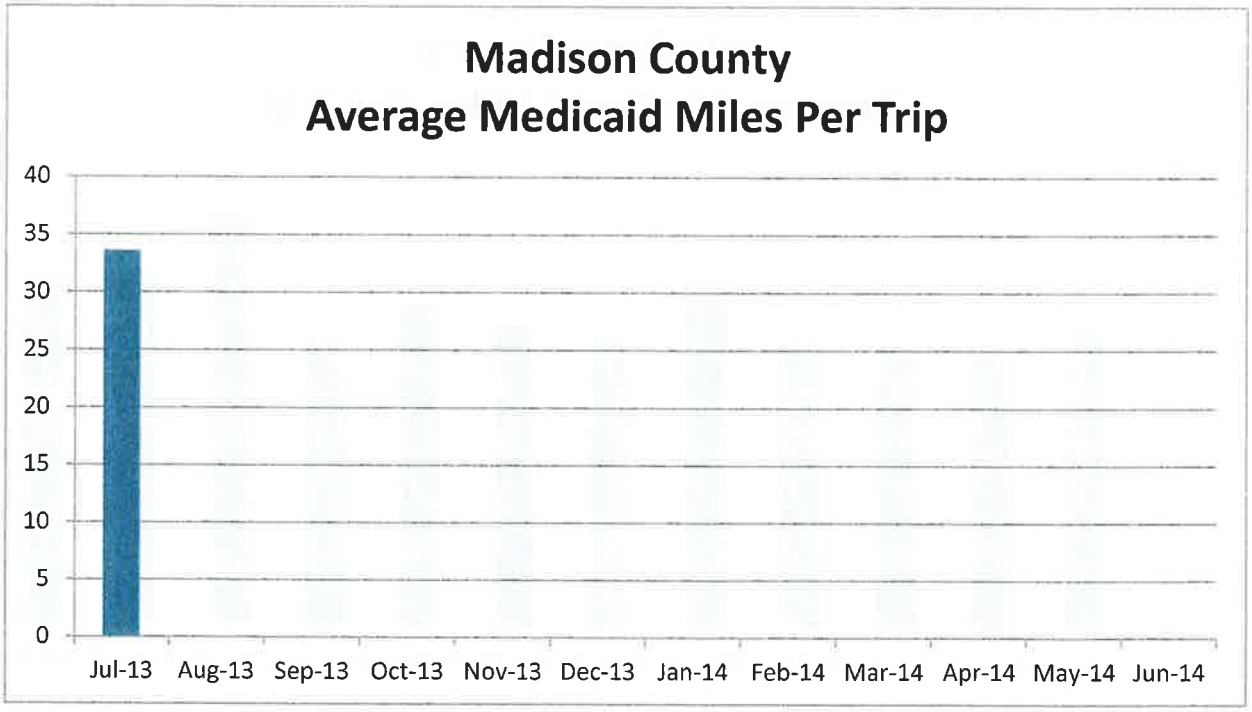

Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

North Central Florida Regional Planning Council

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

May 10, 2013

The Honorable Wayne Vickers, Chair
Madison County Board of County Commissioners
P.O. Box 539
Madison, FL 32341

RE: Madison In-Town Shuttle

Dear Commissioner Vickers:

The Madison County Transportation Disadvantaged Board would like to thank the Madison County Board of County Commission for contributing $5,000 to support the continuation of the Madison In-Town Shuttle operated by Big Bend Transit, Inc. The Madison In-Town Shuttle provides much needed public transportation service to the residents of Madison County.

The Board looks forward to working with the Board of County Commissioners in the future to continue providing transportation services to individuals who are unable to transport themselves due to age, disability or income status.

Sincerely,

Ronnie Moore

Ronnie Moore, Chair
Madison County Transportation Disadvantaged Board

xc: Madison County Transportation Disadvantaged Coordinating Board
Dino Kaklamanos, Big Bend Transit General Manager
Angela Cavanaugh, Florida Commission for the Transportation Disadvantaged

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

May 10, 2013

The Honorable James E. Stanley, Jr.
Madison City Commission
321 SW Rutledge St
Madison, FL 32340

RE: Madison In-Town Shuttle

Dear Mayor Stanley:

The Madison County Transportation Disadvantaged Board would like to thank the Madison City Commission for contributing $5,000 to support the continuation of the Madison In-Town Shuttle operated by Big Bend Transit, Inc. The Madison In-Town Shuttle provides much needed public transportation service to the residents of the City of Madison.

The Board looks forward to working with the City of Madison in the future to continue providing transportation services to individuals who are unable to transport themselves due to age, disability or income status.

Sincerely,

Ronnie Moore

Ronnie Moore, Chair
Madison County Transportation Disadvantaged Board

xc: Madison County Transportation Disadvantaged Coordinating Board
Dino Kaklamanos, Big Bend Transit General Manager
Angela Cavanaugh, Florida Commission for the Transportation Disadvantaged

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ATTENDANCE RECORD

MADISON COUNTY
TRANSPORTATION DISADVANTAGED
COORDINATING BOARD

POSITION	NAME	9/10/12	12/3/12	2/4/13	5/6/13
Chairperson	Commissioner Ronnie Moore			P	P
FDOT	Sandra Collins	A	P	P	P
Alternate Member	Janell Damato		Santanu Roy	A	A
FDCF	Karen Page	P	A	P	A
Alternate Member	(Vacant)		Paul Ward	A	A
FAHCA-Medicaid	Faye Basiri	P	A	P	P
Alternate Member	(Vacant)	AndraLica McCorvey	AndraLica McCorvey		
FDOE	(Vacant)				
Alternate Member	(Vacant)				
Public Education	Gladney Cherry	P	P	P	P
Alternate Member	Ramona Guess				
Citizen Advocate (CA)	Shanetha Mitchell	A	A	A	A
Alternate Member	Pamela Robinson	A	A	A	A
CA-User	Donna Hagan	P	P	P	P
Alternate Member	(Vacant)				
Elderly Rep.	(Vacant)				
Alternate Member	(Vacant)				
Veterans Rep.	(Vacant)				
Alternate Member	(Vacant)				
Persons w/Disabilities	(Vacant)				
Alternate Rep.	(Vacant)				
CAA Rep.	Matthew Pearson				
Alternate Member	(Vacant)				
FDEA	Rosa Richardson	P	P	A	P
Alternate Member	Janet Sparkman	A	A	A	A
Children at Risk	Linda Jones	P	A	A	A
Alternate Member	(Vacant)				
Private Transit Rep.	(Vacant)				
Alternate Member	(Vacant)				
North Florida Workforce Dev. Board	Sheryl Rehberg	A	P	A	P
Alternate Member					
Medical Community	Leila C. Rykard				
Alternate Member					

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

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