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November 25, 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, December 2, 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.

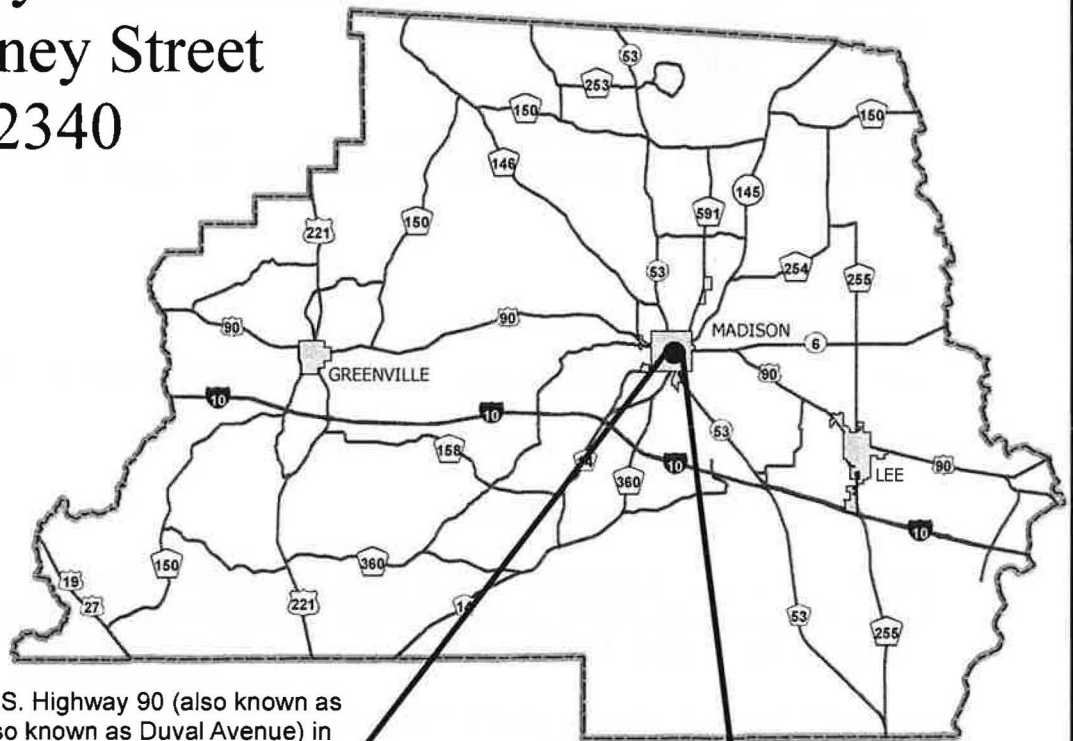
Attachments

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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.

Madison County Courthouse Annex

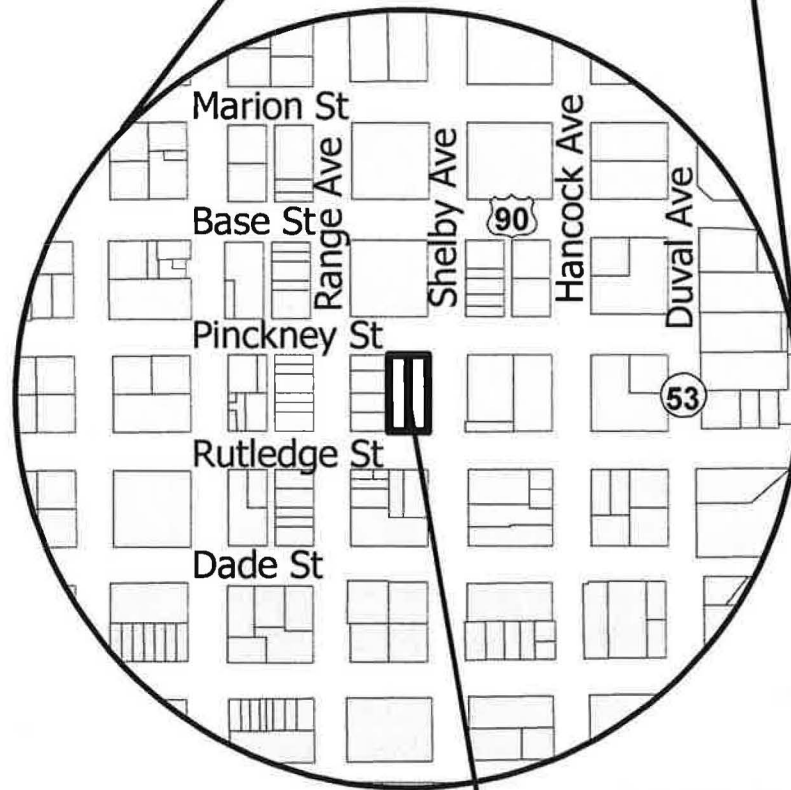
112 East Pinckney Street
Madison, FL 32340



Directions: From the intersection U.S. Highway 90 (also known as Base Street) and State Road 53 (also known as Duval Avenue) in the City of Madison, turn West onto U.S. Highway 90 (also known as Base Street), travel two blocks to Shelby Avenue, turn left (South) onto Shelby Avenue, travel one block to Pinckney Street, turn right (West) and the Madison County Courthouse Annex will be on the left, on the South side of Pinckney Street.



1 inch = 500 feet



Madison County
Courthouse Annex





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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
December 2, 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 September 9, 2013
Minutes**

ACTION REQUIRED

II. UNFINISHED BUSINESS

A. Madison In-Town Shuttle

NO ACTION REQUIRED

Big Bend Transit will report on the Madison In-Town Shuttle service

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

NO ACTION REQUIRED

Enclosed is information concerning the Rural Area Capital Assistance Program Grant awards

III. NEW BUSINESS

A. Annual Performance Evaluation

ACTION REQUIRED

The Board needs to review and approve Big Bend Transit's annual performance evaluation

B. Annual Operations Report **NO ACTION REQUIRED**

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

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

Enclosed is the Managed Medical Assistance Program Implementation Plan

D. Unmet Needs **NO ACTION REQUIRED**

The Board needs to report any unmet transportation needs in Madison County

E. Operations Reports **NO ACTION REQUIRED**

IV. OTHER BUSINESS

A. Comments

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

V. FUTURE MEETING DATES

- A. February 3, 2014 at 1:00 p.m.**
- B. May 5, 2014 at 1:00 p.m.**
- C. September 8, 2014 at 1:00 p.m.**
- D. November 3, 2014 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.

**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	Cindy Hutto Citizen Advocate - User
Vacant Persons with Disabilities	Vacant Persons with Disabilities
Vacant Elderly	Vacant Elderly
Leila C. Rykard (Term ending June 30, 2015) 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
September 9, 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
Donna Hagan, Citizen Advocate – User
Bonita Hart representing Karen Page, Florida Department of Children and Families Representative
Matthew Pearson representing Florida Association for Community Action Representative
Sheryl Rehberg, Workforce Development Board Representative
Leila Rykard, Medical Community Representative

VOTING MEMBERS ABSENT

Sandra Collins, Florida Department of Transportation
Linda Jones, Early Childhood Services Representative
Shanetha Mitchell, Citizen Advocate
Rosa Richardson, Florida Department of Elder Affairs Representative

OTHERS PRESENT

Willie Ann Dickey, 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 meeting to order at 1:00 p.m.

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, asked the Board to add Big Bend Transit's application for Rural Area Capital Assistance Program Grant funds to the agenda for approval.

ACTION: Gladney Cherry moved to approve the meeting agenda with the addition of agenda item II.F. Rural Area Capital Assistance Program Grant application. Sheryl Rehberg seconded; motion passed unanimously.

C. Approval of the May 6, 2013 Minutes

ACTION: Matt Pearson moved to approve the May 6, 2013 minutes. Gladney Cherry 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. She said the Bylaws are included in the meeting packet for the Board's review.

ACTION: Sheryl Rehberg moved to approve the Bylaws. Matthew Pearson seconded; motion passed unanimously.

B. Elect Vice-Chair

ACTION: Gladney Cherry moved to re-elect Donna Hagan as the Board's Vice-Chair. Sheryl Rehberg seconded; motion passed unanimously.

C. Statewide Medicaid Managed Care Program

Ms. Godfrey discussed the Medicaid Managed Care Program as it relates to non-emergency transportation services. She explained that the Long Term Care Program will begin implementation in Madison 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.

Ms. Donna Hagan discussed her concerns with the Medicaid Program expansion and reform at the same time. She stated that the program changes will be very difficult for the Medicaid beneficiaries to understand, and, that she is concerned they will give up and, as a result, not receive medical care.

Ms. Hagan also discussed her concern with Madison and Taylor Counties being on the boarder of Regions 2 and 3. She said that, depending on the HMO selected for Region 2, beneficiaries may have longer travel times to medical appointments.

Ms. Faye Basiri encouraged everyone to document the difficulties that Medicaid beneficiaries experience with the changes and to report them to their legislators.

Mr. Shawn Mitchell, Big Bend Transit Interim General Manager, stated that they have been contacted by HMOs concerning non-emergency transportation services. He said Big Bend Transit will attempt to work with the HMOs or regional transportation broker to continue coordinating transportation services in Madison County.

D. 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.

Ms. Hagan suggested that the State planning agencies draft a white paper discussing unmet transportation needs resulting from the Medicaid Program expansion and reform.

E. Operations Reports

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

Mr. Mitchell stated that Big Bend Transit is still waiting for the Florida Department of Transportation to release Service Development Grant funds to operate the Madison Shuttle service. He said the funds were supposed to be available July, 1, 2013. He said Big Bend Transit has been using the City and County funds and reserve funds to operate the shuttle.

Mr. Mitchell also explained that this is the last year that Big Bend Transit can receive Florida Department of Transportation Service Development Grant funds to operate the shuttle. He said Big Bend Transit is considering reducing the afternoon hours of operation and possibly days of operation in order to operate the shuttle for a longer period of time

F. Rural Area Capital Support Program Grant Application

Mr. Mitchell presented Big Bend Transit's application for Rural Area Capital Support Program Grant funds. . He noted that, if awarded, Big Bend Transit will replace one vehicle which currently serves Madison County with a new vehicle.

ACTION: Faye Basiri moved to approve Big Bend Transit's Rural Area Capital Equipment Support Grant application. Matthew Pearson seconded; motion passed unanimously.

Ms. Donna Hagan asked if Big Bend Transit received grant funds last year from the Rural Area Capital Support Program.

Mr. Mitchell stated that Big Bend Transit received funds to purchase one vehicle last year.

Ms. Hagan stated that the Board oftentimes approves applications for grant funds, however, the Board is not told whether these funds are awarded or not. She asked Big Bend Transit to report to the Board when they receive grant funds.

III. OTHER BUSINESS

A. Comments

1. Members

There were no member comments.

2. Citizens

There were no citizen comments.

IV. FUTURE MEETING DATES

Chairman Moore stated that the next meeting of the Board will be held Monday, December 2, 2013 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 1:45 p.m.

Coordinating Board Chairperson

Date



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II.A.

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November 25, 2013

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Madison In-Town Shuttle Report

STAFF RECOMMENDATION

No action required. For information only.

BACKGROUND

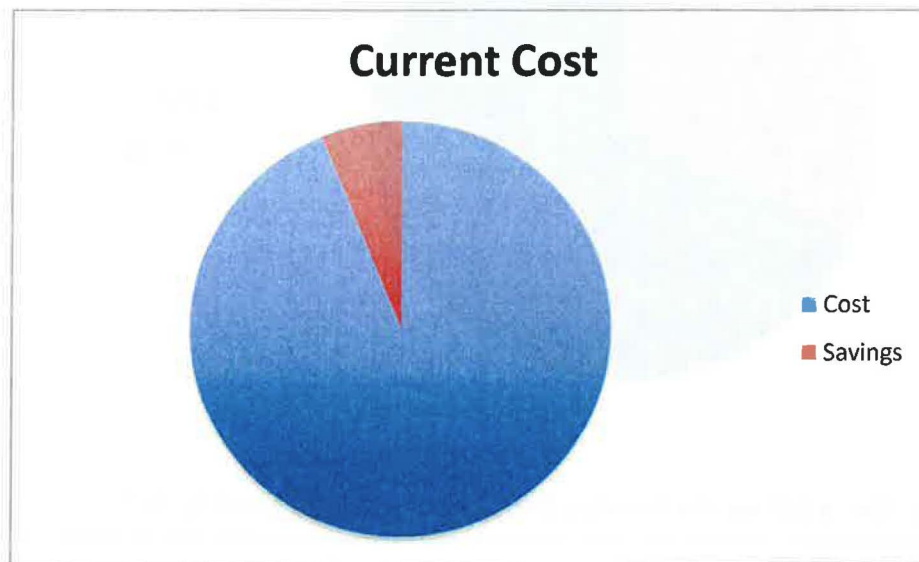
Attached is Big Bend Transit's Madison In-Town Shuttle Report. If you have any questions, please do not hesitate to contact me.

Attachment

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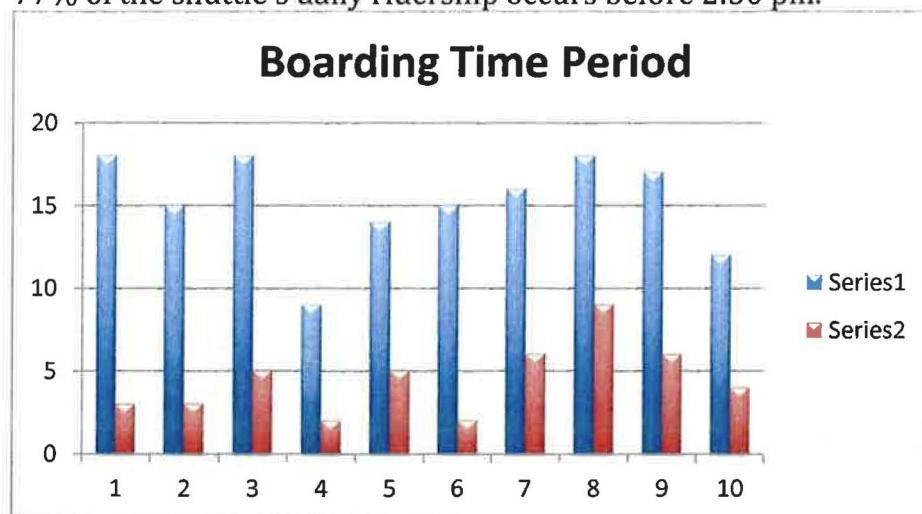
Madison In-Town Shuttle

- Currently the Madison In-town shuttle operates at a monthly average cost of \$5,996.25 true average cost of this monthly service provided by Big Bend Transit Inc., is \$6,396 per month, which is a total saving of \$399.75 to the program.

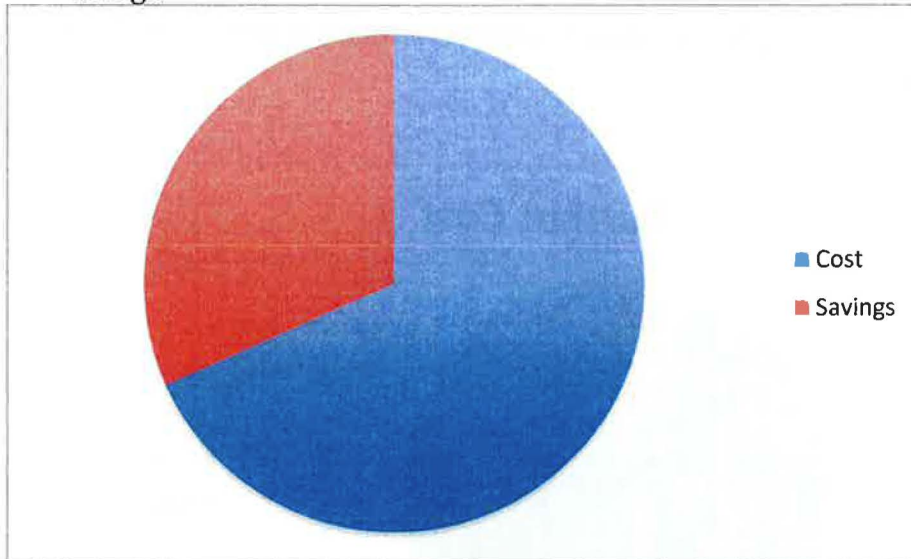


Cost Savings Option

- Operate the Madison county in-town shuttle for the following hours 7:30 am till 2:30 pm.
- 77% of the shuttle's daily ridership occurs before 2:30 pm.



- The average cost for providing the in-town shuttle service on this time schedule would be \$4,095 per month.
- The average cost saving to the program will be \$1,901.25 per month.
- Savings of 32%



- \$53,354 is left on the Service Development Grant as of 9/30/13
- Shuttle funded through June 30, 2014
- Future funding sources must be found moving forward
- City/County government and or local business advertising



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I.B.

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November 25, 2013

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

RECOMMENDATION

For information only. No action required.

BACKGROUND

The Board approved Big Bend Transit's Rural Area Capital Assistance Program Grant application at the September 9, 2013 meeting. The Rural Area Capital Assistance Grant 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 are the grant awards approved by the Florida Commission for the Transportation Disadvantaged. If you have any questions concerning this matter, please do not hesitate to contact me.

Attachment

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State of Florida
Commission for the Transportation Disadvantaged
Commission Business Meeting

MEETING DATE: October 16, 2013

AGENDA ITEM:

VIII. 2013 Shirley Conroy Rural Area Capital Assistance Program Grant Award
Recommendations

BACKGROUND INFORMATION:

The Department of Transportation authorizes a transfer of \$1.4 million to the Transportation Disadvantaged Trust Fund in its 5-year work program. The purpose of the allocation is to assist rural areas with the purchase of capital equipment.

Grant Application packages were emailed to eligible applicants on August 23, 2013, with a deadline of September 20, 2013. The Shirley Conroy Rural Area Capital Assistance Program Grant Subcommittee met on October 10, 2013. In attendance were Commissioner Mike Willingham (via conference call); Agency Advisors Diane Harris and Erin Schepers; and Steve Holmes, Karen Somerset, and Sheri Powers from Commission staff. Twenty-six applications were submitted totaling over \$2,000,000.00. The committee reviewed all capital equipment requests and the award recommendations are attached.

ATTACHMENTS:

2013 Shirley Conroy Rural Area Capital Equipment Support Grant Recommendations

EXECUTIVE DIRECTOR RECOMMENDATION/MOTION:

Recommend that the Commission approve the Shirley Conroy Rural Area Capital Assistance Program Grant Subcommittee Report.



Steve Holmes

Executive Director

Date: October 16, 2013

ACTION TAKEN AT MEETING:

2013-14 Shirley Conroy Rural Area Capital Equipment Support Grant Summary							
County	Applicant Name	Total Dollar Amount Requested	Total TD Dollar Amount (90%)	Capital Equipment Requested (Prioritized as listed)	Profit or Non-Profit	Staff Suggestion	TD Dollar Amount (90% or REDI)
Alachua	MV Transportation	\$128,640.00	\$115,776.00	Two 23' 12/2 Ford Cutaway Vehicles (REPLACEMENT)	For Profit	One Cutaway (\$64,320)	\$57,888.00
Baker	Baker Co COA	\$7,780.00	\$7,780.00	1) 15 Wheel Chair Racks \$2,550 to mount outside of each vehicle 2) 2 Bike Racks for our two Shuttle Buses that transport workers from Baker to Duval Co. \$950 3) 2 Replacement Computers with Dual Monitors (4) and four wireless headsets \$4,280 (for dispatch and schedulers) Requesting waiver of match due to REDI	Non Profit	1) Wheel Chair Racks 2) 2 Bike Racks 3) two computers with dual monitors and four wireless headsets	\$7,780.00
Bradford	Suwannee River Economic Council	\$66,000.00	\$59,400.00	One Small Cutaway Vehicle (REPLACEMENT)	Non Profit		\$0.00
Calhoun	Calhoun Co Sr Citizens Assoc	\$48,200.00	\$43,380.00	1) 5 Computers with widescreen monitors, application software and 3 printers \$11,500 2) Shop equipment incl parts washer, rim clamp tire changer, computer analyzer software update and related equip \$6,700 3) 12 Double Camera System with video recording features, GPS mapping, antenna, software and installation \$24,000 4) 10 Tablets for drivers to use for their scheduling, mileage recording, GPS, used to eliminate paperwork \$6,000	Non Profit	1) Five computers, monitors, standard software and 3 printers \$11,500 3) 12 Dble Camera System \$24,000 4) 10 tablets for drivers \$6,000	\$37,350.00
Clay	Clay Co COA	\$201,100.00	\$180,990.00	1) Two Standard Cutaway Chev 4500 Gas with two-way radio and signage \$169,600 (REPLACEMENT) 2) One Ford Flex for longer-distance trips \$31,500	Non Profit	One Cutaway \$84,800	\$76,320.00
Collier	Collier Co BOCC	\$192,250.00	\$173,025.00	Two Chevy 3500 Cutaway Vehicles with wheelchair lift, two-way radio and camera security system (REPLACEMENT)	Govt	One Cutaway w/ requested options \$96,125	\$86,512.00
Columbia/ Hamilton/ Suwannee	Suwannee Valley Transit Authority	\$251,013.00	\$251,013.00	1) Acquisition and setup of Trapeze Software and Mobile Data Terminals for 30 vehicles \$166,727 2) Six 50" monitors for dispatch, 4 new computer towers with dual monitors needed as a result of Trapeze Software Acquisition \$9,421 3) Generac 800 amp/100 kw generator and set up \$52,500 Requesting waiver of match due to REDI	Govt	Trapeze Software, MDTs, 3 monitors, computer towers \$176,148	\$196,628.00
Dixie/Gilchrist	Suwannee River Economic Council	\$66,000.00	\$59,400.00	One small cutaway vehicle gasoline (REPLACEMENT)	Non Profit	One Cutaway	\$59,400.00
Flagler	Flagler Co BOCC	\$76,000.00	\$76,000.00	24' Cutaway Vehicle Gas 14/2 (TRIPS-11-CA-FCCSC) (REPLACEMENT VEHICLE) Requesting waiver of match due to REDI	Govt	One Cutaway	\$76,000.00

Gadsden/ Madison/ Jefferson/ Taylor	Big Bend Transit	\$260,700.00	\$234,630.00	Four 23' Cutaway Vehicles - Gasoline (\$65,175 each) (REPLACEMENT)	Non Profit	Two Cutaways (\$130,350)	\$117,315.00
Franklin	Croom's Inc	\$54,000.00	\$54,000.00	1) One Computer Server, Tripmaster System software with vehicle Ipad (15), two workstations, laptop and projector and accounting software upgrade \$45,000 2) Cellular telephone dock and lock kits for vehicles \$4,000 3) Copier \$5,000 Requesting Waiver of Match due to REDI	Non Profit	CTS Software, 2 workstations with software and server/tower	\$44,410.00
Glades/Hendry	Good Wheels	\$244,839.00	\$220,355.00	Three 23' Cutaway Vehicles - diesel (Revised project amounts. Application did not have correct totals)	For Profit	One Cutaway Vehicle (\$81,613)	\$146,904.00
Gulf	Gulf ARC	\$36,000.00	\$36,000.00	1) CTS Trip Master Enterprise Edition Software, Hardware, Installation and Training \$35,000 2) Genisys Deluxe Diagnostic Scan Tool will allow diagnostics of vehicles 2010 and above - Software Update \$1,000 Requesting waiver of match due to REDI	Non Profit	CTS Software Upgrade, Hardware, Installation & Training	\$35,000.00
Hardee/ Highlands/ Okeechobee	Veolia Trans	\$156,000.00	\$140,400.00	Three small conversion wheelchair accessible vans or MV-1's (\$52,000 Each) (REPLACEMENT)	For Profit	Two MV1 (\$104,000)	\$93,600.00
Jackson	Jtrans	\$26,491.40	\$26,491.40	One Ford Edge SEL FWD, Gasoline 4 ambulatory seats Requesting waiver of match due to REDI	Non Profit	One Ford Edge	\$26,491.00
Lake	Lake Co BOCC	\$136,962.00	\$123,265.80	Two 23' Cutaway Vehicles with wheelchair lifts (REPLACEMENT)	Govt	One Cutaway (\$68,481)	\$61,633.00
Leon	City of Tall/ StarMetro	\$206,449.00	\$185,804.00	1) One 31' Cutaway Vehicle w/ wheelchair lift, camera security system, reverse assistance and two-way radio (Appears to be addition to fleet) \$139,449 2) StarMetro Compatible Farebox \$15,000 3) Mobile Data Terminal and required wiring \$5,200 Appears to be addition to fleet	Govt		\$0.00
Levy	Levy Co BOCC	\$70,665.00	\$63,598.50	One Cutaway 12/2 Vehicle with wheelchair lift and security camera, (REPLACEMENT)	Govt	One Cutaway with lift and security cam	\$63,596.00
Liberty	Liberty Co BOCC	\$30,000.00	\$27,000.00	One SUV Chev Traverse with signage and equipment (addition to fleet)	Govt		\$27,000.00
Marion	Marion Sr Svcs	\$27,883.00	\$25,095.00	1) Eight Replacement computers and updated software to be able to operate newer version of Windows \$7,515 2) Noise reducing equipment in dispatch and reservation areas (cubicles) \$20,368 - not eligible under this grant	Non Profit	Computers and software \$7,515	\$6,764.00
Martin	MTM, Inc.	\$71,700.00	\$64,530.00	1) Ford E350 Cutaway Vehicle 12,500 GVWR-Gasoline (REPLACEMENT) - \$64,400 2) Two Smart Drive On-Board Camera Systems and monthly subscription fees (for 36 mos) - \$7,300	For Profit	One Cutaway Vehicle & camera without mo subscription fees(\$68,100)	\$61,290.00

Nassau	Nassau Co COA	\$75,000.00	\$67,500.00	One Cutaway (gasoline) Vehicle 23' 14 passengers, wheelchair lift with ability to transport 3 wheelchairs - REPLACEMENT VEHICLE	Non Profit		\$67,500.00
Orange/ Osceola/ Seminole	LYNX	\$59,783.80	\$53,805.51	17 Mentor Ranger MDTs for 17 paratransit vehicles recently purchased (quoted \$3197 but anticipating price to increase to \$3517 each)	Govt	As many of the 17 MDTs that can be purchased	\$30,189.00
Putnam	Ride Solution	\$119,519.00	\$107,567.10	1) Driving Simulator \$25,000 2) Set of Rotary Mach 4 Lifts (18000 lbs) \$38,600 3) RS18 Jack Stands \$1,023 4) NW-980 MR Tire Changer/NW-953 Balancer \$5,050 5) CEMB DWA 1000 XLT Truck Wheel Alignment System \$15,195 6) OTC 10 Ton Lift Jack \$3,852 7) TCB-HT1224 Booster Pack \$1,499 8) Set of Rotary Mach 4 Lifts (13000 lbs) \$29,300	Non Profit		\$0.00
Sumter	Sumter Co BOCC	\$2,700.12	\$2,430.11	26 - 65 lb Child Safety Seats and 26- 30-100 lb booster seats including shipping and handling	Govt	Child safety and booster seats	\$2,430.00
Wakulla	Wakulla Sr Svcs/ Wakulla Co Trans	\$20,000.00	\$18,000.00	1) Software to bring system up to date with CTS's Trip Master scheduling, dispatching, billing and reporting software \$19,400 2) One Laptop \$600	Non Profit	CTS Software upgrade and 1 laptop	\$18,000.00
Total		\$2,635,675.32	\$2,417,236.42				\$1,400,000.00
					Remaining funds:		\$0.00



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November 25, 2013

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

RECOMMENDATION

Review and approve Big Bend Transit, Inc.'s annual performance evaluation.

BACKGROUND

The Board is required to annually evaluate Big Bend Transit's performance as the Madison County Community Transportation Coordinator. Attached is Big Bend Transit's draft annual performance evaluation. If you have any questions concerning the attached evaluation, please contact me at extension 110.

Attachment

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COMMUNITY TRANSPORTATION COORDINATOR EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

Community Transportation Coordinator: Big Bend Transit, Inc.

County: Madison

Address: P.O. Box 1721, Tallahassee, FL 32302

Contact: Shawn Mitchell, Interim General Manager Phone: 850-574-62665

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

THE FEDERAL GOVERNMENT



THE FEDERAL GOVERNMENT

The Federal Government is the national government of the United States. It is composed of three branches: the Executive Branch, the Legislative Branch, and the Judicial Branch. The Executive Branch is headed by the President, who is elected by the people. The Legislative Branch is composed of the House of Representatives and the Senate, which are elected by the people. The Judicial Branch is headed by the Supreme Court, which is appointed by the President and confirmed by the Senate. The Federal Government is responsible for the defense, foreign relations, and the regulation of interstate commerce of the United States.

Community Transportation Coordinator Annual Performance Evaluation

Approved by the

Madison County
Transportation Disadvantaged Coordinating Board

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

Ronnie Moore, Chair

with Assistance from

North Central Florida Regional Planning Council
2009 NW 67th Place
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December 2, 2013

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Community Transportation Coordinator Annual Performance Evaluation

Community Transportation Coordinator: Big Bend Transit, Inc.

County: Madison

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: None.

Recommendations: None.

Timeline for Compliance: None

E. Surveys (see attachment)

Areas of Noncompliance: None

Recommendations: None

Timeline for Compliance: None

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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?
Big Bend Transit, Inc. started operating the Madison In-Town Shuttle in February 2012. Transportation providers from adjacent counties are utilized for inter-county trips. Big Bend Transit uses integrated transportation software for routing, scheduling and billing passenger trips.

15. Are there any areas where coordination can be improved?
More funds could provide more service in the community.
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?
None
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?
The Florida Commission for the Transportation Disadvantaged should work with the Florida Department of Transportation and the Federal Transit Administration to learn more about funding and programs that are available for public transportation in our communities.
19. How are you marketing the voluntary dollar?
We remind our transportation partners and employees of donating to the Transportation Disadvantaged Trust Fund.

**P.O. Box 1721
Tallahassee, Florida 32302
904 / 574-6266**

-33-

Local Grievance Procedure/Process

- a. The aggrieved person is to present a formal (written) grievance to the Community Transportation Coordinator **within 10 working days of the incident**.
- b. The Community Transportation Coordinator will have **10 working days from the date of receipt of the grievance** to respond in writing to the aggrieved person. The response will include the right to appeal to the Transportation Disadvantaged Coordinating Board Grievance Committee. The Community Transportation Coordinator shall submit a copy of the grievance and the response to the Transportation Disadvantaged Coordinating Board Grievance Committee.
- c. The aggrieved person, dissatisfied with the response from the Community Transportation Coordinator, has **5 working days of the received response** to request in writing a hearing with the Transportation Disadvantaged Coordinating Board Grievance Committee.
- d. The Transportation Disadvantaged Coordinating Board Grievance Committee has **10 working days from the date of receipt of the request** to hear the grievance and recommend to the Community Transportation Coordinator in writing any actions that may assist in dealing with the stated grievance. The Grievance Committee will report to the Transportation Disadvantaged Coordinating Board at the next regular meeting.
- e. The aggrieved person, dissatisfied with the advice of the Grievance Committee, has **10 working days from the date of receipt of the response** to request in writing a hearing before the Transportation Disadvantaged Coordinating Board.
- f. The Transportation Disadvantaged Coordinating Board will hear the grievance **within 60 calendar days**, either at its next regular meeting or special called meeting as requested by the Grievance Committee Chairman, based on severity of the issue. The findings, explanations and recommendations of the Transportation Disadvantaged Coordinating Board will be in written form, recorded and transmitted to the aggrieved person and the Community Transportation Coordinator **within 10 working days following the hearing**. The determination of the Transportation Disadvantaged Coordinating Board is final.
- g. The Community Transportation Coordinator will have **10 working days from receipt of the recommendations** to address in writing the Transportation Disadvantaged Coordinating Board's recommendations.
- h. The Transportation Disadvantaged Coordinating Board will review the Community Transportation Coordinator's response to the recommendations at **the next meeting** of the Transportation Disadvantaged Coordinating Board. A record of the grievances, their status (i.e., resolved, unresolved) and the response to the Transportation Disadvantaged Coordinating Board's recommendations will be included in the Community Transportation Coordinator's annual evaluation. The grievance record will also be reviewed during the development of the Community Transportation Coordinator's service plan.
- i. The customer, dissatisfied with the advice of the Transportation Disadvantaged Coordinating Board, can file a formal grievance with the Commission for the Transportation Disadvantaged. The customer may begin this process by contacting the Florida Commission for the Transportation Disadvantaged, 605 Suwannee Street, MS-49, Tallahassee, Florida 32399-0450 or through the TD Helpline (1-800-983-2435), or by email (www.dot.state.fl.us/ctd). Upon request of the customer, the Commission will provide the customer with an accessible copy of the Commission's Grievance Procedures.

- j. If the Commission is unable to resolve the grievance, the customer will be referred to the Office of Administrative Appeals or other legal venues appropriate to the specific nature of the grievance.
- k. **FAIR HEARING REQUIREMENTS:** In addition to the appeals process described above, Medicaid beneficiaries who have been denied non-emergency transportation services have an additional avenue of relieve available to them. The beneficiary has the right to request a Medicaid Fair Hearing

at anytime during the appeals process from the Office of Public Assistance Appeals Hearings at the Department of Children and Families (DCF). The beneficiary, or their representative, must request a Medicaid Fair Hearing within 90 calendar days of the date of the notice of action by contacting the Department of Children and Families, Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, Florida 32399-0700 or by telephone at (850) 488-1429 or by facsimile at (850) 487-0662.

Aggrieved persons with proper standing may also have recourse through the Chapter 120, Florida Statutes administrative hearing process. Nothing in this process is intended to preclude the aggrieved person from pursuing legal action. Aggrieved persons may contact the Commission for the Transportation Disadvantaged Ombudsman Hotline at 1-800-983-2435.

You will be provided with the information on submitting a formal grievance to the Board. The Board will hear your complaint and work with the Community Transportation Coordinator to resolve it. At any time you are not satisfied with the local transportation service you may call the Commission for the Transportation Disadvantaged Ombudsman Hotline at 1-800-983-2435.

Miscellaneous Information

- The driver will assist you in boarding the vehicle, if necessary.
- The driver will wait five minutes for you.
- You must use the seatbelt provided.
- You must have the ability to carry your own personal items.
- Return trips will be made within an hour of the requested time.
- No smoking, eating or drinking on the vehicle
- Accessible formats are available upon requests.
- Advanced purchase of coupons/tickets is available.

***COORDINATED
TRANSPORTATION SYSTEM
OF MADISON COUNTY***

providing

***Specialized Transportation
Services for
Transportation Disadvantaged
Persons***

sponsored by the

***Florida Commission for the
Transportation Disadvantaged***

and the

***Madison County Transportation
Disadvantaged Coordinating
Board***

coordinated by

**BIG
BEND
TRANSIT, NC.**

***Big Bend Transit, Inc.
Post Office Box 1721
Tallahassee, Florida 32302***

***For Information Call:
(850)973-4418
TDD (800)243-4160***

Who are the Transportation Disadvantaged?

Transportation Disadvantaged (TD) means "those persons who because of physical or mental disability, income status, or age, or for other reasons 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 as defined in Chapter 411.202, F.S."

Where is the Transportation Service Available?

Generally, you can ride to and from any location within Madison and the surrounding counties. The service is designed to get transportation disadvantaged individuals and the general public to the closest life-sustaining activities available.

What Transportation Will be Provided?

Generally, curb-to-curb transportation service will be available Monday through Saturday, 6:00 AM to 6:00 PM.

How Can I Access the Transportation Service?

Transportation requests must be made at least 1 day in advance of your travel needs. Call Big Bend Transit at 973-4418 by 2:00 PM, Monday through Friday (call on Friday for a Saturday or Monday ride). You will be asked for your name, phone number, pickup address, where you are going and what time you need

to arrive, if a return trip is wanted and if assistance for a disability (wheelchair, sight impaired, etc.) is required. You will be told the fare and what time to be ready for your pickup.

What is the Cost of Transportation Service?

The one-way fare for the transportation service is based on the trip origin and destination. A one-way trip for a TD eligible person anywhere in Madison County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$2.00. A one-way trip for a General Public ambulatory person anywhere in Taylor County, Monday through Saturday, between 6:00 AM and 6:00 PM is \$5.00 and for a General Public wheelchair person the fare is \$6.50. A companion accompanying you on your trip pays the same fare.

The fares for trips to other counties for General Public ambulatory persons are calculated at \$7.50 per pickup plus \$0.70 per mile traveled and for General Public wheelchair persons are calculated at \$9.00 per pickup plus \$0.70 per mile traveled. For example, the fare for a trip from Madison to Tallahassee for a General Public ambulatory person would be \$46.00 and for a General Public wheelchair person would be \$47.50.

The one-way fare is paid each time you board the vehicle. The fare may be paid by cash, check or money order. Exact fare is required. The driver carries no change. The driver cannot give a receipt.

If I Need to Change Plans or Cancel My Ride, What Do I Do?

Should you need to change your plans or cancel your ride, call 973-4418 as soon as possible. Failure to cancel your ride within 2 hours of your time of travel will cause a "NO-SHOW" charge and/or cancellation of transportation privileges.

What is the Phone Number for the Coordinated Transportation System?

973-4418- Information is available from 8:00 AM to 5:00 PM, Monday through Friday. Florida Relay Service at 1-800-955-8711 provides TDD accessibility.

To Whom Do I Complain if I am Unhappy With the Service Provided?

In the event you have difficulties with your travel and feel these issues need to be addressed, contact the Transportation Manager at 973-4418. Let the Transportation Manager know that you wish to register a complaint about the transportation company, a driver, or any other aspect of the service. Should your complaint not be resolved, you may forward the complaint to the Madison County Transportation Disadvantaged Coordinating Board by calling 352-955-2200 (the North Central Florida Regional Planning Council).

APPLICATION FORM
TRANSPORTATION DISADVANTAGED TRUST FUND
Coordinated Transportation System of Madison County
(850) 973-4418

Applicant's Last Name	First Name	MI
<hr/>		
Street Address	City	Zip Code
<hr/>		
Mailing Address, if different	City	Zip Code
<hr/>		
Social Security Number	Date of Birth	() Telephone Number

DESCRIPTION OF ELIGIBILITY STATUS (check all that apply)

☐ Mobility Aid required, if checked, which type?

☐ Manual wheelchair ☐ Powered Wheelchair ☐ Oversized/wide/geri-chair

☐ Can transfer into a regular passenger seat

☐ Cane ☐ Walker ☐ Crutches

☐ Totally blind ☐ Legally blind

☐ Guide dog

☐ Totally deaf ☐ Severely hearing impaired

☐ Mental disability, if checked are you able to:

Give your address and telephone number upon request? ☐ yes ☐ no

Deal with unexpected situations or changes in routine? ☐ yes ☐ no

Ask for, understand and follow instructions? ☐ yes ☐ no

Do you or anyone who lives with you have a vehicle? ☐ yes ☐ no

Can you afford to purchase transportation? ☐ yes ☐ no

Are you eligible for AFDC, food stamps or Medicaid? ☐ yes ☐ no

To travel, do you need a personal care escort? ☐ always ☐ sometimes ☐ no

Explain "always" or "sometimes" _____

Signature of Applicant _____
(may be custodian, parent, guardian)

Date _____

Mail completed form to: Big Bend Transit, Inc.
Post Office Box 1721
Tallahassee, Florida 32302

(revised 07/01/03) appform(dw26)

int'l 7/15/13
JN

APPLICATION FORM
TRANSPORTATION DISADVANTAGED TRUST FUND
Coordinated Transportation System of Madison County
(850) 973-4418

Applicant's Last Name First Name MI

Street Address

Greenville, Florida 32331
City Zip Code

Telephone Number

Social Security Number

Date of Birth

DESCRIPTION OF ELIGIBILITY STATUS (check all that apply)

Mobility Aid required, if checked, which type?

Manual wheelchair Powered Wheelchair Oversized/wide/geri-chair
Can transfer into a regular passenger seat
Cane Walker Crutches

Totally blind Legally blind
Guide dog

Totally deaf Severely hearing impaired

Mental disability, if checked are you able to:

Give your address and telephone number upon request? yes no
Deal with unexpected situations or changes in routine? yes no
Ask for, understand and follow instructions? yes no

Do you or anyone who lives with you have a vehicle? yes no

Can you afford to purchase transportation? yes no

Are you eligible for AFDC, food stamps or Medicaid? yes no

To travel, do you need a personal care escort? always sometimes no

Explain "always" or "sometimes" Due to his medical diagnosis

Signature of Applicant (may be custodian, parent, guardian)

Date 6/19/2013

Mail completed form to: Big Bend Transit, Inc.
Post Office Box 1721
Tallahassee, Florida 32302

(revised 01/01/03) appform(dw26)

RECEIVED

JUL 01 2013

7/15/13

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 ☐ 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
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 (annually) ☐ 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?
Big Bend Transit, Inc. monitors coordination contractors annually

AMENDMENT # 8

TO TRANSPORTATION OPERATOR CONTRACT

THIS CONTRACT entered into by and between Big Bend Transit, Inc., hereinafter referred to as the "Coordinator", and Capital Transit, Inc., hereinafter referred to as the "Operator".

The above names parties mutually agree that the contract entered into between the said parties, effective September 13, 2006, and subsequently amended, is hereby amended effective October 1, 2012 as follows:

Section III, Paragraph A. 2. Is amended to read:

"This agreement shall end on September 30, 2013.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions in the contract and any attachments thereto not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

IN WITNESS WHEREOF, the parties have caused this contract to be executed by their officials hereby duly authorized.

Capital Transit, Inc.

BY: 

TITLE: Owner

DATE: 9-28-12

Big Bend Transit, Inc.

BY: 

TITLE: Interim G.M.

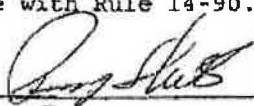
DATE: 9/28/12

ANNUAL SAFETY CERTIFICATION
for
PUBLIC-SECTOR BUS TRANSIT SYSTEMS
(Certifying compliance with F.S. 341.061 & Rule 14-90 F.A.C.)

DATE: 9-28-12
TRANSIT SYSTEM: Capital Transit LLC 850.545.8313
ADDRESS: 1225 Miccosukee Rd.
Tallahassee, FL 32317

In accordance with Florida Statute 341.061, the Bus Transit System named above, hereby certifies to the following:

1. The adoption of a System Safety Program Plan (SSPP) pursuant to Florida Department of Transportation safety standards set forth in Rule Chapter 14-90, Florida Administrative Code.
2. Compliance with adopted safety standards in the SSPP.
3. Performance of annual safety inspections on all operational buses in accordance with Rule 14-90.009, F.A.C.

Signature: 
Printed Name: Perry Sheets
Title: Owner

Name and address of entity(ies) which has (have) performed safety inspections:

Name/Company: Tallahassee Ford
Address: Tallahassee FL

Name/Company: _____
Address: _____


7045
:sapp6

Big Bend Transit Inc. Contractor Monitoring Check List

Company Capital Transit

Date: 12-08-2012

Drive Name	Drive License	Hire Date	Last Physical	CPR/ 1 st Aid	Def. Driving	Last MVR Report	Pre-Employment Drug Test	Back Ground Check
Alpha O. Johnson	J525-014-78-244-0	1-19-2009	1-18-2012	12-15-2012	10-5-2011	11-26-2012	1-17-2009	2009
Terrell Rogers	R262-812-82-292-0	11-14-2011	11-14-2011	12-15-2012	10-5-2011	11-26-2012	11-15-2011	2011
Robert Jackson	J250-765-54-404-0	3-22-2002	3-22-2012	12-15-2012	10-5-2011	11-26-2012	3-19-2002	2008

Audited By  Pass: X Fail: Re-inspection Date: 12-08-2013

Transportation Carrier: Capital Transit; Vehicle #: 12
 Vehicle Make: Ford E350 Year 2007 Capacity 3
 VIN# 1FMMNE11L27DA75416 Tag # F073CT New Add Delete Current (circle one)
 Inspection Date 12/8/12 Inspection Time: 11:15 Odometer Reading: 196015

Check Items	Pass	Service	Fail	N/A
Exterior				
Horn	✓			
2 Exterior Mirrors	✓			
Brakes	✓			
Brake Lights	✓			
Headlights	✓			
Turn Signals	✓			
Parking Brakes	✓			
Body Damage	✓			
Communication (check one)				
2 way Radio				✓
Cellular Phones	✓			
Interior Safety Equipment				
Step/Running Board	✓			
Seat Belts	✓			
Seat Belt Extensions	✓			
Seat Belt Cutter (Web-Cutter)				✓
Rubber/Carpet Floor	✓			
Spill Kit	✓			
First Aid Kit	✓			
Fire Exting. Mounted	✓		✓	
Fire Exting. Tagged/Inspected			✓	
3 Emergency Reflectors	✓	OC	✓	
Interior Lights	✓			
Upholstery	✓			
Clean Interior	✓			
Windows	✓			
Operational A/C	✓			
Operational Heat	✓			
Speedometer	✓			
Information Packet	✓			
Registration	✓			
Insurance ID Card				
Accident/Incident Form				✓

Check Items	Pass	Service	Fail	N/A
Signs				
Exterior Vehicle Number	✓			
Exit Signs/Labels	✓			✓
"NO SMOKING/EATING/DRINKING"	✓			
TD Hotline/Complaints				✓
Structural				
Wall Padded/Headliner	✓			
Internal Fish-eye Mirror				✓
Vehicle Body Integrity/Condition	✓			
Doors Operational	✓			
W/Chair Lift Vehicle				
56" headroom				
Hydraulic/Electric Lift				
Hand Rails				
Controls Inside				
Shoulder Restraint				
Lap Belt				
4 Floor Straps-forward facing				
Lift Lock in Up-Position				
Engine Interlock				
Lift Reflector Tape				
Lift Control Securement				
Metal Mesh Non Skid Plate				
56" H x 30" W Door Opening				
Emergency Manual Lift				
Operator	Yes	No		
Uniform				
Name Tag				
Comments/Restrictions				
Next Tag on Fire Exting.				
Replaced on site				

VEHICLE STATUS: Pass: ✓ Pass w/Restrictions: _____ Fail/Deadline: _____
 RE-INSPECT DATE: 12/8/13 (If status is "Pass w/Restrictions", reinspect within 10 days)
 FIELD MONITOR SIGNATURE: [Signature] DATE: 12/8/12
 BBT

Transportation Carrier: Capital Transit: _____ Vehicle #: 14

Vehicle Make: Ford E250 Year 2010 Capacity _____

VIN# 1FTNS2GW80DA05823 Tag # 690TWF New Add Delete (Current) (circle one)

Inspection Date 12/8/12 Inspection Time: 11:05 Odometer Reading: 49200

Check Items	Pass	Service	Fail	N/A
Exterior				
Horn	✓			
2 Exterior Mirrors	✓			
Brakes	✓			
Brake Lights	✓			
Headlights	✓			
Turn Signals	✓			
Parking Brakes	✓			
Body Damage	✓			
Communication (check one)				✓
2 way Radio				
Cellular Phones	✓			
Interior Safety Equipment				
Step/Running Board	✓			
Seat Belts	✓			
Seat Belt Extensions	✓			
Seat Belt Cutter (Web-Cutter)				✓
Rubber/Carpet Floor	✓			
Spill Kit	✓			
First Aid Kit				
Fire Exting. Mounted	✓			
Fire Exting. Tagged/Inspected	✓			
3 Emergency Reflectors	✓			
Interior Lights	✓			
Upholstery	✓			
Clean Interior	✓			
Windows	✓			
Operational A/C	✓			
Operational Heat	✓			
Speedometer	✓			
Information Packet				
Registration	✓			
Insurance ID Card	✓			
Accident/Incident Form				✓

Check Items	Pass	Service	Fail	N/A
Signs				
Exterior Vehicle Number	✓			
Exit Signs/Labels				✓
"NO SMOKING/EATING/DRINKING"				✓
TD Hotline/Complaints				✓
Structural				
Wall Padded/Headliner	✓			
Internal Fish-eye Mirror				✓
Vehicle Body Integrity/Condition	✓			
Doors Operational	✓			
W/Chair Lift Vehicle				
56" headroom	✓			
Hydraulic/Electric Lift	✓			
Hand Rails	✓			
Controls Inside	✓			
Shoulder Restraint	✓			
Lap Belt	✓			
4 Floor Straps-forward facing	✓			
Lift Lock in Up-Position	✓			
Engine Interlock	✓			
Lift Reflector Tape	✓			
Lift Control Securement	✓			
Metal Mesh Non Skid Plate	✓			
56" H X 30" W Door Opening	✓			
Emergency Manual Lift	✓			
Operator	Yes	No		
Uniform				
Name Tag				
Comments/Restrictions				

VEHICLE STATUS: Pass: ✓ Pass w/Restrictions: _____ Fail/Deadline: _____

RE-INSPECT DATE: 12/18/13 (If status is "Pass w/Restrictions", reinspect within 10 days)

FIELD MONITOR SIGNATURE: [Signature] DATE: 12/8/12
BBT

Transportation Carrier: Capital Transit; Vehicle #: 11
 Vehicle Make: Ford Year 2008 Capacity 3pm/202/207
 VIN# 7F4N524W58DA39889 Tag # L390KW New Add Delete Current (circle one)
 Inspection Date 12-8-12 Inspection Time: 1120 Odometer Reading: 78274

Check Items	Pass	Service	Fail	N/A
Exterior				
Horn	/			
2 Exterior Mirrors	/			
Brakes	/			
Brake Lights	/			
Headlights	/			
Turn Signals	/			
Parking Brakes	/			
Body Damage	/			
Communication (check one)				
2 way Radio	/			
Cellular Phones	/			
Interior Safety Equipment				
Step/Running Board	/			
Seat Belts	/			
Seat Belt Extensions	/			
Seat Belt Cutter (Web-Cutter)	/			
Rubber/Carpet Floor	/			
Spill Kit	/			
First Aid Kit	/			
Fire Exting. Mounted	/			
Fire Exting. Tagged/Inspected	/			
3 Emergency Reflectors	/			
Interior Lights	/			
Upholstery	/			
Clean Interior	/			
Windows	/			
Operational A/C	/			
Operational Heat	/			
Speedometer	/			
Information Packet				
Registration	/			
Insurance ID Card	/			
Accident/Incident Form	/			

Check Items	Pass	Service	Fail	N/A
Signs				
Exterior Vehicle Number	/			
Exit Signs/Labels	/			
"NO SMOKING/EATING/DRINKING"				/
TD Hotline/Complaints				/
Structural				
Wall Padded/Headliner	/			
Internal Fish-eye Mirror	/			
Vehicle Body Integrity/Condition	/			
Doors Operational	/			
W/Chair Lift Vehicle				
56" headroom	/			
Hydraulic/Electric Lift	/			
Hand Rails	/			
Controls Inside	/			
Shoulder Restraint	/			
Lap Belt	/			
4 Floor Straps-forward facing	/			
Lift Lock in Up-Position	/			
Engine Interlock	/			
Lift Reflector Tape	/			
Lift Control Securement	/			
Metal Mesh Non Skid Plate	/			
56" H X 30" W Door Opening	/			
Emergency Manual Lift	/			
Operator	Yes	No		
Uniform				/
Name Tag				/
Comments/Restrictions				

VEHICLE STATUS: Pass: / Pass w/Restrictions: Fail/Deadline: _____
 RE-INSPECT DATE: 12-8-13 (If status is "Pass w/Restrictions", reinspect within 10 days)
 FIELD MONITOR SIGNATURE: [Signature] DATE: 12-8-12
 BBT

Transportation Carrier: Capital Transit: _____ Vehicle #: 10
 Vehicle Make: Ford Year 2006 Capacity 2 pass / 2 st.
 VIN# 1F4NS24W26DA25123 Tag # V746HE New Add Delete Current (circle one)
 Inspection Date 12/8/2012 Inspection Time: 1100 Odometer Reading: 199378

Check Items	Pass	Service	Fail	N/A
Exterior				
Horn	✓			
2 Exterior Mirrors	✓			
Brakes				
Brake Lights				
Headlights				
Turn Signals	✓			
Parking Brakes	✓			
Body Damage	✓			
Communication (check one)				
2 way Radio				
Cellular Phones	✓			
Interior Safety Equipment				
Step/Running Board	✓			
Seat Belts	✓			
Seat Belt Extensions	✓			
Seat Belt Cutter (Web-Cutter)			✓	
Rubber/Carpet Floor	✓			
Spill Kit	✓			
First Aid Kit	✓			
Fire Exting. Mounted				
Fire Exting. Tagged/Inspected				
3 Emergency Reflectors				
Interior Lights	✓			
Upholstery	✓			
Clean Interior	✓			
Windows	✓			
Operational A/C	✓			
Operational Heat	✓			
Speedometer	✓			
Information Packet				
Registration	✓			
Insurance ID Card	✓			
Accident/Incident Form			✓	

Check Items	Pass	Service	Fail	N/A
Signs				
Exterior Vehicle Number	✓			
Exit Signs/Labels	✓			
"NO SMOKING/EATING/DRINKING"				✓
TD Hotline/Complaints				✓
Structural				
Wall Padded/Headliner				✓
Internal Fish-eye Mirror				✓
Vehicle Body Integrity/Condition				✓
Doors Operational				✓
W/Chair Lift Vehicle				
56" headroom				
Hydraulic/Electric Lift				
Hand Rails				
Controls Inside				
Shoulder Restraint				
Lap Belt				
4 Floor Straps-forward facing				
Lift Lock in Up-Position				
Engine Interlock				
Lift Reflector Tape				
Lift Control Securement				
Metal Mesh Non Skid Plate				
56" H X 30" W Door Opening				
Emergency Manual Lift				
Operator	Yes	No		
Uniform				✓
Name Tag				✓
Comments/Restrictions				
Check Engine light on				
Sent to Tallahassee Ford for check up				

VEHICLE STATUS: Pass: _____ Pass w/Restrictions: ✓ Fail/Deadline: _____
 RE-INSPECT DATE: 12/8/12 (If status is "Pass w/Restrictions", reinspect within 10 days)
 FIELD MONITOR SIGNATURE: [Signature] DATE: 12/8/12
 BBT



Bus Transit System Annual Safety and Security Certification

*Certifying Compliance with Rule 14-90, FAC to the
Florida Department of Transportation (FDOT)*


Certification Date (Current): 2013

Certification Year: (Prior Calendar Year): 2012

Name and address of Bus Transit System: BIG BEND TRANSIT, INC P.O. BOX 1721
TALLAHASSEE, FLORIDA 32302

The Bus Transit System (Agency) named above hereby certifies the following:

1. *The Agency has adopted a System Safety Program Plan (SSPP) and a Security Program Plan (SPP) pursuant to the standards set forth in Rule Chapter 14-90, Florida Administrative Code.*
2. *The Agency is in compliance with its adopted SSPP and SPP.*
3. *The Agency has performed annual safety inspections on all operational vehicles in accordance with Rule Chapter 14-90, Florida Administrative Code.*
4. *The Agency has conducted reviews of SSPP and SPP and the plans are up to date.*

Blue Ink Signature: 
(Individual Responsible for Assurance of Compliance)

Name: DINO J KAKLAMANOS Title: GENERAL MANAGER

Name and address of entity(ies) which has (have) performed bus safety inspections and security assessments:

Name: THOMAS HUDSON

Address: 2201 EISENHOWER STREET TALLAHASSEE, FLORIDA 32310

Name of Qualified Mechanic Authorizing Annual Inspections: THOMAS HUDSON

* Note: Please do not edit or otherwise change this form.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF COMPLIANCE

725-030-10
TRANSIT
12/01

for a
SECTION 5311 SUBRECIPIENT
(Certifying compliance with 49 CFR Parts 40, 655)
To
Florida Department of Transportation

DATE 1/1/2013

Section 5311 Subrecipient Information:

AGENCY NAME: BIG BEND TRANSIT, INC

ADDRESS: P.O. BOX 1721, TALLAHASSEE, FL

PHONE: 850-574-6266

FDOT District Office Information:

NAME: Phil Worth, District 2 Modal Development Mgr.

ADDRESS: 2198 Edison Avenue, Jacksonville, FL

PHONE: 904-360-5650

I, DINO J KAKLAMANOS

(Name)

GENERAL MANAGER

(Title)


hereby certify that BIG BEND TRANSIT, INC. and its applicable

(Name of Subrecipient)

contractor(s) (listing attached hereto) for BIG BEND TRANSIT INC

(Name of Subrecipient)

has (have) established and implemented an anti-drug and alcohol misuse prevention program in accordance with the provisions of 49 CFR Parts 40 and 655 as amended. I further certify that the employee training conducted under this part meets the requirements of 49 CFR Parts 40 and 655 as amended.


Signature

Attachment: (Applicable Contractor(s) - Name, Address, Phone #, Contact Person)

COMPLIANCE WITH RULE 41-2 FLORIDA ADMINISTRATIVE CODE

1. How is the Community Transportation Coordinator using school buses in the coordinated system?
Big Bend Transit, Inc. does not have a contract with the Madison 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.	Big Bend Transit, Inc. posts local toll free phone number in all vehicles.
Vehicle Cleanliness	Big Bend Transit, Inc. cleans all vehicles (interior/exterior) at least once a week.
Passenger/Trip Database	Big Bend Transit, Inc. maintains a passenger database.
Adequate seating	Big Bend Transit, Inc. provides adequate seating for all passengers.
Driver Identification	Big Bend Transit, Inc. requires drivers to identify themselves in a manner that is conducive to communications with specific passengers.
Passenger Assistance	Big Bend Transit, Inc. 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. Stops may be made to accommodate the needs of passengers at the discretion of the driver.
Two-way Communications	All vehicles are equipped with two-way communications.
Air Conditioning/Heating	All vehicles have working air conditioners and heaters.
Billing Requirements	Big Bend Transit, Inc. complies with Section 287.0585, Florida Statutes.
Transport of Escorts and dependent children policy	Big Bend Transit, Inc. requires children under the age of 6 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	Big Bend Transit, Inc. requires all passengers under the age of 4 and or 50 pounds to use a child restrain device. Child restraint devices must be provided by the passenger.

Standards	Comments
Out-of-Service Area trips	Big Bend Transit, Inc. provides inter-county service. Service between Madison County and Leon County is provided only to the extent of the availability and no more than once per day.
CPR/1st Aid	Big Bend Transit, Inc. requires that all drivers be certified in first aid.
Driver Criminal Background Screening	Big Bend Transit, Inc. requires a criminal records check of all drivers through the Florida Department of Law Enforcement. This criminal records check covers a period of 15 years prior to the records check.
Passenger Property	Big Bend Transit, Inc. allows passengers to have two pieces of personal property that they can place in their lap or stow under the seat.
Advance reservation requirements	Big Bend Transit, Inc. requires Medicaid sponsored trips to be scheduled 72 hours in advance. All other trips shall be scheduled 24 hours in advance.
Pick-up Window	Big Bend Transit has a 90 minute pick-up window for inter-county advance reservation trips. There is a 60 minute pick-up window for intra-county and advance reservation trips.

Measurable Standards/Goals	Standard/Goal	Is the Community Transportation Coordinator meeting the Standard?
Public Transit Ridership	Not applicable	Not applicable
On-time performance	90%	Yes
Accidents	No more than 1.2/100,000 miles	Yes
Roadcalls	No more than 7/100,000 miles.	Yes
Complaints	No more than 1/1,000 trips.	Yes
Call-Hold Time	Not applicable	Not applicable

ON-SITE OBSERVATION OF THE SYSTEM

1. Date of Observation:
9/9/13
2. Please list any special guests that were present:
None
3. Location:
Madison In-Town Shuttle route
4. Number of Passengers picked up/dropped off
1

Ambulatory:
1

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

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

☐ Yes

☒ No

2) How often do you use transportation?

☐ Daily 7 Days/Week

☒ 1-2 Times/Week

☐ 3-5 Times/Week

☐ Other

3) Have you ever been denied transportation services?

☐ Yes

☒ No If no, skip to question # 4

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

☐ None If none, skip to question # 4

☐ 1-2 Times

☐ 3-5 Times

☐ 6-10 Times

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

☐ Ineligible

☐ Lack of funds

☐ Destination outside service area

☐ Space not available

☐ Other _____

4) What do you normally use the service for?

☒ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Nutritional

☒ Life-Sustaining/Other

5) Do you have concerns with your transportation service?

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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ Other _____

☒ No. If no, skip to question # 6

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

___9___

Additional Comments: None.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

- ☐ Yes
☒ No

2) How often do you use transportation?

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

3) Have you ever been denied transportation services?

- ☐ Yes
☒ No If no, skip to question # 4

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

- ☐ None If none, skip to question # 4
☐ 1-2 Times
☐ 3-5 Times
☐ 6-10 Times

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

- ☐ Ineligible
☐ Lack of funds
☐ Destination outside service area
☐ Space not available
☐ Other _____

4) What do you normally use the service for?

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

5) Do you have concerns with your transportation service?

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

- | | |
|---|--|
| <input type="checkbox"/> Advance notice | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Pick up times not convenient | <input type="checkbox"/> Late pick up-specify time of wait |
| <input type="checkbox"/> Assistance | <input type="checkbox"/> Accessibility |
| <input type="checkbox"/> Service Area Limits | <input type="checkbox"/> Late return pick up - length of wait |
| <input type="checkbox"/> Drivers - specify | <input type="checkbox"/> Reservations - specify length of wait |
| <input type="checkbox"/> Vehicle condition | <input type="checkbox"/> Other _____ |

☒ No. If no, skip to question # 6

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

10

Additional Comments: Excellent service.

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

☐ Yes

☒ No

2) How often do you use transportation?

☐ Daily 7 Days/Week

☒ 1-2 Times/Week

☐ 3-5 Times/Week

☐ Other

3) Have you ever been denied transportation services?

☐ Yes

☒ No If no, skip to question # 4

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

☐ None If none, skip to question # 4

☐ 1-2 Times

☐ 3-5 Times

☐ 6-10 Times

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

☐ Ineligible

☐ Lack of funds

☐ Destination outside service area

☐ Space not available

☐ Other _____

4) What do you normally use the service for?

☒ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Nutritional

☐ Life-Sustaining/Other

5) Do you have concerns with your transportation service?

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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ Other _____

☒ No. If no, skip to question # 6

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

9

Additional Comments: Very happy with service

PASSENGER SURVEY

1) Where you charged an amount in addition to the passenger fare?

☐ Yes

☒ No

2) How often do you use transportation?

☐ Daily 7 Days/Week

☒ 1-2 Times/Week

☐ 3-5 Times/Week

☐ Other

3) Have you ever been denied transportation services?

☐ Yes

☒ No If no, skip to question # 4

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

☐ None If none, skip to question # 4

☐ 1-2 Times

☐ 3-5 Times

☐ 6-10 Times

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

☐ Ineligible

☐ Lack of funds

☐ Destination outside service area

☐ Space not available

☐ Other _____

4) What do you normally use the service for?

☒ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Nutritional

☐ Life-Sustaining/Other

5) Do you have concerns with your transportation service?

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

☐ Advance notice

☐ Pick up times not convenient

☐ Assistance

☐ Service Area Limits

☐ Drivers - specify

☐ Vehicle condition

☐ Cost

☐ Late pick up-specify time of wait

☐ Accessibility

☐ Late return pick up - length of wait

☐ Reservations - specify length of wait

☐ Other _____

☒ No. If no, skip to question # 6

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

8

Additional Comments: Nice drivers

LEVEL OF COST

Insert Cost page from the AOR.

FLCTD

Annual Operations Report

Section VII: Expense Sources

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Complete			
FLCTD Status: Approved			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$347,604.00	\$0.00	\$347,604.00
Fringe Benefits (502):	\$180,697.00	\$0.00	\$180,697.00
Services (503):	\$11,915.00	\$0.00	\$11,915.00
Materials and Supplies Cons. (504):	\$134,519.00	\$0.00	\$134,519.00
Utilities (505):	\$7,689.00	\$0.00	\$7,689.00
Casualty and Liability (506):	\$26,854.00	\$0.00	\$26,854.00
Taxes (507):	\$375.00	\$0.00	\$375.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$9,030.00	\$0.00	\$9,030.00
Miscellaneous (509):	\$6,098.00	\$0.00	\$6,098.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$9,081.00	\$0.00	\$9,081.00
Annual Depreciation (513):	\$85,480.00	\$0.00	\$85,480.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$819,342.00	\$0.00	\$819,342.00

LEVEL OF COMPETITION

1. Inventory of Transportation Operators in the Service Area

	Transportation Providers Available	Transportation Providers Contracted in the System.
Private Non-Profit	2	2
Private For-Profit	1	1
Government	0	0
Public Transit Agency	0	0
Total	3	3

2. How many of the operators are coordination contractors? 1

3. Does the Community Transportation Coordinator have a competitive procurement process?

☒ Yes

☐ No

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

	Low bid
✓	Requests for qualifications
✓	Negotiation only

	Requests for proposals
✓	Requests for interested parties

LEVEL OF COORDINATION

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

All plans for providing transportation disadvantaged services are coordinated.

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

Big Bend Transit, Inc. 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 Big Bend Transit, Inc. to schedule all trips.

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

Big Bend Transit, Inc. handles all trip reservations.

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

Big Bend Transit, Inc. handles all trip allocations.

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

Big Bend Transit, Inc. schedules all trips.

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

Big Bend Transit, Inc. monitors transportation operators.



III.6.

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

November 25, 2013

TO: Madison 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

Big Bend Transit is required to submit an annual operations report to the Florida Commission for the Transportation Disadvantaged by September 15 of each year. Attached is Big Bend Transit'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\madison\memos\aoe.docx

FLCTD

Annual Operations Report

Section I: Face Sheet

County: Madison	Fiscal Year: July 1, 2012 - June 30, 2013
Status: Ready	
Report Date:	09/08/2013
Period Covered:	July 1, 2012 - June 30, 2013
Coordinator's Name:	Big Bend Transit
Address:	Post Office Box 1721
City:	Tallahassee
Zip Code:	32302
Service Area:	Madison
Contact Person:	SHAWN MITCHELL
Title:	INTERIM GENERAL MANAGER
Phone:	(850) 576 - 6266
Fax:	(850) 571 - 1531
Email:	shawnmitch-bbt@comcast.net
Network Type:	Complete Brokerage
Organization Type:	Private Non-Profit
CTC Certification: I, SHAWN MITCHELL, 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. CTC Representative (signature) SHAWN MITCHELL - 09/08/2013	
LCB Statement: 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. LCB Signature _____	

FLCTD

Annual Operations Report

Section II: General Info

County: **Madison**

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

Status: **Ready**

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: 0

Transit Authority: 0

Other: 0

Total: 1

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

0

FLCTD

Annual Operations Report

Section III: Passenger Trip Info

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Ready			
Section III: Passenger Trip Information			
1a. One-Way Passenger Trips			
Type of Service	Service Area		
Fixed Route/Fixed Schedule	Within	Outside	Total
Daily Trip Tickets	0	0	0
Weekly Passes	0	0	0
Monthly Passes	0	0	0
Deviated Fixed Route Service	2631	0	2631
Paratransit			
Ambulatory	9034	6025	15059
Non-Ambulatory	1015	702	1717
Stretcher	0	59	59
Other Services			
School Board Trips	0	0	0
Total Trips	12680	6786	19466
1b. How many of the total trips were provided by contracted transportation providers (do not include the CTC, if the CTC provides transportation services)?			0
1c. How many of the total trips were provided by coordination contractors?			59
2. One-Way Trips by Funding Source			
Agency for Health Care Administration	4892		
Agency for Persons with Disabilities	4618		
Agency for Workforce Innovation	0		
Commission for the Transportation Disadvantaged	6096		
Department of Children and Families	0		
Department of Community Affairs	0		
Department of Education	16		
Department of Elder Affairs	0		
Department of Health	20		

Department of Juvenile Justice	0
Florida Department of Transportation	798
Local Government	2323
Local Non-Government	703
Other Federal Programs	0
Total:	19466
3. One-Way Trips by Passenger Type	
Was this information obtained by sampling?	yes
Elderly	
Low Income:	1566
Disabled:	6265
Low Income and Disabled:	0
Other:	0
Children	
Low Income:	122
Disabled:	497
Low Income and Disabled:	0
Other:	0
Other	
Low Income:	1646
Disabled:	6739
Low Income and Disabled:	0
Other:	2631
Total:	19466
4. One-Way Passenger Trips - by Purpose	
Was this information obtained by sampling?	yes
Medical Purpose	8545
Employment Purpose	4189
Education/Training/Daycare Purpose	3373
Nutritional Purpose	352
Life-Sustaining/Other Purpose	3007
Total:	19466
5. Unduplicated Passenger Head Count	
5a. Paratransit/Deviated Fixed Route/ School Brd	1393

5b. Fixed Route	0
Total:	1393
6. Number of Unmet Trip Requests	24
Unmet Trip Requests by Type of Trip	
Unmet Medical	24
Unmet Employment	0
Unmet Education/Training/Daycare	0
Unmet Nutritional	0
Unmet Life-Sustaining/Other	0
Reason Trip was Denied (Optional)	
Lack of Funding:	0
Lack of Vehicle Availability:	0
Lack of Driver Availability:	0
Other:	0
7.) Number of Passenger No-shows	242
Passenger No-Shows by Funding Source (optional)	
CTD:	0
AHCA:	0
AWI:	0
DCF:	0
APD:	0
DOE:	0
DOEA:	0
Other:	0
8. Complaints	
Complaints by Service	0
Complaints by Policy	2
Complaints by Vehicle	0
Complaints by Other	0
Complaint Total:	2
9. Commendations	
Commendations by CTC	0

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

FLCTD

Annual Operations Report

Section IV: Vehicle Info

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Ready			
Section IV: Vehicle Information			
1. Mileage Information			
	Vehicle Miles		Revenue Miles
CTC:	252147		201706
Transportation Providers:	0		0
Coordination Contractors:	6281		6281
School Bus Utilization Agreement:	0		0
Total:	258428		207987
2. Roadcalls	2		
3. Accidents			
	Chargeable		Non-Chargeable
Total Accidents Person Only:	0		0
Total Accidents Vehicle Only:	0		0
Total Accidents Person & Vehicle:	0		0
Total Accidents:	0		0
Grand Total:	0		
4. Total Number of Vehicles	11		
		Count	Percentage
a. Total vehicles that are wheelchair accessible:		10	90.00%
b. Total vehicles that are stretcher equipped:		0	0.00%

FLCTD

Annual Operations Report

Section V: Employee Info

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Ready			
Section V: Employee Information			
1. CTC and Transportation Provider Employee Information			
			Hours
Full-Time Drivers	7		14606
Part-Time Drivers	0		0
Volunteer Drivers	0		0
Total Hours:			14606
Maintenance Employees	3		
Dispatchers	1		
Schedulers	1		
Call Intake/Reserv./Cust. Serv.	1		
Other Operations Employees	0		
			Hours
Other Volunteers	0		0
Administrative Support	2		
Management Employees	4		
Total	19		
2. Coordination Contractors Employee Information			
			Hours
Full-Time Drivers	0		0
Part-Time Drivers	0		0
Volunteer Drivers	0		0
Total Hours:			0
Maintenance Employees	0		
Dispatchers	0		
Schedulers	0		
Call Intake/Reserv./Cust. Serv.	0		

Other Operations Employees	0	
		Hours
Other Volunteers	0	0
Administrative Support	0	
Management Employees	0	
Total	0	
		TOTAL HOURS: 14606

FLCTD

Annual Operations Report

Section VI: Revenue Sources

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Ready			
Section VI: Financial Data			
1. Detailed Revenue and Trips Provided by Funding Source			
Revenue Source	CTC and Transportation Providers	Coordination Contractors	TOTAL REVENUES
Agency for Health Care Administration			
Medicaid Non-Emergency	\$340,564.00	\$0.00	\$340,564.00
Medicaid Non-Emergency (under fixed fee service with AHCA)	\$0.00	\$0.00	\$0.00
Agency for Persons with Disabilities			
Comm Care for Dis Adults/Aging & Adult Services	\$0.00	\$0.00	\$0.00
Developmental Services	\$40,330.00	\$0.00	\$40,330.00
Other (specify)	\$0.00	\$0.00	\$0.00
Agency for Workforce Innovation			
WAGES/Workforce Board	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Commission for the Transportation Disadvantaged			
Non-Sponsored Trip Program	\$140,437.00	\$0.00	\$140,437.00
Non-Sponsored Cap. Equip.	\$0.00	\$0.00	\$0.00
Rural Capital Equip.	\$0.00	\$0.00	\$0.00
TD Other (specify)	\$0.00	\$0.00	\$0.00
Department of Children and Families			
Alcohol, Drug Abuse & Mental Health Program	\$0.00	\$0.00	\$0.00
Family Safety & Preservation	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Community Affairs			
Community Services	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00

Department of Education			
Carl Perkins Vocational Ed. Act	\$0.00	\$0.00	\$0.00
Division of Blind Services	\$0.00	\$0.00	\$0.00
Vocational Rehabilitation	\$1,853.00	\$0.00	\$1,853.00
Day Care Programs	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Elder Affairs			
Older Americans Act	\$0.00	\$0.00	\$0.00
Community Care for the Elderly	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Health			
Children's Medical Services	\$0.00	\$0.00	\$0.00
Office of Disability Deter.	\$1,173.00	\$0.00	\$1,173.00
County Public Health Unit	\$0.00	\$0.00	\$0.00
Other (specify)	\$0.00	\$0.00	\$0.00
Department of Juvenile Justice			
(specify)	\$0.00	\$0.00	\$0.00
Department of Transportation			
49 USC 5307 (Section 9)	\$0.00	\$0.00	\$0.00
49 USC 5310 (Section 16)	\$33,100.00	\$0.00	\$33,100.00
49 USC 5311 (Section 18)	\$102,588.00	\$0.00	\$102,588.00
49 USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$23,483.00	\$0.00	\$23,483.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify) 5317/5316/RIDESHARE	\$36,095.00	\$0.00	\$36,095.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$15,295.00	\$0.00	\$15,295.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
Local Non-Government			

Farebox	\$31,158.00	\$0.00	\$31,158.00
Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00
Other Non-Government	\$2,472.00	\$0.00	\$2,472.00
Other Federal or State Programs			
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
(specify)	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$768,548.00	\$0.00	\$768,548.00

FLCTD

Annual Operations Report

Section VII: Expense Sources

County: Madison		Fiscal Year: July 1, 2012 - June 30, 2013	
Status: Ready			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$347,604.00	\$0.00	\$347,604.00
Fringe Benefits (502):	\$180,697.00	\$0.00	\$180,697.00
Services (503):	\$11,915.00	\$0.00	\$11,915.00
Materials and Supplies Cons. (504):	\$134,519.00	\$0.00	\$134,519.00
Utilities (505):	\$7,689.00	\$0.00	\$7,689.00
Casualty and Liability (506):	\$26,854.00	\$0.00	\$26,854.00
Taxes (507):	\$375.00	\$0.00	\$375.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$9,030.00	\$0.00	\$9,030.00
Miscellaneous (509):	\$6,098.00	\$0.00	\$6,098.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$9,081.00	\$0.00	\$9,081.00
Annual Depreciation (513):	\$85,480.00	\$0.00	\$85,480.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$819,342.00	\$0.00	\$819,342.00

PERFORMANCE TRENDS MADISON COUNTY, 2011-2013

PERFORMANCE STANDARD	MEASURE	Fiscal Year 2010/2011	Fiscal Year 2011/2012	Fiscal Year 2012/2013	PERCENT CHANGE 2011/2012 - 2012/2013
TOTAL SERVICE	Passenger Trips	24,714	20,573	19,466	-5.7%
	Ambulatory Trips	22,233	16,907	15,059	-12.3%
	Non-Ambulatory Trips	2,395	2,615	1,717	-52.3%
	Stretcher Trips	43	90	59	-52.5%
	Fixed Route Trips	0	0	0	#DIV/0!
	Revenue Vehicle Miles	256,636	216,158	207,897	-4.0%
	Vehicle Miles	295,978	256,953	258,428	0.6%
SERVICE EFFECTIVENESS	Driver Hours	10,360	15,337	14,606	-5.0%
	Passenger Trips/Revenue Vehicle Mile	0.10	0.10	0.09	-1.6%
	Passenger Trips/Vehicle Mile	0.08	0.08	0.08	-6.3%
COST EFFECTIVENESS & EFFICIENCY	Passenger Trips/Driver Hour	2.4	1.3	1.3	-0.6%
	Revenue	\$679,906	\$664,709	\$768,548	13.5%
	Expenses	\$541,858	\$739,812	\$819,342	9.7%
	Cost/Passenger Trip	\$21.93	\$35.96	\$42.09	14.6%
	Cost/Revenue Vehicle Mile	\$2.11	\$3.42	\$3.94	13.2%
	Cost/Vehicle Mile	\$1.83	\$2.88	\$3.17	9.2%
	Cost/Vehicle	\$36,124	\$56,909	\$74,486	23.6%
	Cost/Driver Hour	\$52.30	\$48.24	\$56.10	14.0%
VEHICLE UTILIZATION	Vehicles	15	13	11	-18.2%
	Passenger Trips/Vehicle	1,648	1,583	1,770	10.6%
	Vehicle Miles/Vehicle	19,732	19,766	23,493	15.9%
	Revenue Vehicle Miles/Vehicle	17,109	16,628	18,900	12.0%
	Vehicle Miles/Driver Hour	29	17	18	5.3%
	Revenue Vehicle Miles/Driver Hour	25	14	14	1.0%
	Vehicle Hours/Vehicle	691	1,180	1,328	11.1%
SAFETY	Number of Accidents	0	0	0	#DIV/0!
	Accidents/100,000 Miles	0	0	0	#DIV/0!
SERVICE AVAILABILITY	Average Vehicle Miles Between Roadcalls	295,978	256,953	129,214	-98.9%
	Roadcalls	1	1	2	50.0%
	Passenger No-Shows	155	282	242	-16.5%
	Number of Trip Denials	0	0	24	100.0%

Source: Big Bend Transit Annual Operations Reports



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November 25, 2013

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Florida's Managed Medical Assistance Program

RECOMMENDATION

For information only. No action is required.

BACKGROUND

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

Attachment

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

Lynn Godfrey

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

CTCs, STPs and Planners,

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

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

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

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

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

Steve Holmes

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



Join us on Facebook and Twitter

Implementation Plan

**Florida's
Managed Medical Assistance
Program**

October 30, 2013

1115 Research and Demonstration Waiver



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I. Executive Summary

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

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

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

A. Waiver Overview

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

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

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

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

B. Goals and Objectives

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

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

C. Consumer Protections

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

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

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

Remainder of page intentionally left blank.

II. Phased Implementation

A. Implementation Overview

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

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

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

B. Implementation Schedule

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

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

Table 2
Projected Enrollment by Region for State Fiscal Year 2014-2015

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

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

C. Implementation Triggers, Risks and Mitigation Strategy

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

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

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

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

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

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

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

D. Implementation – Stakeholder's Role

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

E. Rapid Cycle Improvement Process

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

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

F. Comprehensive Outreach and Education Strategy

1. Overall Outreach and Communication Strategy

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

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

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

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

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

2. Recipient Outreach

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

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

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

3. Provider Outreach

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

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

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

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

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

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

4. Other Stakeholder Outreach

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

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

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

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

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

5. Media and the General Public

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

6. Outreach Schedule

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

G. Recipient Enrollment

1. Enrollee Choice

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

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

2. Enrollee Information

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

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

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

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

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

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

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

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

H. Continuity of Care Provisions

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

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

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

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

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

I. Plan Selection

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

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

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

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

**Pending settlement.

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

J. Plan Readiness Review Process

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

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

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

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

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

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

If the Agency finds a plan has:

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

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

K. Plan Contracting

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

1. Contracting Assurances - Provider Network and Access Requirements

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

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

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

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

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

2. Plan Accountability and Performance Standards

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

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

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

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

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

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

3. Penalties and Sanctions

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

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

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

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

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Appendix I

Implementation Activities – October 2013

IMPLEMENTATION ACTIVITIES	
1. Plan Selection	<p>Objective: The Agency will develop a plan selection process to ensure contracting with high quality plans that have experience serving the Medicaid population.</p> <p>Status: Completed</p> <ul style="list-style-type: none"> 1.1 Develop procurement evaluation plan. 1.2 Issue MMA Invitation to Negotiate (ITN). 1.3 Appoint and train evaluation team/negotiators. 1.4 Receive MMA bids from potential managed care plans. 1.5 Evaluate plan proposals for mandatory requirements. 1.6 Solicit and evaluate provider input of potential managed care plans. 1.7 Review and evaluate the responses to the MMA ITN with particular attention to the plans' past performance in the provision of health care services and quality improvement. 1.8 Select plans for negotiation and finalize rates in negotiations with plans. 1.9 Select plans and posted MMA awards on Florida's designated procurement site.
2. Comprehensive Outreach and Education	<p>Objective: The Agency will develop and continue to refine a comprehensive outreach and education program to facilitate a smooth transition to the MMA program by ensuring all affected recipients, providers and all stakeholders are informed of changes and the potential impact.</p> <p>Status: In Progress</p> <ul style="list-style-type: none"> 2.1 Develop recipient outreach and education plan. 2.2 Develop provider outreach and education plan. 2.3 Conduct public meetings and workshops for recipients and advocacy groups. 2.4 Conduct public meetings, workshops and webinars for providers. 2.5 Make information available on the Agency's Website, where official documents and updates are posted. 2.6 Publish public notices to announce meetings/workshops to provide updates and obtain public input on the implementation of the MMA program.
3. Plan Readiness Review	<p>Objective: The Agency will develop plan readiness review process and procedures that will ensure the MMA plans are capable of fulfilling all state and federal requirements.</p> <p>Status: Completed 3.1-3.2; In Progress 3.3-3.15</p>

IMPLEMENTATION ACTIVITIES	
	<ul style="list-style-type: none"> 3.1 Review the current process and procedures utilized in plan readiness processes. 3.2 Develop plan readiness processes and tools to be utilized with the implementation of the program. 3.3 Appoint readiness review teams and schedule reviews for each region by the staggered implementation timeline. 3.4 Conduct any follow-up financial review and approval. 3.5 Conduct any follow-up organizational and administration review and approval. 3.6 Conduct quality review and approval of policies and procedures. 3.7 Conduct member and provider correspondence review and approval. 3.8 Conduct conductivity testing and file transfer between Agency and plans. 3.9 Review MMA plans' provider credentialing process and conduct provider network review and approval (includes provider, subcontractor, facility, etc.). 3.10 Review MMA plans' Board of Directors/committee meeting minutes and conduct staff interviews. 3.11 Review MMA plans' fraud and abuse program. 3.12 Review MMA plans' staff training plan and schedule. 3.13 Review MMA plans' provider training manual, training schedule, monitoring plan, and schedule. 3.14 Review MMA plans' list of all delegated services and pre-delegation audit reports of those services. 3.15 Complete on-site operational review and review MMA plans' demonstrations of various systems (enrollment/disenrollment, member services, claims processing, report production, case management/care coordination, utilization management, quality improvement, etc.).²
4. Contract Execution	<p>Objective: The Agency will execute contracts with selected managed care plans capable of fulfilling all state and federal requirements.</p> <p>Status: In Progress</p> <ul style="list-style-type: none"> 4.1 Finalize contracts and negotiation agreements. 4.2 Appoint and train designated contract managers. 4.3 Route contracts for signature with the selected MMA plans. 4.4 Record final contract copies with signatures from plans and the Agency. 4.5 Ensure policy and compliance offices have copies of executed contracts. 4.6 Submit certification of actuarially sound rates to the Centers for Medicare and Medicaid Services. 4.7 Submit executed contracts to the Centers for Medicare and Medicaid Services. 4.8 Perform administrative functions to close initial contract process. 4.9 Perform administrative functions to set up FLMMIS provider files. 4.10 Post model contract, plan information and related documents on the Agency's Website.

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

IMPLEMENTATION ACTIVITIES	
5. Recipient Enrollment	<p>Objective: The Agency will implement the enrollment process. The Agency assures that information to potential MMA enrollees will meet requirements under Section 1932(a)(5), Provision of Information.</p> <p>Status: In Progress 5.1; Not Started 5.2 – 5.11</p> <ul style="list-style-type: none"> 5.1 Develop and test auto-assignment algorithm. 5.2 Operationalize toll-free hotline with interpretation services, bilingual and multilingual staff, usage of a standardized telephone script and Automated Voice Response System, call monitoring, distribution, scheduling and reporting software, face-to-face and online enrollment processes. 5.3 Notify recipients of their new options for MMA plan enrollment. 5.4 Initiate choice counseling call center and online enrollment application process. 5.5 Mail recipient letters regarding participation in MMA program and 30-day choice period. 5.6 Send confirmation letters for enrollees who select a plan 30 days prior to transition date. 5.7 Send notification letters to affected enrollees not selecting a plan 30 days prior to transition date. 5.8 Process self-selection enrollments through the choice counselor effective the next possible month according to the Agency's monthly processing cycle. 5.9 Process auto-assignment for mandatory recipients who have not selected a plan to be effective the next possible month after the 30th calendar day following the date on the mandatory new eligible letter/auto-assignment letter, according to the Agency's monthly processing cycle. 5.10 Process plan change and disenrollment requests from verified callers, including processing "For Cause" or "Good Cause" changes in accordance with 42 CFR 438.56. 5.11 Process plan change within 90 days after enrollment for selection of another plan without cause.
6. Transition Process and Plan Monitoring	<p>Objective: The Agency will implement a transition and monitoring process to ensure continuity of care for recipients transitioning into MMA plans.</p> <p>Status: In Progress 6.1 – 6.2; Not Started 6.3 – 6.13</p> <ul style="list-style-type: none"> 6.1 Analyze existing plans to identify enrollees' primary care providers to facilitate transition into the MMA plans. 6.2 Assist primary care providers (PCPs) unique to existing plans through the Medicaid provider registration process to facilitate an existing PCP's enrollment in MMA plan networks. 6.3 Implement transition plans, including review of provider networks to assess availability of network providers within each region and each plan, for recipients enrolled in the existing programs: 6.4 Develop and implement operational transition plan for Agency staff to ensure staff will: <ul style="list-style-type: none"> - Assess capacity of plans. - Coordinate with choice counseling to ensure appropriate and timely notice of plan choice. - Coordinate with plans to ensure existing provider relationships are maintained as possible.

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

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Implementation Plan - Managed Medical Assistance Program

October 2013

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

November 2013

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

December 2013

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



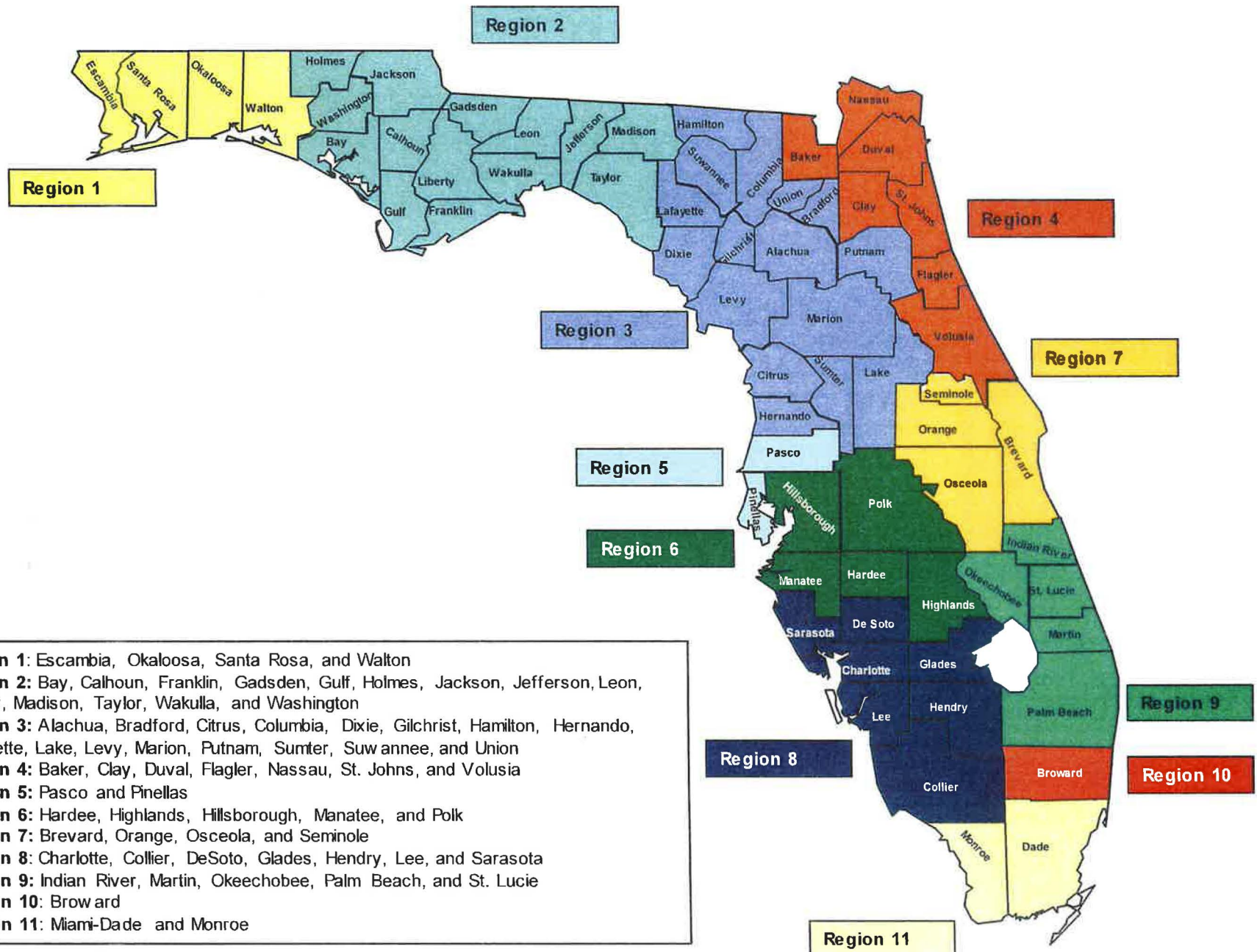
State of Florida
Rick Scott, Governor

Agency for Health Care Administration
Elizabeth Dudek, Secretary

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Tallahassee, FL 32308
ahca.myflorida.com

Mission Statement
Better Healthcare for All Floridians.

Statewide Medicaid Managed Care Region Map





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November 25, 2013

TO: Madison County Transportation Disadvantaged Coordinating Board
FROM: Lynn Godfrey, AICP, Senior Planner
SUBJECT: Unmet Transportation Needs

STAFF RECOMMENDATION

No action required. For information only.

BACKGROUND

In order to assist the Florida Commission for the Transportation provide information concerning unmet transportation needs to the Florida Legislative members, Big Bend Transit and the Board need to identify unmet transportation needs in Madison County. Attached is Big Bend Transit's trip denial report for July - September 2013.

If you have any questions, please do not hesitate to contact me.

Attachment

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Appointment Denials July, August, and September

Client Name: [REDACTED]

County: Madison

T.R.D: 07/23/2013

Representative: Dimithy: Affordable Dentures does not accept Medicaid

Client Name: [REDACTED]

County: Madison

T.R.D: 07/24/2013

Representative: Dimithy: Shands Orthopedic Dr. Steven's does not accept Medicaid

Client Name: [REDACTED]

County: Madison

T.R.D: 07/26/2013

Representative: Dimithy: Affordable Dentures does not accept Medicaid

Client Name: [REDACTED]

County: Madison

T.R.D: 08/05/2013

Representative: Demetre: South East Urological does not have an appointment schedule

Client Name: [REDACTED]

County: Madison

T.R.D: 08/29/2013

Representative: Client does not have an application on file.



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November 25, 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

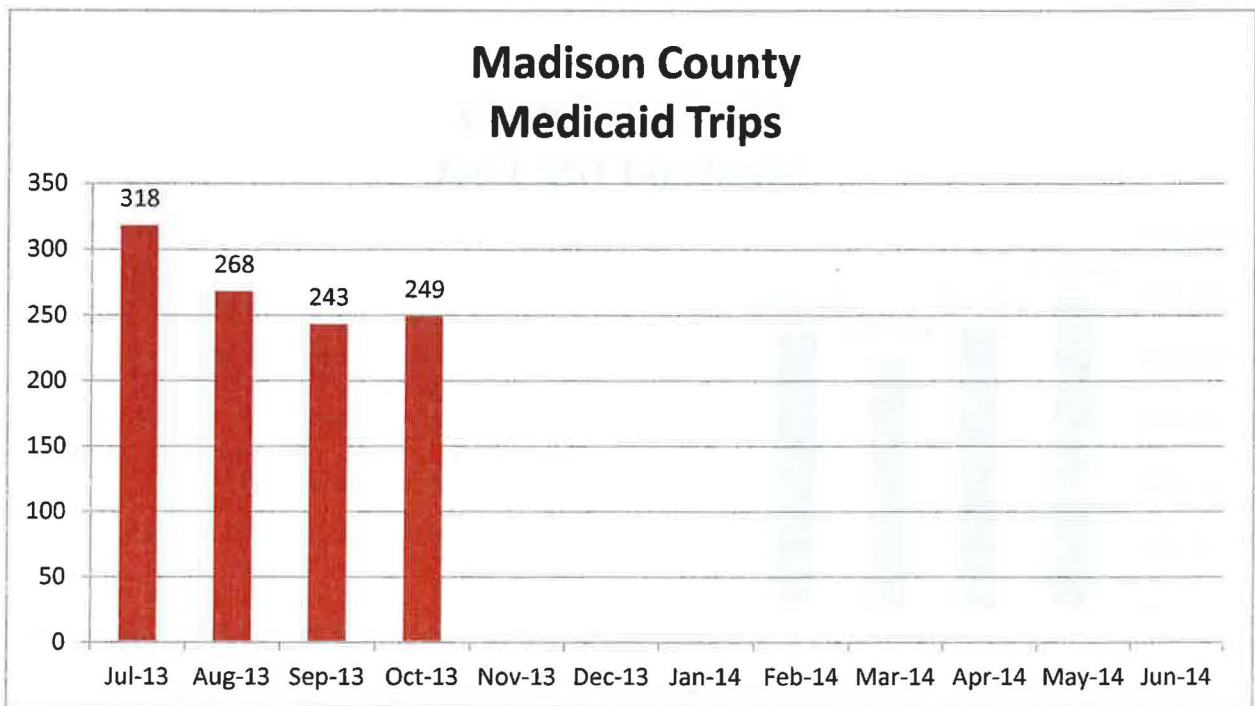
Attached are the following reports for the Board's review:

1. Madison County Ridership Report July - September 2013; and
2. Medicaid Non-Emergency Transportation Program Encounter Data Report July 2012 - October 2013.

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

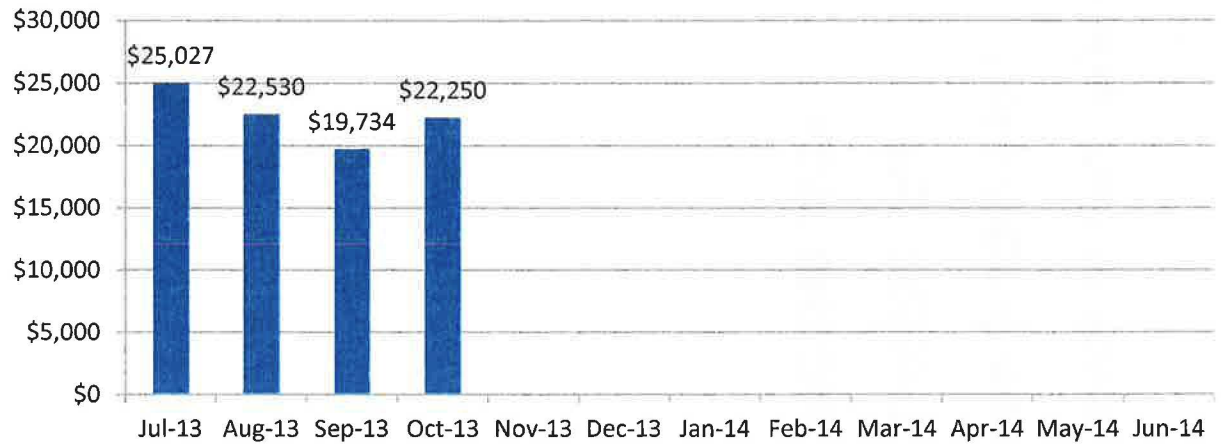
Attachments

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

Madison County Medicaid Trip Cost



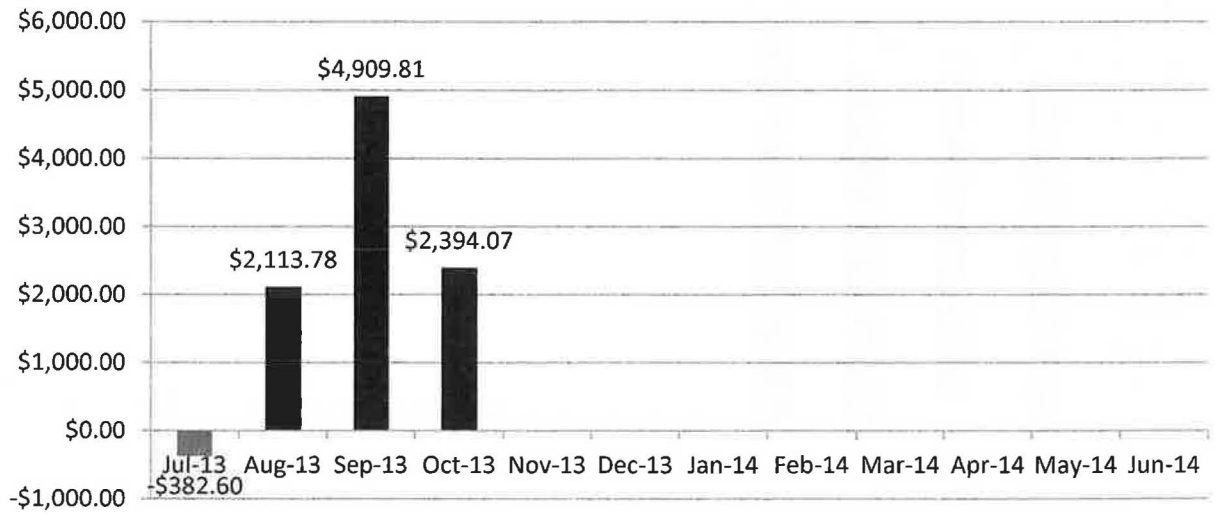
Source: Florida Commission for the Transportation Disadvantaged Medicaid Encounter Data Reports

Madison County Average Cost Per Medicaid Trip



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

Madison County Medicaid Allocation vs Actual Service Cost



**BIG
BEND
TRANSIT, INC**

MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

JULY 2013 – SEPTEMBER 2013

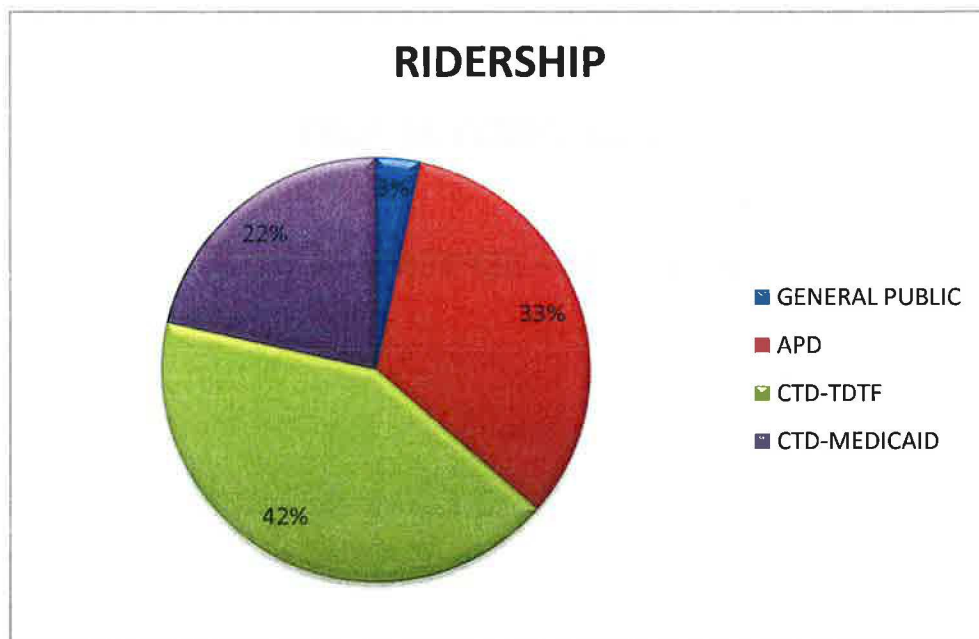
COMMUNITY TRANSPORTATION QUARTERLY REPORT

(JULY 2013 – SEPTEMBER 2013)

Number of Trips Provided From All Funding Sources

During this reporting period BBT scheduled a total 3,916 trips.

SOURCES	JULY	AUGUST	SEPTEMBER	TOTAL
GENERAL PUBLIC	32	41	43	116
APD	427	408	402	1,237
CTD-TDTF	515	519	514	1,548
CTD-MEDICAID	318	264	241	823
VA	43	42	29	114
STRETCHER	8	4	2	14
TOTAL	1,343	1,278	1,231	3,852

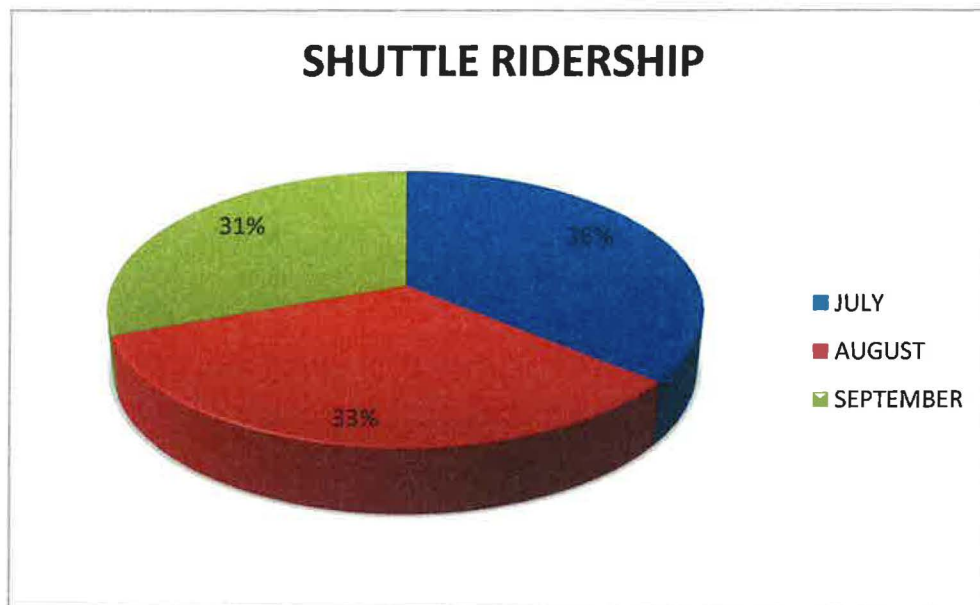


NUMBER OF COMPLAINTS RECEIVED (1)

- *Passenger wanted a 1.5 hour window for transportation to Tallahassee,FL*

"IN TOWN SHUTTLE REPORT"

JULY	AUGUST	SEPTEMBER	TOTAL
289	266	246	801



ATTENDANCE RECORD

MADISON COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	12/3/12	2/4/13	5/6/13	9/9/13
Chair	Commissioner Ronnie Moore		P	P	P
Florida Department of Transportation	Sandra Collins	P	P	P	A
Alternate Member	Janell Damato	Santanu Roy	A	A	A
Florida Department of Children and Families	Karen Page	A	P	A	A
Alternate Member	(Vacant)	Paul Ward	A	A	Bonita Hart
Florida Agency for Health Care Administration	Faye Basiri	A	P	P	P
Alternate Member	(Vacant)	AndraLica McCorvey			
Florida Department of Education	(Vacant)				
Alternate Member	(Vacant)				
Public Education	Gladney Cherry	P	P	P	P
Alternate Member	Ramona Guess				
Citizen Advocate	Shanetha Mitchell	A	A	A	A
Alternate Member	Pamela Robinson	A	A	A	A
Citizen Advocate-User	Donna Hagan	P	P	A	P
Alternate Member	Cindy Hutto			P	A
Elderly	(Vacant)				
Alternate Member	(Vacant)				
Veterans	(Vacant)				
Alternate Member	(Vacant)				
Persons with Disabilities	(Vacant)				
Alternate Member	(Vacant)				
Florida Association for Community Action	Matthew Pearson				
Alternate Member	(Vacant)				
Florida Department of Elder Affairs	Rosa Richardson	P	A	P	A
Alternate Member	Janet Sparkman	A	A	A	A
Children at Risk	Linda Jones	A	A	A	A
Alternate Member	(Vacant)				
Local Medical Community	Leila C. Rykard				P
Alternate Member	(Vacant)				
Regional Workforce Board	Sheryl Rehberg	P	A	P	P
Alternate Member	(Vacant)				

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."

