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January 27, 2014

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Public Hearing and Business Meeting Announcement

The Madison County Transportation Disadvantaged Coordinating Board will hold a public hearing and regular business meeting Monday, February 3, 2014 at 1:00 p.m. in the meeting room of the Madison County Courthouse Annex located at 112 E. Pinckney Street, Madison, Florida.

This is an important meeting of the Board. At this meeting, the Board will discuss funding options for the continuation of the Madison In-Town Shuttle service. **The Board did not have a quorum of members present at the December 2, 2013 meeting and, therefore, was unable to take action on agenda items.** All Board members are encouraged to attend this meeting.

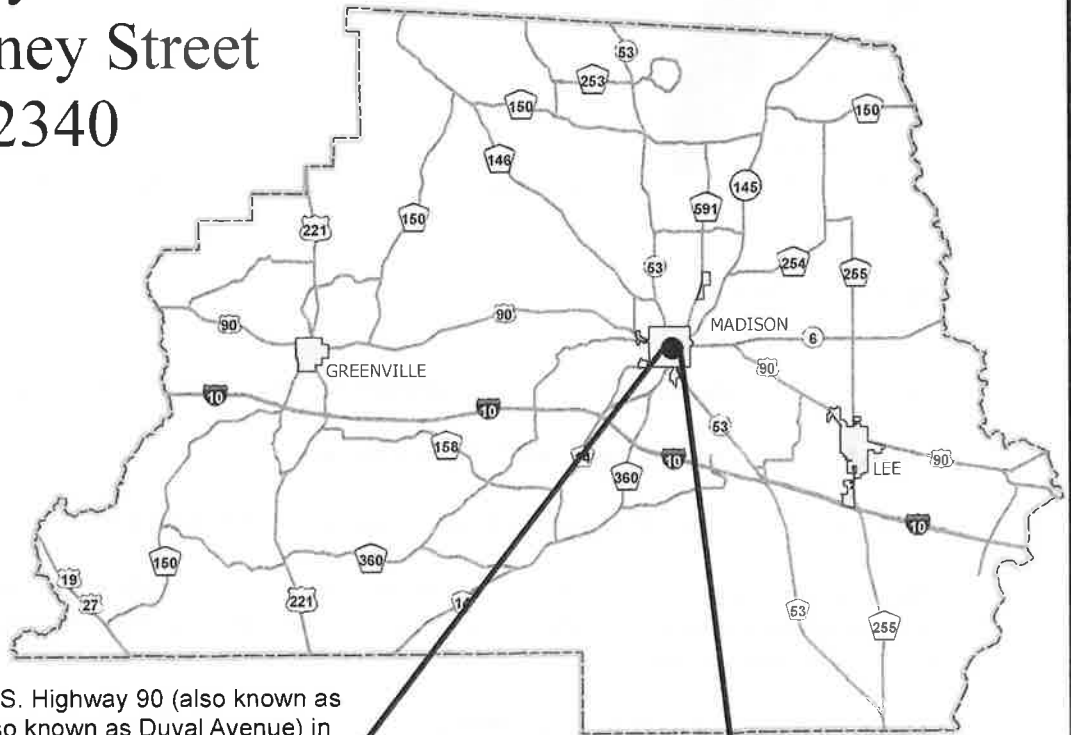
Attached is the meeting agenda and supporting materials. If you have any questions, please do not hesitate to contact me at extension 110.

Attachments

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Madison County Courthouse Annex

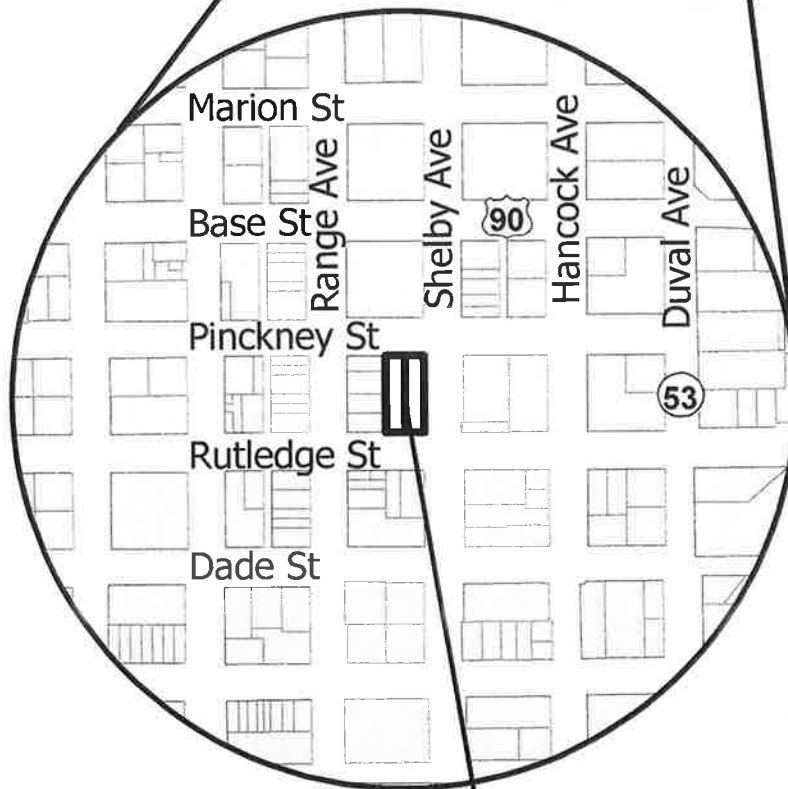
112 East Pinckney Street
Madison, FL 32340



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
February 3, 2014
1:00 p.m.

I. PUBLIC HEARING – CALL TO ORDER

- A. Introductions**
- B. Receive Public Testimony**
- C. Close Public Hearing**

II. BUSINESS MEETING – CALL TO ORDER

- A. Approval of the Meeting Agenda** **ACTION REQUIRED**
- B. Approval of the September 9, 2013 Minutes** **ACTION REQUIRED**
- C. December 2, 2014 Meeting Summary** **NO ACTION REQUIRED**

III. UNFINISHED BUSINESS

- A. Madison In-Town Shuttle** **NO ACTION REQUIRED**
Big Bend Transit will report on possible funding for the continuation of 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

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.

IV. NEW BUSINESS

A. Annual Performance Evaluation ACTION REQUIRED

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

B. Madison County Transportation Disadvantaged Service Plan ACTION REQUIRED

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

C. Annual Operations Report NO ACTION REQUIRED

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

D. Florida's Managed Medical Assistance Program NO ACTION REQUIRED

Enclosed is information concerning the Managed Medical Assistance Program

E. Operations Reports NO ACTION REQUIRED

V. OTHER BUSINESS

A. Comments

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

VI. FUTURE MEETING DATES

- A. May 5, 2014 at 1:00 p.m.**
- B. September 8, 2014 at 1:00 p.m.**
- C. 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 draft agenda, please do not hesitate to contact me at 1-800-226-0690, extension 110.

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**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
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 Term ending June 30, 2014	Vacant Florida Association for Community Action Term ending June 30, 2014
Gladney Cherry Public Education	Vacant Public Education
Oliver Bradley Veterans Term ending June 30, 2014	Vacant Veterans Term ending June 30, 2014
Shanetha Mitchell Citizen Advocate Term ending June 30, 2015	Vacant Citizen Advocate Term ending June 30, 2015
Donna Hagan Citizen Advocate - User Term ending June 30, 2015	Cindy Hutto Citizen Advocate - User Term ending June 30, 2015
Vacant Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Vacant Elderly Term ending June 30, 2014	Vacant Elderly Term ending June 30, 2014
Leila C. Rykard Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Linda Jones Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
Vacant Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

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

**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

**MADISON COUNTY
TRANSPORTATION DISADVANTAGED COORDINATING BOARD**

MEETING SUMMARY

County Commission Meeting Room
Madison County Courthouse Annex
Madison, Florida

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

VOTING MEMBERS PRESENT

Commissioner Ronnie Moore, Chair
Faye Basiri, Florida Agency for Health Care Administration Representative
Gladney Cherry, Public Education Representative
Sandra Collins, Florida Department of Transportation Representative
Leila Rykard, Medical Community Representative

VOTING MEMBERS ABSENT

Donna Hagan, Citizen Advocate – User
Linda Jones, Early Childhood Services Representative
Shanetha Mitchell, Citizen Advocate
Karen Page, Florida Department of Children and Families Representative
Matthew Pearson representing Florida Association for Community Action Representative
Sheryl Rehberg, Workforce Development Board Representative
Rosa Richardson, Florida Department of Elder Affairs Representative

OTHERS PRESENT

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. He stated that there was not a quorum of Board members present.

A. Introductions

Chairman Moore asked everyone to introduce themselves.

B. Approval of the Meeting Agenda

There was no action taken.

C. Approval of the May 6, 2013 Minutes

There was no action taken.

II. UNFINISHED BUSINESS

A. Madison In-Town Shuttle

Mr. Shawn Mitchell, Big Bend Transit Interim General Manager, stated that the Florida Department of Transportation Service Development Grant funds will operate the shuttle until June 30, 2014. He said Big Bend Transit would like to reduce the service hours in order to operate the shuttle past June 30, 2014, however, he said the Florida Department of Transportation will not extend the grant beyond June 30, 2014.

Mr. Mitchell said Big Bend Transit will discontinue the shuttle service unless additional funds are made available.

The Board discussed possible public and private funding opportunities. The Board asked Big Bend Transit and staff to develop funding recommendations for the Board to consider at the February 3, 2014 meeting.

B. Rural Area Capital Assistance Program Grant Funds

Ms. Lynn Godfrey, North Central Florida Regional Planning Council Senior Planner, stated that Big Bend Transit received funding through the Rural Area Capital Assistance Program to purchase two replacement vehicles.

III. NEW BUSINESS

A. Annual Performance Evaluation

Ms. Godfrey stated that the Board is required to review Big Bend Transit's performance as the Madison County Community Transportation Coordinator annually. She said Big Bend Transit's draft performance evaluation is included in the meeting packet for the Board's review.

B. Annual Operations Report

Ms. Godfrey stated that 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. She said Big Bend Transit's 2012/13 Annual Operations Report is included in the meeting packet for the Board's review.

The Board reviewed the Annual Operations Report.

C. Florida's Managed Medical Assistance Program

Ms. Godfrey stated that the implementation plan for Florida's Managed Medical Assistance Program is included in the meeting packet for the Board's information. She said the Florida Commission for the Transportation Disadvantaged will be holding a workshop on Medicaid non-emergency transportation on December 10, 2013.

D. Unmet Needs

Ms. Godfrey stated that Big Bend Transit's trip denial report is included in the meeting packet.

E. Operations Reports

Mr. Mitchell presented Big Bend Transit's Operations Report.

IV. OTHER BUSINESS

A. Comments

1. Members

Ms. Gladney Cherry asked staff to let the Board members know that a quorum was not present at the meeting and, that it is very important for a quorum to be present at the next meeting to discuss the continuation of the Madison Shuttle.

2. Citizens

There were no citizen comments.

V. FUTURE MEETING DATES

Chairman Moore stated that the next meeting of the Board will be held Monday, February 3, 2013 at 1:00 p.m.

ADJOURNMENT

The meeting adjourned at 2:10 p.m.

Coordinating Board Chairperson

Date

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January 27, 2014

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

STAFF RECOMMENDATION

No action required. For information only.

BACKGROUND

At its December 2, 2013 meeting, Big Bend Transit informed the Board that the Florida Department of Transportation Service Development Grant funds will operate the shuttle until June 30, 2014. Big Bend Transit proposed reducing service hours in order to operate the shuttle past June 30, 2013, however, the Florida Department of Transportation will not extend the grant beyond June 30, 2013.

The Board discussed possible public and private funding opportunities for the Madison In-Town Shuttle and asked Big Bend Transit to develop funding recommendations for the Board to consider at the February 3, 2014 meeting.

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

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Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services
BEGINNING DATE: _June 1,2013__ENDING DATE:_June 30, 2013

Southern Villas on Lawson @ Pinckney		3
Colonial Apts. On Pinckney @ Sumatra	19	18
Cambridge Manor on Sadair @ Sumatra	3	2
Hilltop Apts across from 411 Merrit Dr	13	32
Health Department @ Front Entrance	2	3
Madison Heights @ Office	51	42
Fla. DC&F @ side door		
SREC in parking area	2	3
DeSoto Crossing @ Harvey's front entrance	45	37
CVS Pharmacy @ 407 E. Base St	10	6
Hospital @ front entrance	18	10
County Courthouse on Pinckney @ Range	26	30
Bright Days Kid's @ 250 NW Haynes St.		7
NFCC @ Admin. Office		2
County Library @ front entrance	3	2
Arbors at Madison @ front office	20	25
Madison Square S.C. @ Winn Dixie F,E	32	22
	244	244

TOTAL VEHICLE MILES: 966

TOTAL PASSENGERS TRANSPORTED: 244

TOTAL DAYS OF SERVICE: 12

Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services
BEGINNING DATE: _July 1,2013__ENDING DATE: _July 31, 2013

Southern Villas on Lawson @ Pinckney	1	8
Colonial Apts. On Pinckney @ Sumatra	27	20
Cambridge Manor on Sadair @ Sumatra	5	5
Hilltop Apts across from 411 Merrit Dr	14	32
Health Department @ Front Entrance	8	11
Madison Heights @ Office	42	54
Fla. DC&F @ side door	1	6
SREC in parking area	1	4
DeSoto Crossing @ Harvey's front entrance	61	36
CVS Pharmacy @ 407 E. Base St	10	3
Hospital @ front entrance	16	10
County Courthouse on Pinckney @ Range	34	26
Bright Days Kid's @ 250 NW Haynes St.		6
NFCC @ Admin. Office		5
County Library @ front entrance	3	6
Arbors at Madison @ front office	19	24
Madison Square S.C. @ Winn Dixie F,E	48	34
	290	290

TOTAL VEHICLE MILES: 1129

TOTAL PASSENGERS TRANSPORTED: 290

TOTAL DAYS OF SERVICE: 14

Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services
BEGINNING DATE: _August 01,2013__ENDING DATE: _August 31, 2013

August 2013		
Southern Villas on Lawson @ Pinckney		6
Colonial Apts. On Pinckney @ Sumatra	19	19
Cambridge Manor on Sadair @ Sumatra	7	1
Hilltop Apts across from 411 Merrit Dr	11	21
Health Department @ Front Entrance	7	9
Madison Heights @ Office	47	63
Fla. DC&F @ side door	1	1
SREC in parking area	5	5
DeSoto Crossing @ Harvey's front entrance	43	22
CVS Pharmacy @ 407 E. Base St	14	4
Hospital @ front entrance	13	17
County Courthouse on Pinckney @ Range	30	28
Bright Days Kid's @ 250 NW Haynes St.		10
NFCC @ Admin. Office	3	
County Library @ front entrance	2	2
Arbors at Madison @ front office	21	33
Madison Square S.C. @ Winn Dixie F,E	43	25
	266	266

TOTAL VEHICLE MILES: 1055

TOTAL PASSENGERS TRANSPORTED: 266

TOTAL DAYS OF SERVICE: 13

**Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services**

BEGINNING DATE: _September 01,2013__ENDING DATE: _September 30, 2013

Southern Villas on Lawson @ Pinckney	1	5
Colonial Apts. On Pinckney @ Sumatra	18	22
Cambridge Manor on Sadair @ Sumatra	1	4
Hilltop Apts across from 411 Merrit Dr	9	23
Health Department @ Front Entrance	7	9
Madison Heights @ Office	37	63
Fla. DC&F @ side door	0	3
SREC in parking area	2	1
DeSoto Crossing @ Harvey's front entrance	42	23
CVS Pharmacy @ 407 E. Base St	21	8
Hospital @ front entrance	19	10
County Courthouse on Pinckney @ Range	20	23
Bright Days Kid's @ 250 NW Haynes St.	3	10
NFCC @ Admin. Office	1	1
County Library @ front entrance	4	5
Arbors at Madison @ front office	23	16
Madison Square S.C. @ Winn Dixie F,E	38	20
	246	246

TOTAL VEHICLE MILES: 964

TOTAL PASSENGERS TRANSPORTED: 246

TOTAL DAYS OF SERVICE: 12

Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services
BEGINNING DATE: _October 01,2013__ENDING DATE: _October 31, 2013

Location	Vehicle Miles	Passengers
Southern Villas on Lawson @ Pinckney	1	9
Colonial Apts. On Pinckney @ Sumatra	20	14
Cambridge Manor on Sadair @ Sumatra	8	3
Hilltop Apts across from 411 Merrit Dr	33	26
Health Department @ Front Entrance	9	7
Madison Heights @ Office	66	74
Fla. DC&F @ side door	7	8
SREC in parking area	1	1
DeSoto Crossing @ Harvey's front entrance	49	36
CVS Pharmacy @ 407 E. Base St	4	2
Hospital @ front entrance	21	15
County Courthouse on Pinckney @ Range	12	22
Bright Days Kid's @ 250 NW Haynes St.	25	34
NFCC @ Admin. Office	0	0
County Library @ front entrance	6	4
Arbors at Madison @ front office	18	16
Madison Square S.C. @ Winn Dixie F,E	47	56
	327	327

TOTAL VEHICLE MILES: 1056

TOTAL PASSENGERS TRANSPORTED: 327

TOTAL DAYS OF SERVICE: 13

Madison "In-Town" Shuttle Monthly Count
Summary of Transportation Services

BEGINNING DATE: _November 01, 2013_ ENDING DATE: _November 30, 2013

Southern Villas on Lawson @ Pinckney	0	10
Colonial Apts. On Pinckney @ Sumatra	22	18
Cambridge Manor on Sadair @ Sumatra	4	5
Hilltop Apts across from 411 Merrit Dr	11	24
Health Department @ Front Entrance	3	5
Madison Heights @ Office	45	46
Fla. DC&F @ side door	12	6
SREC in parking area	1	9
DeSoto Crossing @ Harvey's front entrance	43	19
CVS Pharmacy @ 407 E. Base St	8	10
Hospital @ front entrance	24	27
County Courthouse on Pinckney @ Range	25	26
Bright Days Kid's @ 250 NW Haynes St.	6	7
NFCC @ Admin. Office	2	0
County Library @ front entrance	2	1
Arbors at Madison @ front office	13	15
Madison Square S.C. @ Winn Dixie F,E	28	21
	249	249

TOTAL VEHICLE MILES: 890

TOTAL PASSENGERS TRANSPORTED: 249

TOTAL DAYS OF SERVICE: 11



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January 27, 2014

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.

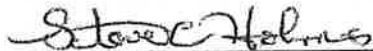
Grant Application packages were emailed to eligible applicants on August 23, 2013, with a deadline of September 20, 2013. The Shirley Conroy Rural Area Capital Assistance Program Grant Subcommittee met on October 10, 2013. In attendance were Commissioner Mike Willingham (via conference call); Agency 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 Ipads (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



Serving
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January 27, 2014

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

t:\lynn\td2014\madison\memos\eval.docx

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

1. The first part of the report is a summary of the work done during the year. It is a brief statement of the results of the work, and is intended to give a general impression of the progress made.



The second part of the report is a detailed account of the work done during the year. It is a more extensive statement of the results of the work, and is intended to give a more complete picture of the progress made.

The third part of the report is a summary of the work done during the year. It is a brief statement of the results of the work, and is intended to give a general impression of the progress made.

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
Gainesville, FL 32653-1603
www.ncfrpc.org
352.955.2200

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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Compliance With Chapter 427, Florida Statutes _____	5
Compliance With Rule 41-2, F.A.C. _____	6
On-Site Observation of the System _____	8
Level of Cost _____	10
Level of Competition _____	11
Level of Coordination _____	12

GENERAL QUESTIONS

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

Big Bend Transit, Inc.

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

COMPLAINT/COMMENDATION FORM

Date Called In: _____ Time Called In: _____

Incident Called In By: _____ Telephone: _____

Date Of Incident: _____ Time Of Incident: _____

Does Complainant Wish To Be Notified Of Investigative Findings?
_____ Yes _____ No

Was Complainant Informed That There Is Also A Grievance Process Available?
_____ Yes _____ No

Did Complainant Request A Copy Of The Grievance Policy?
_____ Yes _____ No

If Yes, Address sent To: _____

Nature Of Incident:

_____ Timeliness	_____ Customer Service
_____ Vehicle Condition	_____ Poor Route Selection
_____ Vehicle Operation	_____ Trip Scheduling
_____ Other: _____	

Incident: _____

Incident Recorded By: _____

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).

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

- 46 -

entire 7/15/13
JW

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 32301

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: 

DATE: 9-28-12

Big Bend Transit, Inc.

BY: 

TITLE: Interim G.M.

DATE: 9/28/12

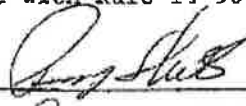
File # 9808

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
:sspp6

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# 1FMANH1L27DA75416 Tag # F07301 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	✓	Ⓟ	✓	
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				
Need 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# 1FTNS2GW80DAB5823 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: DATE: 12/8/12

BBT

Transportation Carrier: Capital Transit; Vehicle #: 11
 Vehicle Make: Ford Year 2008 Capacity 3AMB/2WC/2ST
 VIN# 7FTN524W58DA39889 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)*

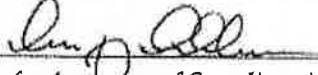
Certification Date (Current): 2013

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
12/03

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 KAKLAMAKOS (Name) GENERAL MANAGER (Title)

hereby certify that BIG BEND TRANSIT, INC. (Name of Subrecipient) and its applicable

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 restraint 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

☐ 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.

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

- | | |
|---|--|
| <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.

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.



IV.B.

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

2009 NW 87th Place, Gainesville, FL 32653-1603 • 352.955.2200

January 27, 2014

TO: Madison County Transportation Disadvantaged Coordinating Board

FROM: Lynn Godfrey, AICP, Senior Planner

SUBJECT: Madison County Transportation Disadvantaged Service Plan

RECOMMENDATION

Approve the Madison County Transportation Disadvantaged Service Plan.

BACKGROUND

Big Bend Transit in cooperation with the North Central Florida Regional Planning Council is required to prepare a Transportation Disadvantaged Service Plan for the Board's approval. This plan provides information needed by the Board to continually review and assess transportation disadvantaged needs for the service area. The Service Plan must be submitted to the Florida Commission for the Transportation Disadvantaged annually.

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

Attachment

t:\lynn\td2014\madison\memos\tdsp.docx

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

Madison County 2014 Transportation Disadvantaged Service Plan

February 3, 2014

Madison County Transportation Disadvantaged
Coordinating Board



Madison County Transportation Disadvantaged Service Plan

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
Gainesville, FL 32653-1603
www.ncfrpc.org
352.955.2200

and

Big Bend Transit
P.O. Box 1721
Tallahassee, FL 32302
850.574.6266



February 3, 2014



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Chapter I: Development Plan

A. Introduction to The Service Area

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

1. Background of Florida's Transportation Disadvantaged Program

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

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

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

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

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

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

a. Florida Commission for the Transportation Disadvantaged

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

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

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

b. Designated Official Planning Agency

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

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

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

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

c. Local Coordinating Boards

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

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

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

- An elected official from Madison County.
- A representative of the Florida Department of Transportation.
- A representative of the Florida Department of Children and Family Services.
- A representative of the Public Education Community.
- A representative of the Florida Department of Education.
- A person recommended by the local Veterans Service Office representing veterans of the county.

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

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

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

d. Community Transportation Coordinator

The Community Transportation Coordinator is responsible for ensuring that coordinated transportation services are provided to serve the transportation disadvantaged. Big Bend Transit is the designated Community Transportation Coordinator for Madison County.

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

- In cooperation with the planning agency, develop and implement a Transportation Disadvantaged Service Plan.
- Execute contracts for service with transportation operators.
- Review all applications for federal, state and local funding (in conjunction with the local coordinating board).
- Prepare an annual operating report.

2. Designation Date/History

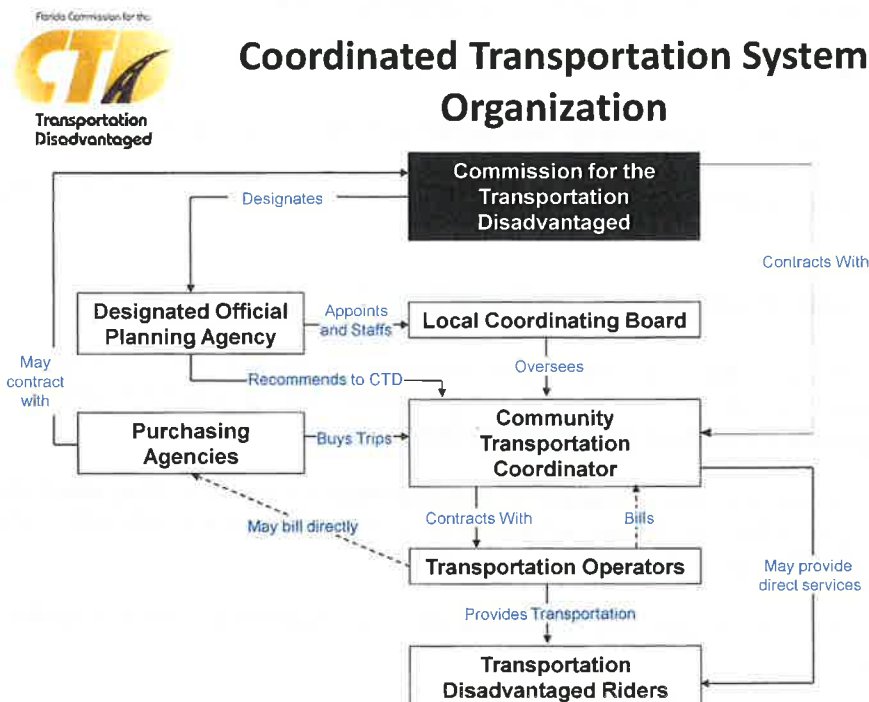
The Florida Commission for the Transportation Disadvantaged first approved Big Bend Transit's designation as the Community Transportation Coordinator for Madison County in October 1990. In 2012, the North Central Florida Regional Planning Council issued a request for proposals for Madison County Community Transportation Coordinator. The Florida Commission for the Transportation Disadvantaged designated Big Bend Transit as the Madison County Community Transportation Coordinator effective July 1, 2012.

Big Bend Transit is a private non-profit corporation, incorporated in March 1978 for the primary purpose of coordinating, consolidating, planning for and providing efficient and effective paratransit services for persons with disabilities, elderly individuals, low-income individuals and other transportation disadvantaged individuals. The business affairs of Big Bend Transit are managed by a Board of Directors. Coordination functions and the general operating functions are directed by a General Manager. Operations, maintenance, administration/fiscal personnel are employed by Big Bend Transit.

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

3. Organization Chart

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



4. Consistency Review of Other Plans

a. Local Government Comprehensive Plans

The local comprehensive planning process involves essentially four basic steps:

1. the collection and analysis of pertinent data concerning the physical and socio-economic characteristics of the study area;
2. the formulation of goals for future growth and development;
3. the development of objectives and policies guided by the goals which are the essence of the Comprehensive Plan;
4. the implementation of the Comprehensive Plan.

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

b. Regional Policy Plans

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

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

c. Transit Development Plans

Not applicable.

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

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

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

e. Metropolitan Planning Organization Long-Range Transportation Plans

Not applicable.

f. Transportation Improvement Program

Not applicable.

5. Public Participation

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

6. Madison County Coordinating Board Membership Certification

MADISON COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD MEMBERSHIP CERTIFICATION

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

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

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

Signature: _____

Garth R. Nobles, Jr., Chair

Date: 12-12-13

REPRESENTATION	MEMBER	ALTERNATE	TERM ENDING
Chairperson	Ronnie Moore	Vacant	No Term
Elderly	Vacant	Vacant	6/30/2014
Disabled	Vacant	Vacant	6/30/2015
Citizen Advocate	Shanetha Mitchell	Vacant	6/30/2015
Citizen Advocate/User	Donna Hagan	Vacant	6/30/2015
Children at Risk	Linda Jones	Vacant	6/30/2016
Community Action	Matthew Pearson	Vacant	6/30/2014
Public Education	Gladney Cherry	Vacant	No Term
Department of Transportation	Sandra Collins	Janell Damato	No Term
Department of Children and Families	Karen Page	Vacant	No Term
Department of Elder Affairs	Rosa Richardson	Vacant	No Term
Department of Education	Vacant	Vacant	No Term
Agency for Health Care Administration	Faye Basiri	Harold Walker	No Term
Regional Workforce Development Board	Sheryl Rehberg	Vacant	No Term
Veteran Services	Oliver Bradley	Vacant	6/30/2014
Local Mass Transit	Not Applicable	Not Applicable	No Term
Transportation Industry	Vacant	Vacant	6/30/2016
Local Medical Community	Leila Rykard	Vacant	6/30/2016

7. Madison County Transportation Coordinating Board Membership

MEMBER/REPRESENTING	ALTERNATE/REPRESENTING
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 Term ending June 30, 2014	Vacant Florida Association for Community Action Term ending June 30, 2014
Gladney Cherry Public Education	Vacant Public Education
Oliver Bradley Veterans Term ending June 30, 2014	Vacant Veterans Term ending June 30, 2014
Shanetha Mitchell Citizen Advocate Term ending June 30, 2015	Vacant Citizen Advocate Term ending June 30, 2015
Donna Hagan Citizen Advocate - User Term ending June 30, 2015	Cindy Hutto Citizen Advocate - User Term ending June 30, 2015
Vacant Persons with Disabilities Term ending June 30, 2015	Vacant Persons with Disabilities Term ending June 30, 2015
Vacant Elderly Term ending June 30, 2014	Vacant Elderly Term ending June 30, 2014
Leila C. Rykard Medical Community Term ending June 30, 2016	Vacant Medical Community Term ending June 30, 2016
Linda Jones Children at Risk Term ending June 30, 2016	Vacant Children at Risk Term ending June 30, 2016
Vacant Private Transit Term ending June 30, 2016	Vacant Private Transit Term ending June 30, 2016

B. Service Area Profile and Demographics

1. Madison County Service Area Description

Madison County has a land area of approximately 692 square miles. The County is located along the northern border of the State of Florida, on the south boundary of the State of Georgia. The County is bounded on the east by Hamilton and Suwannee Counties, on the south by Lafayette and Taylor Counties and on the west by Jefferson County. The Withlacoochee, Suwannee and Aucilla Rivers form a boundary on the east and west.

2. Demographics

a. Land Use

The purpose of this section is to provide information concerning Madison County's existing land use. This information was obtained from Madison County's Comprehensive Plan.

The land use for approximately 95 percent of the acreage within the unincorporated area of the County has been designated as agricultural and approximately 1.3 percent is residential. Within the unincorporated areas of the County, four types of growth have occurred. The first type of land use pattern is concentrated within existing public facility service areas immediately surrounding the municipal urban areas. The second form of development concentrates around the unincorporated market centers which, although they do not provide public facilities, their locations have developed over time into urbanizing settlements. The third type of land use pattern is the development of residential lots along the Withlacoochee and Suwannee Rivers within the County. This type of rural residential development has occurred in varying degrees with lot sizes ranging from one-half acre to 10 acre lots. The fourth pattern is radial growth along major roadways throughout the County.

b. Population/Composition

According to Table 1.25 of the 2011 Florida Statistical Abstract estimates Madison County's total population as 19,224. The 2011 Statistical Abstract estimates the population of the City of Madison as 2,843 the Town of Greenville as 843, the Town of Lee as 352 and the unincorporated area as 15,186.

TABLE 1
POPULATION COUNTS AND ESTIMATES
MADISON COUNTY

AREA	POPULATION COUNT 2000	POPULATION ESTIMATE 2010
Madison County	18,733	19,224
Town of Greenville	837	843
Town of Lee	352	352
City of Madison	3,061	2,843
Unincorporated Area	14,483	15,186

Source: 2011 Florida Statistical Abstract, Table 1.25

TABLE 2
POPULATION
MADISON COUNTY, 2010

2010 U.S. CENSUS POPULATION	SQUARE MILES	PERSONS PER SQUARE MILE
19,224	695	27.6

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

According to Table 1.80 of the 2011 Florida Statistical Abstract, 1,661 individuals are inmates and patients residing in federal and state government-operated institutions. They are considered nonresidents of the local area for revenue-sharing purposes. Institutionalized individuals are counted as part of the general population, so they are reflected in statistics on age. However, they are not included in the statistics for income or poverty levels for households

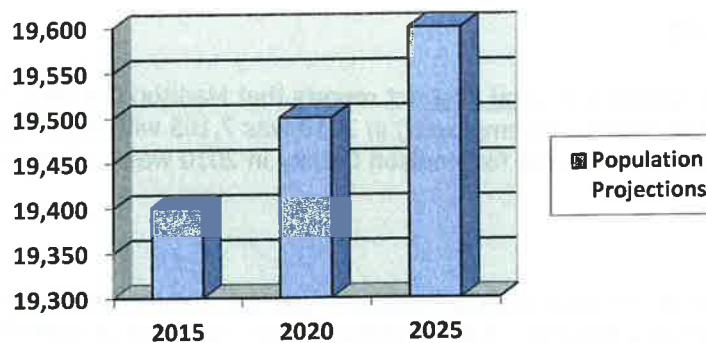
c. Population Densities

With approximately 652 square miles of land area, the County population density in 2010 was approximately 27 persons per square mile.

d. Population Projections

According to Table 1.41 of the 2011 Florida Statistical Abstract, Madison County will have a total population of 19,600 in the year 2025. Illustration I shows population projections for 2015, 2020 and 2025.

ILLUSTRATION I



Source: 2011 Florida Statistical Abstract, Table 1.41

e. Population Age Distribution

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

TABLE 3
POPULATION ESTIMATES BY AGE GROUP
MADISON COUNTY, APRIL 2010

AGE GROUP	POPULATION
0-17	4,187
18-34	4,221
35-54	5,141
55-64	2,630
65-79	2,260
80 & Over	785
TOTAL	19,224

Source: 2011 Florida Statistical Abstract, Table 1.34

f. Disability and Self Care Limitations

According to the 2008-2012 American Community Survey 5-Year Estimates, Madison County had a disabled population of 3,664. The population under 18 years of age with a disability was 133. The population 18 to 64 years of age with a disability was 2,171. The population 65 years and over with a disability was 1,352.

g. Employment

Table 6.11 of the 2011 Florida Statistical Abstract reports that Madison County's labor force (individuals who are able to work but may not be employed) in 2010 was 7,165 with 6,324 people employed and 841 unemployed. The unemployment rate for Madison County in 2010 was 11.7 percent.

h. Income

According to Table 5.48 of the 2011 Florida Statistical Abstract, the median household income for Madison County in 2010 was \$31,942. Table 4 characterizes the levels of household income in Madison County. Table 5 shows income levels used to define the federal poverty level.

TABLE 4
HOUSEHOLD INCOME
MADISON COUNTY

PER CAPITA INCOME 2009	MEDIAN HOUSEHOLD INCOME 2009
\$16,486	\$31,174

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

TABLE 5

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

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

Source: 2011 Florida Statistical Abstract, Table 5.47

Table 7.18 of the 2011 Florida Statistical Abstract shows the average monthly cases of Aid to Families with Dependent Children (AFDC) in Fiscal Year 2010-2011 was 119. The total number of Medicaid recipients for Fiscal Year 2008-2009 in Madison County was 5,102. Table 6 shows income and poverty status data for Madison County. Table 7 shows individuals who received Supplemental Security Income.

TABLE 6

**INCOME AND POVERTY STATUS
MADISON COUNTY**

MEDIAN HOUSEHOLD INCOME 2009	PERCENTAGE OF PERSONS BELOW POVERTY LEVEL 2009
\$31,174	26.2%

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

TABLE 7

**PUBLIC ASSISTANCE: AVERAGE MONTHLY
CASES BY TYPE OF ASSISTANCE
MADISON COUNTY, DECEMBER 2010**

TYPE OF ASSISTANCE	AVERAGE MONTHLY CASES
Aged Assistance	88
Blind and Disabled	874
Total	962

Source: 2011 Florida Statistical Abstract, Table 7.19

i. Housing

Table 2.05 of the 2011 Florida Statistical Abstract estimates that, in 2009, the total number of households in Madison County was 6,985 and that the average household size was 2.48.

According to the 2000 Census, 13.2 percent of Madison County's occupied housing units did not have a telephone. Lack of a telephone makes it difficult for an individual to arrange paratransit transportation, since people must telephone to arrange a trip through the transportation disadvantaged system.

Table 8 presents data on housing units for specific areas of the County. The Madison census division contains approximately 79 percent of the County's housing units.

TABLE 8
DISTRIBUTION OF HOUSING UNITS
MADISON COUNTY

HOUSING UNITS 2010	HOUSEHOLDS 2009	PERSONS PER HOUSEHOLD
8,481	6,614	2.55

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

j. Health

Madison County has one hospital, Madison County Memorial Hospital. According to the 2011 Florida Statistical Abstract tables 20.33 and 20.37, there are 4 licensed doctors of medicine and 277 advanced registered, registered and practical nurses.

k. Transportation

According to the 2010 Census, there were 398 owner occupied housing units with no vehicle available, and, 413 renter occupied housing units with no vehicle available.

l. Major Trip Generators/Attractors

Major trip generators/attractors include: North Florida Junior College, Tri-County Community Medical Center, Madison County Memorial Hospital, local government offices, the Madison County Health Unit, Appalachee Center for Human Services and the Madison County Senior Citizens Center.

Travel to Tallahassee continues to be necessary for many County residents, particularly for medical purposes. According to the 1990 Census, approximately 10.2 percent of Madison County's employed residents work out of state, 3.8 percent work in Taylor County, 3.4 percent work in Suwannee County, 2.9 percent work in Jefferson County, 2.4 percent work in Leon County and 1.6 percent work in Hamilton County.

C. Service Analysis

1. General and Critical Need Transportation Disadvantaged Populations

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

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

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

CALCULATION OF GENERAL TRANSPORTATION DISADVANTAGED POPULATION

Madison County

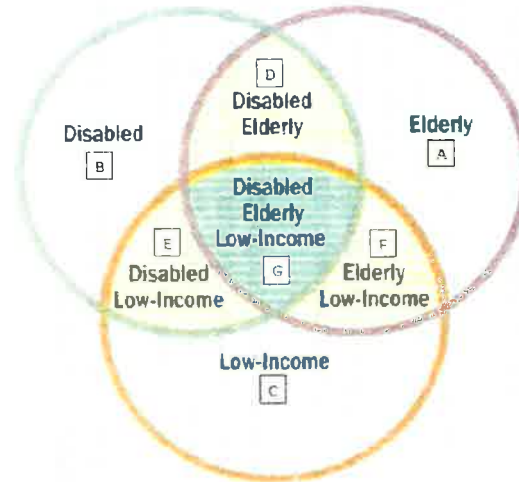
Census Data from: 2011

County Pop. By Age	Total Pop by Age	% of Total Pop (136,400)	Population Below Poverty Level by Age	% of Total Pop Below Poverty Level by Age	Total Population with a Disability by Age	% of Total Pop with a Disability by Age	Total Pop with Disability and Below Poverty Level by Age	% Total Pop with a Disability and Below Poverty Level by Age
<18	4,148	21.6%	1,408	7.3%	344	8.3%	149	3.60%
18-64	11,936	62.2%	1,820	9.5%	2,328	19.5%	573	4.80%
Total Non Elderly	16,084	83.8%	3,228	16.8%	2,672	16.6%	722	4.49%
65+	3,103	16.2%	958	5.0%	1,437	46.3%	245	7.90%
Total Elderly	3,103	16.2%	958	5.0%	1,437	46.3%	245	7.90%
Total	19,187	100%	4,186	21.8%	4,108	21.4%	967	5.04%

Double Counts Calculations

E - Estimate non-elderly/disabled/ low income	From Base Data (I9)	722
B - Estimate non-elderly/ disabled/not low income	Subtract I9 from G9	1,950
G - Estimate elderly/disabled/low income	From Base Data (I11)	245
D- Estimate elderly/ disabled/not low income	Subtract I11 from G11	1,192
F - Estimate elderly/non-disabled/low income	Subtract I11 from E11	713
A - Estimate elderly/non-disabled/not low income	Subtract sum of J17, J18 and J19 from C11	953
C - Estimate low income/not elderly/not disabled	Subtract I9 from E9	2,506
Total - Non-Duplicated		8,281

General TD Population	% of Total	
Non-Duplicated General TD Population Estimate	8,281	43.2%



2. Paratransit Service Demand Estimation

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

CALCULATION OF CRITICAL NEED TRANSPORTATION DISADVANTAGED POPULATION

Madison County

Census Data from: 2011

County Pop. By Age	Total Population with a Disability by Age	% with a Severe Disability by Age	Total Population with a Severe Disability by Age	% of Total Pop with Severe Disability by Age
<18	344	8.30%	149	3.60%
18-64	2,328	19.50%	573	4.80%
Total Non Elderly	2,672	16.61%	722	4.49%
65+	1,437	46.30%	245	7.90%
Total Elderly	1,437	46.30%	245	7.90%
Total	4,108	21.41%	967	5.04%

% of Severe Disability Below Poverty Level	Total Severe Disability Below Poverty Level
28.60%	207
11.70%	29
	235

Critical Need - Severely Disabled TD Population			
	Not Low Income	Low Income	Totals
Non-Elderly	516	207	722
Elderly	216	29	245
TOTAL	732	235	967

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

Low Income & Not Disabled = C + F		CALCULATION OF DAILY TRIPS FOR THE CRITICAL NEED TD POPULATION	
Assumes 27.2%	xx % without auto access	3,219	
		875	
100%	xx % without transit access	875	
		Calculation of Daily Trips	
Total Actual Critical TD Population		Daily Trip Rates Per Person	Total Daily Trips
Severely Disabled	967	0.049	47
Low Income ND	875	1.899	1,663
Totals	1,843		1,710

3. Barriers to Coordination

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

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

4. Needs Assessment

United States Code Section 5310 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
<u>2 - 23' vehicles and related equipment</u>	<u>2014/15</u>	<u>Madison County</u>	<u>\$110,880</u>	<u>United States Code Section 5310</u> <u>Florida Department of Transportation</u> <u>Big Bend Transit</u>
			<u>\$13,860</u>	
			<u>\$13,860</u>	

United States Code Section 5311 Grant Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
<u>Operation and management of coordinated transportation system.</u>	<u>2014/15</u>	<u>Madison County</u>	<u>\$307,700</u>	<u>United States Code Section 5311</u> <u>Big Bend Transit</u>
			<u>\$307,799</u>	

Rural Area Capital Assistance Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
<u>4 23' cutaway vehicles</u>	<u>2013/14</u>	<u>Madison County</u>	<u>\$234,630</u>	<u>Rural Area Capital Assistance Program Grant</u> <u>Big Bend Transit</u>
			<u>\$26,070</u>	

Transportation Disadvantaged Trust Fund Grant

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Provide trips to transportation disadvantaged individuals.	2013/14	Madison County	\$208,724 \$23,192	Transportation Disadvantaged Trust Fund Big Bend Transit

Medicaid Non-Emergency Transportation Program

PROJECT	PROJECT YEAR	AREAS AFFECTED BY PROJECT	ESTIMATED COST	FUNDING SOURCE
Provide trips to Medicaid Program beneficiaries.	2013/14	Madison County	\$295,730	Medicaid Non-Emergency Transportation Program

5. Goals, Objectives and Strategies

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

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

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

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

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

GOAL II: Identify unmet transportation needs in Madison County.

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

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

- GOAL III:** **The Community Transportation Coordinator shall provide transportation services that are consumer oriented and effectively coordinate trips.**
- OBJECTIVE:** Provide transportation services that maximize the use of all vehicles to eliminate duplication of service without unduly inconveniencing the rider.
- Strategy a:** The Community Transportation Coordinator shall report on a quarterly basis the number of single passenger trips provided.
- Strategy b:** The Community Transportation Coordinator shall work with purchasing agencies and service providers (doctors' offices, hospitals, etc.) to arrange appointments to group trips.
- Strategy c:** The Community Transportation Coordinator shall document the reduction of single passenger trips.
- Strategy d:** The local Coordinating Board shall measure the total passenger trips per vehicles quarterly.
- GOAL IV:** **The Community Transportation Coordinator shall develop creative ways to provide additional trips.**
- OBJECTIVE:** Identify additional funding opportunities to provide transportation.
- Strategy:** Using information concerning unmet needs, the Community Transportation Coordinator shall determine the level of demand and cost of providing additional service.
- GOAL V:** **The Community Transportation Coordinator shall ensure that the demand responsive transportation services offered to individuals with disabilities is equivalent to the level and quality of transportation services offered to individuals without disabilities.**
- OBJECTIVE:** The Community Transportation Coordinator shall comply with the requirements of the *Americans with Disabilities Act (ADA)* regarding the access to and provision of transportation services.
- Strategy a:** The Community Transportation Coordinator shall eliminate physical barriers preventing the use of transportation services by persons who are elderly and/or disabled.
- Strategy b):** The Community Transportation Coordinator shall train its staff members regarding the utilization of special equipment for persons with disabilities as well as the abilities of persons with disabilities.
- GOAL VI:** **The local Coordinating Board shall annually evaluate the Community Transportation Coordinator's performance based on specific criteria.**
- OBJECTIVE:** The local Coordinating Board shall annually evaluate the Community Transportation Coordinator's performance in general and relative to Commission standards as referenced in *Rule 41-2.006 of the Florida Administrative Code*.

- GOAL VII:** **The Community Transportation Coordinator shall continue to provide accessible 24-hour, seven days per week transportation service as required in the designated service area by any federal, state or local government agency requiring such services. The provision of said services shall be furnished in accordance with the advance reservation requirement included in the Quality Assurance Section of the Transportation Disadvantaged Service Plan.**
- OBJECTIVE:** The Community Transportation Coordinator shall provide or contract for the provision of transportation services after hours as required by federal, state or local government agencies sponsoring such services.
- Strategy a:** The Community Transportation Coordinator shall contract with an adequate number of transportation operators to provide after-hours services as required by federal, state or local government agencies sponsoring such services.
- Strategy b:** The Community Transportation Coordinator shall implement an accessible system for individuals to request after-hour service and on weekends as required by federal, state or local government agencies sponsoring such services.
- GOAL VIII:** **The Community Transportation Coordinator shall utilize the Transportation Disadvantaged Trust Fund allocation in the most cost efficient manner.**
- OBJECTIVE:** The Community Transportation Coordinator shall adhere to a strict budget of Transportation Disadvantaged Trust Funds to ensure that these funds are spent in the most efficient manner.
- Strategy a:** The Community Transportation Coordinator and Local Coordinating Board shall determine the most efficient manner to expend the Transportation Disadvantaged Trust Funds.
- Strategy b:** The Community Transportation Coordinator shall inform the Local Coordinating Board of any difficulties experienced concerning the under expenditure or over expenditure of the Transportation Disadvantaged Trust Funds.
- GOAL IX:** **The Community Transportation Coordinator shall comply with all reporting requirements of the Florida Commission for the Transportation Disadvantaged and the Local Coordinating Board.**
- OBJECTIVE:** The Community Transportation Coordinator shall complete all reports which require Local Coordinating Board review and/or approval.
- Strategy:** The Community Transportation Coordinator shall complete and submit all final reports to the planning agency staff a minimum of two weeks prior to the meeting date to be reviewed and included in the Local Coordinating Board's meeting packet.
- GOAL X:** **The Community Transportation Coordinator shall improve the quality of service.**
- OBJECTIVE:** The local Coordinating Board shall monitor the quality of service provided by the Community Transportation Coordinator.

- Strategy:** The Community Transportation Coordinator shall report complaints to the Local Coordinating Board.
- OBJECTIVE:** **The Community Transportation Coordinator shall provide courteous and professional service.**
- Strategy:** Reservationists and other office staff shall receive sensitivity and courtesy training annually.
- GOAL XI:** **The Community Transportation Coordinator shall promote cost and service efficiency through efficient routing, scheduling and operation procedures.**
- OBJECTIVE:** The local Coordinating Board shall encourage the Community Transportation Coordinator to provide the greatest number of trips using the most cost effective methods possible.
- Strategy:** The Community Transportation Coordinator shall maintain a database with pertinent information relative to clients' needs and limitations.
- GOAL XII:** **The Community Transportation Coordinator shall insure the provision of safe transportation services.**
- OBJECTIVE:** The Community Transportation Coordinator shall insure the safety and well being of passengers through inspection and maintenance of all vehicles in the coordinated system and driver training.
- Strategy:** The System Safety Program Plan shall meet all established requirements and adhere to *Chapter 341 Florida Statutes* and *Rule and 14-90, Florida Administrative Code*.

6. Implementation Plan

STRATEGIES	IMPLEMENTATION DATE
(1) Identify agencies located in Madison County receiving local, state and/or federal funds to transport clients or purchase vehicles. (2) Contact the identified agencies to obtain information about the funding they receive. (3) Determine type of contract to execute to coordinate transportation services.	(1) Ongoing (2) Ongoing (3) Ongoing
(1) Discuss transportation needs at local Coordinating Board meetings. (2) Report unmet trip requests.	(1) Quarterly (2) Quarterly
(1) Maximize the use of vehicles without unduly inconveniencing the rider. (2) Work with purchasing agencies and service providers to arrange appointments to group trips. (3) Document the reduction of single passenger trips. (4) Measure total passenger trips per vehicle.	(1) Ongoing (2) Ongoing (3) 2014 (4) 2014

(1) Identify additional funding opportunities to provide trips. (2) Report the types of funding opportunities that may be available for additional trips.	(1) Ongoing (2) Ongoing (3) Ongoing
(1) Ensure that the demand responsive transportation services offered to individuals with disabilities is equivalent to the level and quality of services offered to individuals without disabilities. (2) Provide alternative methods for accessing transportation services for individuals with disabilities. (3) Train staff members regarding the utilization of special equipment for persons with disabilities.	(1) Ongoing (2) Ongoing (3) Ongoing
Evaluate the performance of the Community Transportation Coordinator in general and relative to Florida Commission for the Transportation Disadvantaged standards, completion of service plan elements and Florida Commission for the Transportation Disadvantaged workbook modules.	2014
(1) Continue to provide accessible 24-hour, seven days per week transportation service as required in the designated service area by any federal, state or local government agency. (2) Contract with an adequate number of transportation operators to provide after hours and weekend service. (3) Implement an accessible system for individuals to request service after hours and on weekends.	(1) Ongoing (2) Ongoing (3) Ongoing
(1) Adhere to a strict budget of Transportation Disadvantaged Trust Funds to insure that the Trust Funds are spent in the most efficient manner. (2) Determine the most efficient manner to expend the Transportation Disadvantaged Trust Funds. (3) Inform the local Coordinating Board of any difficulties experienced concerning the expenditure of the Transportation Disadvantaged Trust Funds.	(1) Ongoing (2) Annually (3) Quarterly
(1) Complete all reports for review and/or approval. (2) Final reports shall be completed and submitted to planning agency staff a minimum of two weeks prior to next local Coordinating Board meeting.	(1) Ongoing (2) Ongoing
(1) Monitor the quality of service. (2) Make recommendations to improve the quality of service. (3) Provide courteous and professional service. (4) Provide sensitivity and courtesy training annually. (5) Collect on-time performance data.	(1) Ongoing (2) Ongoing (3) Ongoing (4) Ongoing (5) Annually
(1) Maintain a data base with pertinent information relative to clients needs and limitations.	(1) Ongoing
The System Safety Program Plan shall meet all established requirements and adhere to Chapter 341, Florida Statutes and Rule 14-90, Florida Administrative Code.	Annually

Chapter II: Service Plan

A. Operations

The operations element is a profile of the Madison County coordinated transportation system. This element is intended to provide basic information about the daily operations of Big Bend Transit and its contracted transportation operators.

1. Types, Hours and Days of Service

Advance Reservation	Within Madison-County Between Madison County and other Florida Counties (on occasion south Georgia Counties)	Curb to Curb Door to Door (on exception)	Ambulatory Wheelchair	24 Hour Advance Notice	Monday - Saturday 6:00 a.m. to 10:00 p.m.
Demand Response	Outside specific areas of service	Curb to Curb Door to Door (on exception)	Ambulatory Wheelchair	Less than 24 Hour Advance Notice	24-Hours per Day/Seven Days per Week
Non-Emergency Medical Stretcher (Medicaid sponsored passengers only)	Within Madison-County Between Madison County and other Florida Counties (on occasion south Georgia Counties)	Door to Door	Non-Emergency Medical Stretcher	24 Hour Advance Notice Less than 24 Hour Advance Notice	24-Hours per Day/Seven Days per Week
Evacuation	Within Madison County	Door to Door	Ambulatory Wheelchair	Service provided according to agreement.	Service provided according to agreement.
Madison County to Leon County	Madison County to Leon County	Curb to Curb	Ambulatory Wheelchair	Arrivals: 8:00 a.m. and 12:30 p.m. Departures: 12:00 p.m. and 3:30 p.m.	Monday through Friday
Madison County to Lake City and or Gainesville	Madison County to Columbia and/or Alachua County	Curb to Curb	Ambulatory Wheelchair		Monday

Madison County to Blountstown and/or Panama City	Madison County to Calhoun and/or Bay County	Curb to Curb	Ambulatory Wheelchair		Tuesday
Madison County to Thomasville, GA and/or Valdosta, GA	Madison County to Georgia	Curb to Curb	Ambulatory Wheelchair		Wednesday
Madison County to Lake City and/or Jacksonville	Madison County to Columbia and/or Duval County	Curb to Curb	Ambulatory Wheelchair		Thursday
Madison County to Gainesville	Madison County to Alachua County	Curb to Curb	Ambulatory Wheelchair		Friday

a. Bariatric Transportation

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

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

b. Hours and Days of Service

Transportation Disadvantaged Program: Monday through Friday, 6:00 a.m. to 10:00 p.m. excluding holidays (see below).

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

c. Holidays

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

Thanksgiving Day
Christmas Day
New Year's Day

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

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

2. Accessing Services

a. Office Hours

Big Bend Transit's office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

b. Phone Number

Transportation Disadvantaged Program: 850.973.4418.
Medicaid Non-Emergency Transportation: 850.574.4158 or 866.659.3403.

c. Advance Notification Time

Transportation Disadvantaged Program - Trip reservations must be placed by 2:00 p.m. the day before travel and no more than 14 days in advance of the day of travel. Trips are scheduled Monday through Friday from 8:00 a.m. to 5:00 p.m.

Medicaid Non-Emergency Transportation Program

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

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

d. Trip Cancellation Process

Trip cancellations shall be made to Big Bend Transit a minimum of two (2) hours prior to the earliest pick-up time. A "no show" will be charged to passengers who do not cancel trips a minimum of two (2) hours prior to their pick-up time. Hours for cancelling service are Monday through Friday 6:00 a.m. to 6:00 p.m.

e. No-Show Policies

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

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

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

f. After Hours Service

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

g. Passenger Fares

Transportation Disadvantaged Program - Big Bend Transit will not charge fares to passengers sponsored by Florida's Transportation Disadvantaged Program.

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

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

h. Transportation Disadvantaged Program Eligibility

Big Bend Transit will determine through an eligibility application process whether an individual is unable to transport themselves or purchase transportation. Individuals who do not have an operational vehicle in the household; the ability to operate a vehicle; or the ability to find transportation from other sources are considered eligible for Transportation Disadvantaged Program services. Individuals who are unable to purchase transportation will also be considered for Transportation Disadvantaged Program eligibility. Transportation Disadvantaged Program sponsored services are provided on a first-come, first served basis. Service sponsored by the Transportation Disadvantaged Program may be denied if there are insufficient funds to provide that service.

i. Transportation Disadvantaged Program Trip Priorities

Big Bend Transit in cooperation with the Coordinating Board has established the following trip priorities for the use of the Transportation Disadvantaged Trust Funds:

- Life Sustaining Medical Trips
- General Medical Trips
- Employment Trips
- Essential Business Trips
- Education/Training Trips
- Nutrition/Mealsite Trips
- Recreational/Social Trips

3. Transportation Operators And Coordination Contractors

Big Bend Transit has an operator contract with Capital Transit, LLC (Exhibit C).

4. Public Transit Utilization

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

5. School Bus Utilization

Currently, there is no need to use school buses at this time. If Big Bend Transit determines a need to use school buses in the future, the Madison County School Board will be contacted for assistance.

6. Vehicle Inventory

Big Bend Transit's vehicle inventory is shown as Exhibit D.

7. System Safety Program Plan Certification

Big Bend Transit's System Safety Program Plan Certification is shown as Exhibit E.

8. Inter-County Services

Big Bend Transit provides regular scheduled and non-scheduled inter-county transportation services. Big Bend Transit participates when operationally and cost effective in inter-county service routes operated by adjacent Community Transportation Coordinators.

9. Natural Disaster/Emergency Preparedness

Upon request, and on a capacity available basis, Big Bend Transit enters into disaster/emergency transportation assistance agreements with residential facilities to provide ambulatory and non-ambulatory transportation services. A disaster/emergency transportation assistance agreement is in place with Lake Park of Madison.

10. Marketing

The availability of Big Bend Transit transportation services will continue to be promoted through general and specific distribution of informational materials at locations which concentrate eligible population activity.

11. Acceptable Alternatives

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

12. Service Standards

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

a. Drug and Alcohol Policy

Rule 41-2.006 (4) (a), F.A.C.: Drug and alcohol testing for safety sensitive job positions within the coordinated system regarding pre-employment, randomization, post accident and reasonable suspicion as required by the Federal Highway Administration and the Federal Transit Administration.

Big Bend Transit shall comply with this standard.

b. Transport of Escorts and Dependent Children

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

Local Policy: Children under age 6 will be required to be accompanied by an escort. Escorts must be provided by the passenger. Escorts must be able to provide the necessary assistance to the passenger. Escorts will be transported at the regular rate.

c. Use, Responsibility and Cost of Child Restraint Devices

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

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

d. Passenger Property

Rule 41-2.006 (4) (d), F.A.C.: Passenger property that can be carried by the passenger and/or driver in one trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistive devices, or intravenous devices.

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

e. Vehicle Transfer Points

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

Big Bend Transit shall comply with this standard.

f. Local Toll Free Phone Number

Rule 41-2.006 (4) (f), F.A.C.: A local toll free phone number for complaints or grievances shall be posted inside the vehicle. The Transportation Disadvantaged Helpline phone number (1-800-983-2435) shall also be posted inside all vehicles of the coordinated system. The local complaint process shall be outlined as a section in the local Transportation Disadvantaged Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local Coordinating Board. All rider information/materials (brochures, user's guides, etc.) Will include the Transportation Disadvantaged Helpline phone number.

Big Bend Transit shall comply with this standard.

g. Out-Of-Service Area Trips

Rule 41-2.006 (4) (g), F.A.C.: Out of service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips.

Local Policy: Inter-county services between Madison and Leon Counties is available weekly. Other inter-county services are provided when available.

h. Vehicle Cleanliness

Rule 41-2.006 (4) (h), F.A.C. Interior of all vehicles shall be free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger.

Local Policy: All vehicles shall be cleaned (interior and exterior) on a regular schedule (minimum once a week).

i. Billing Requirements

Rule 41-2.006 (4) (I), F.A.C. Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined locally by the local Coordinating Board and provided in the local Transportation Disadvantaged Service Plan. All bills shall be paid within seven (7) calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator, in accordance with Section 287.0585, Florida Statutes.

Local Policy: Big Bend Transit shall comply with his standard.

j. Passenger/Trip Database

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

Big Bend Transit shall comply with this standard.

k. Adequate Seating

Rule 41-2.006 (4) (k), F.A.C.: Adequate seating for paratransit services shall be provided to each rider and escort, child or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit services provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time.

Big Bend Transit shall comply with this standard.

I. Driver Identification

Rule 41-2.006 (4) (l), F.A.C.: Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with specific passengers, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transports the rider on a recurring basis. Each driver must have photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. For transit services, the driver photo identification shall be in a conspicuous location in the vehicle.

Local Policy: Big Bend Transit shall comply with this standard.

m. Passenger Assistance

Rule 41-2.006 (4) (m), F.A.C.: The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include opening the vehicle door, fastening the seat belt or wheelchair securement devices, storage of mobility assistive devices and closing the vehicle door. In the door-through-door paratransit service category, the driver shall be required to open and close doors to buildings, except in situations in which assistance in opening/closing building doors would not be safe for passengers remaining on the vehicle. Assisted access must be in a dignified manner. Drivers may not assist wheelchairs up or down more than one step, unless it can be performed safely as determined by the passenger, guardian and driver.

Local Policy: Drivers are not permitted individually to assist persons in wheelchairs up or down more than one step, through grass or sand or an include of more than 8.33% (1:12 slope).

n. Smoking, Eating, and Drinking

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

Local Policy: The use of tobacco products on vehicles is prohibited. Eating and drinking on board the vehicle is also prohibited. Stops will be made to accommodate the needs of passengers at the discretion of the driver.

o. Passenger No-Shows

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

Local Policy - Passenger no-shows are defined as trips not cancelled a minimum of two (2) hours prior to the scheduled pick-up time. Passengers shall be notified if they are considered a no-show.

p. Two-Way Communications

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

Local Policy: All vehicles shall have cellular phones or two-way radios.

q. Air Conditioning/Heating

Rule 41-2.006 (4) (q), F.A.C.: All vehicles providing service within the coordinated system shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working air conditioner or heater will be scheduled for repair or replacement as soon as possible.

Local Policy: Big Bend Transit shall comply with this standard.

r. First Aid

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

Local Policy: All drivers shall be certified in First Aid.

s. Cardiopulmonary Resuscitation

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

Local Policy: All drivers shall be certified in cardiopulmonary resuscitation.

t. Driver Criminal Background Screening

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

Local Policy: All drivers in the coordinated system shall meet Level 2 criminal background screening requirements in accordance with Chapter 435, Florida Statutes.

u. Fixed Route Transit Utilization

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

Local Policy: Not applicable.

v. Pick-Up Window

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

Local Policy: There is a ninety (90) minute pick-up window in place for all intra-county trips based on the arrival time of the passenger. There is a sixty (60) minute pick-up window in place for all intra-county trips based on the departure time of the passenger.

w. On-Time Performance

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

Local Policy: Big Bend Transit will have an 90 percent on-time performance rate for all completed trips. On-time performance will be measured by random sampling of trips.

x. Advance Reservation Requirement

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

Local Policy: 72 hours notice is required for scheduling Medicaid Non-Emergency Transportation Program trips. Twenty-four hours advanced notice is required for all other trips scheduled within the coordinated system.

y. Safety

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

Local Policy: There shall be no more than 1.2 chargeable accidents per 100,000 miles during the evaluation period.

z. Reliability

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

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

aa. Call-Hold Time

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

Local Policy: This standard is not applicable to this service area.

bb. Quality of Service

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

Local Policy: There shall be no more than one complaint per 2500 trips during the evaluation period.

13. Local Grievance Procedure/Process

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

14. Medicaid Non-Emergency Transportation Program Grievance System

a. Definitions

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

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

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

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

b. General Requirements

As set forth herein, the following process constitutes Big Bend Transit's Medicaid Grievance/Complaint Process.

1. Big Bend Transit herein referred to as the STP, must obtain written approval of the Medicaid Grievance/Complaint Process prior to implementation.
2. The STP will refer all Medicaid Beneficiaries who are dissatisfied with the STP or its Actions to the STP's Grievance/Appeal Coordinator for processing and documentation in accordance with the Medicaid contract and established policies and procedures.
3. The STP shall provide reasonable assistance to Medicaid Beneficiaries in completing forms and other procedural steps, including, but not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.
4. The STP shall acknowledge, in writing, the receipt of a Grievance or request for an Appeal, unless the Medicaid Beneficiary requests an expedited resolution.
5. The STP shall not allow any of the decision makers on a Grievance or Appeal if they were involved in any of the previous levels of review or decision-making when deciding any of the following:
 - a. An Appeal or denial that is based on lack of Medical Necessity; and,
 - b. A Grievance regarding the denial of an expedited resolution of an Appeal.
6. The Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, shall be allowed an opportunity to examine the Medicaid Beneficiary's case file before and during the Grievance or Appeal process, including all Medical Records and any other documents and records held by the STP.
7. The Medicaid Beneficiary and/or the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate shall be considered as parties to the Grievance/Appeal.
8. The STP shall maintain, monitor, and review a record/log of all Complaints, Grievances, and Appeals in accordance with the terms of the Medicaid contract in order to fulfill the requirements as set forth in this process.
9. The STP shall work with the Commission's Grievance/Appeals Coordinator to resolve all grievance related issues.
 - a. The STP shall notify the Medicaid Beneficiary, in writing, using language at, or below the fourth (4th) grade reading level, of any action taken by the STP to deny a Transportation Service request, or limit transportation services in an amount, duration, or scope that is less than requested.
 - b. The STP shall provide notice to the Medicaid Beneficiary as set forth below:
 - (1) The Action the Recipient has taken or intends to take;
 - (2) The reasons for the Action, customized for the circumstances of the Medicaid Beneficiary;
 - (3) The Medicaid Beneficiary's or the Health Care Professional's (with written permission of the Medicaid Beneficiary) right to file an Appeal;
 - (4) The procedures for filing an appeal;

- (5) The circumstances under which expedited resolution is available and how to request it; and,
 - (6) The Medicaid Beneficiary's rights to request that transportation services continue pending the resolution of the appeal, how to request the continuation of transportation services, and the circumstances under which the Medicaid Beneficiary may be required to pay the costs of these services.
- c. The STP must provide the notice of action within the following time frames:
- (1) At least ten (10) calendar days before the date of the action or fifteen (15) calendar days if the notice is sent by surface mail (five [5] calendar days if the recipient suspects fraud on the part of the Medicaid Beneficiary).
 - (2) For denial of the trip request, at the time of any action affecting the trip request.
 - (3) For standard service authorization decisions that deny or limits transportation services, as quickly as the Medicaid Beneficiary's health condition requires, but no later than fourteen (14) calendar days following receipt of the request for service.
- d. If the STP extends the time frame for notification, it must:
- (1) Give the Medicaid Beneficiary written notice of the reason for the extension and inform the Medicaid beneficiary of the right to file a grievance if the Medicaid Beneficiary disagrees with the recipient's decision to extend the time frame; and,
 - (2) Carry out its determination as quickly as the Medicaid beneficiary's health condition requires, but in no case later than the date upon which the fourteen (14) calendar day extension period expires.
- e. If the STP fails to reach a decision within the time frames described above, the Medicaid Beneficiary can consider such failure on the part of the STP a denial and, therefore, an action adverse to the Medicaid Beneficiary.
- f. For expedited Service Authorization decisions, within three (3) business days (with the possibility of a fourteen (14) calendar day extension).

c. The Complaint Process

- 1. A Medicaid Beneficiary may file a Complaint, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a complaint.
- 2. General Duties
 - a. The STP must:
 - (1) Resolve each complaint within fifteen (15) business days from the day the STP received the initial complaint, be it oral or in writing;
 - (a) The STP may extend the complaint resolution time frame by up to ten (10) business days if the Medicaid Beneficiary request an extension,

or the Recipient/Subcontractor documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.

- (b) If the STP requests the extension, the Recipient/Subcontractor must give the Medicaid Beneficiary written notice of the reason for the delay.
- (2) Notify the Medicaid Beneficiary, in writing, within five (5) business days of the resolution of the complaint if the Medicaid Beneficiary is not satisfied with the STP's resolution. The notice of disposition shall include the results and date of the resolution of the complaint, and shall include:
 - (a) A notice of the right to request a grievance or appeal, whichever is the most appropriate to the nature of the objection; and,
 - (b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, if appropriate, including the contact information necessary to pursue a Medicaid Fair Hearing (see Medicaid Fair Hearing System Section).
- (3) The STP shall provide the Commission with a report detailing the total number of complaints received, pursuant to reporting requirements of the contract with the Commission.
- (4) The STP nor any transportation provider shall take punitive action against a physician or other health care provider who files a complaint on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's complaint.

b. Filing Requirements

- (1) The Medicaid Beneficiary or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent must file a complaint within fifteen (15) calendar days after the date of occurrence that initiated the complaint.
- (2) The Medicaid Beneficiary or his/her representative may file a complaint either orally or in writing. The Medicaid Beneficiary or his/her representative may follow up an oral request with a written request, however the timeframe for resolution begins the date the STP receives the oral request.

d. The Grievance Process

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

1. General Duties

a. The STP must:

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

- (2) Notify the Medicaid Beneficiary, in writing, within thirty (30) calendar days of the resolution of the grievance. The notice of disposition shall include the results and date of the resolution of the grievance, and for decisions not wholly in the Medicaid Beneficiary's favor, the notice of disposition shall include:
 - (a) Notice of the right to request a Medicaid Fair Hearing, if applicable; and,
 - (b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, including the contact information necessary to pursue a Medicaid Fair Hearing (see Medicaid Fair hearing System Section below);
 - (3) Provide the Commission with a copy of the written notice of disposition upon request;
 - (4) The STP nor any Subcontracted Transportation Provider shall take any punitive action against a physician or other health care provider who files a grievance on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's grievance; and,
 - (5) Provide the Commission with a report detailing the total number of Grievances received, pursuant to the Reporting Requirements Section of these procedures.
- b. The STP may extend the Grievance resolution time frame by up to fourteen (14) calendar days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.
- (1) If the STP requests the extension, the STP must give the Medicaid Beneficiary written notice of the reason for the delay.
- c. Filing Requirements
- (1) The Medicaid Beneficiary or provider must file a grievance within one (1) year after the date of occurrence that initiated the grievance.
 - (2) The Medicaid Beneficiary or provider may file a grievance either orally or in writing. The Medicaid Beneficiary may follow up an oral request with a written request, however the timeframe for resolution begins the date the STP receives the oral request.

e. The Appeal Process

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

1. General Duties

a. The STP shall:

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

- (2) If the resolution is in favor of the Medicaid Beneficiary, provide the services as quickly as the Medicaid Beneficiary's health condition requires;
- (3) Provide the Medicaid Beneficiary or provider with a reasonable opportunity to present evidence and allegations of fact or law, in person and/or in writing;
- (4) Allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity, before and during the appeal process, to examine the Medicaid Beneficiary's case file, including all documents and records;
- (5) Consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the appeal;
- (6) Continue the Medicaid Beneficiary's transportation services if:
 - (a) The Medicaid Beneficiary files the appeal in a timely manner, meaning on or before the later of the following:
 - (b) Within ten (10) business days of the date on the notice of action (add five [5] business days if the notice is sent via surface mail); or,
 - (c) The intended effective date of the STP's proposed action.
 - (d) The appeal involves the termination, suspension, or reduction of a previously authorized transportation service;
 - (e) The transportation was for a Medicaid compensable service ordered;
 - (f) The authorization period has not expired; and/or,
 - (g) The Medicaid Beneficiary requests extension of transportation services.
- (7) Provide written notice of the resolution of the appeal, including the results and date of the resolution within two (2) business days after the resolution. For decision not wholly in the Medicaid Beneficiary's favor, the notice of resolution shall include:
 - (a) Notice of the right to request a Medicaid Fair Hearing;
 - (b) Information about how to request a Medicaid Fair Hearing, including the DCF address necessary for pursuing a Medicaid Fair Hearing, as set forth in Medicaid Fair Hearing System Section, below;
 - (c) Notice of the right to continue to receive transportation services pending a Medicaid Fair Hearing;
 - (d) Information about how to request the continuation of transportation services; and
 - (e) Notice that if the STP's action is upheld in a Medicaid Fair Hearing, the Medicaid Beneficiary may be liable for the cost of any continued transportation services.

- (8) Provide the Commission with a copy of the written notice of disposition upon request;
 - (9) The STP nor any transportation providers shall take any punitive action against a physician or other health care provider who files an appeal on behalf of a Medicaid Beneficiary or supports a Medicaid Beneficiary's appeal; and,
 - (10) Provide the Commission with a report detailing the total number of appeals received, pursuant to reporting requirements of this process.
 - b. If the STP continues or reinstates the Medicaid Beneficiary's transportation services while the appeal is pending, the STP must continue providing the transportation services until one (1) of the following occurs:
 - (1) The Medicaid Beneficiary withdraws the appeal;
 - (2) Ten (10) business days pass from the date of the STP's notice of resolution of the appeal if the resolution is adverse to the Medicaid Beneficiary and if the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of transportation services until a Medicaid Fair Hearing decision is reached;
 - (3) The Medicaid Fair Hearing panel's decision is adverse to the Medicaid Beneficiary; or,
 - (4) The authorization to provide services expires, or the Medicaid Beneficiary meets the authorized service limits.
 - c. If the final resolution of the appeal is adverse to the Medicaid Beneficiary, the STP may recover the costs of the services furnished from the Medicaid Beneficiary while the appeal was pending, to the extent that the STP furnished the services solely because of the requirements of this section.
 - d. If the STP did not furnish services while the appeal was pending and the appeal panel reverses the STP's decision to deny, limit or delay services, the STP must pay for disputed services in accordance with State policy and regulations.
 - e. If the STP furnished services while the appeal was pending and the appeal panel reverses the STP's decision to deny, limit or delay services, the STP must pay for disputed services in accordance with State policy and regulations.
3. Filing Requirements
- a. The Medicaid Beneficiary or his/her representative must file an appeal within thirty (30) calendar days of receipt of the notice of the STP's action.
 - b. The Medicaid Beneficiary may file an appeal either orally or in writing. If the filing is oral, the Medicaid Beneficiary must also file a written, signed appeal within thirty (30) calendar days of the oral filing. The STP shall notify the requesting party that it must file the written request within ten (10) business days after receipt of the oral request. For oral filings, time frames for resolution of the appeal begin on the date the STP receives the oral filing.

- c. The STP shall resolve each appeal within State-established time frames not to exceed forty-five (45) calendar days from the day the STP received the initial appeal request, whether oral or in writing.
 - d. If the resolution is in favor of the Medicaid Beneficiary, the STP shall provide the services as quickly as the Medicaid Beneficiary's health condition requires.
 - e. The STP may extend the resolution time frames by up to fourteen (14) calendar days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.
 - (1) If the STP requests the extension, the STP must give the Medicaid Beneficiary written notice of the reason for the delay.
 - (2) The STP must provide written notice of the extension to the Medicaid Beneficiary within five (5) business days of determining the need for an extension.
4. Expedited Process
- a. The STP shall establish and maintain an expedited review process for appeals when the STP determines, the Medicaid Beneficiary requests or the provider indicates (in making the request on the Medicaid Beneficiary's behalf or supporting the Medicaid Beneficiary's request) that taking the time for a standard resolution could seriously jeopardize the Medicaid Beneficiary's life, health or ability to attain, maintain or regain maximum function.
 - b. The Medicaid Beneficiary may file an expedited appeal either orally or in writing. No additional written follow-up on the part of the Medicaid Beneficiary is required for an oral request for an expedited appeal.
 - c. The STP must:
 - (1) Inform the Medicaid Beneficiary of the limited time available for the Medicaid Beneficiary to present evidence and allegations of fact or law, in person and in writing;
 - (2) Resolve each expedited appeal and provide notice to the Medicaid Beneficiary, as quickly as the Medicaid Beneficiary's health condition requires, within State established time frames not to exceed seventy-two (72) hours after the Recipient/Subcontractor receives the appeal request, whether the appeal was made orally or in writing;
 - (3) Provide written notice of the resolution in accordance with the appeal process section, of the expedited appeal to the Medicaid Beneficiary;
 - (4) Make reasonable efforts to provide oral notice of disposition to the Medicaid Beneficiary immediately after the appeal panel renders a decision; and,
 - (5) The STP nor any transportation provider shall take any punitive action against a physician or other health care provider who requests an expedited resolution on the Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for expedited resolution of an appeal.

- a. If the STP denies a request for an expedited resolution of an appeal, the STP must:
 - (1) Transfer the appeal to the standard time frame of no longer than forty-five (45) calendar days from the day the recipient/subcontractor received the request for appeal (with a possible fourteen [14] day extension);
 - (2) Make all reasonable efforts to provide immediate oral notification of the recipients/subcontractor's denial for expedited resolution of the appeal;
 - (3) Provide written notice of the denial of the expedited appeal within two (2) calendar days; and,
 - (4) Fulfill all requirements set forth in the appeal process section above.

f. Medicaid Fair Hearing Process

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

- a. A physician or other health care provider must have a Medicaid Beneficiary's written consent before requesting a Medicaid Fair Hearing on behalf of a Medicaid Beneficiary.
- b. The parties to a Medicaid Fair Hearing include the STP, as well as the Medicaid Beneficiary, his/her representative or the representative of a deceased Medicaid Beneficiary's estate.

1. Filing Requirements

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

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

2. General Duties

- a. The STP must:

- (1) Continue the Medicaid Beneficiary's transportation services while the Medicaid Fair Hearing is pending if:
 - (a) The Medicaid Beneficiary filed for the Medicaid Fair Hearing in a timely manner, meaning on or before the later of the following:
 - (i) Within ten (10) business days of the date on the notice of action (add five [5] business days if the notice is sent via surface mail);

- (ii) The intended effective date of the STP's proposed action.
 - (b) The Medicaid Fair Hearing involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - (c) The authorization period has not expired; and/or,
 - (d) The Medicaid Beneficiary requests extension of transportation services.
- (2) The STP nor any Transportation Provider shall take any punitive action against a physician, Transportation Provider, or other health care provider who requests a Medicaid Fair Hearing on a Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for a Medicaid Fair Hearing.
 - a. If the STP continues or reinstates Medicaid Beneficiary Transportation Services while the Medicaid Fair Hearing is pending, the STP must continue said Transportation Services until one (1) of the following occurs:
 - (1) The Medicaid Beneficiary withdraws the request for a Medicaid Fair Hearing;
 - (2) Ten (10) Business Days pass from the date of the STP's notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached (add five [5] Business Days if the Recipient/Subcontractor sends the notice of Action by surface Mail);
 - (3) The Medicaid fair Hearing officer renders a decision that is adverse to the Medicaid Beneficiary; and/or,
 - (4) The Medicaid Beneficiary's authorization expires or the Medicaid Beneficiary reaches his/her authorized service limits.
- 3. If the final resolution of the Medicaid Fair Hearing is adverse to the Medicaid Beneficiary, the STP may recover the costs of the services furnished while the Medicaid Fair Hearing was pending, to the extent that the STP furnished said services solely because of the requirements of this Section.
- 4. If the STP did not furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the STP's decision to deny, limit or delay services, the STP must authorize or provide the disputed services as quickly as the Medicaid Beneficiary's health condition requires.

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

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

15. Passenger Code of Conduct

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

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

a. Verbal Abuse

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

b. Physical Abuse

Physical abuse of either a rider to another rider or rider to a driver will not be tolerated. Physical abuse includes but is not limited to grabbing, hitting or touching. Such abuse shall be deemed as assault. In

such cases, the local police shall be notified, and the rider shall be issued a notice of suspension from service.

c. Substance Abuse

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

d. Penalties

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

Verbal Abuse

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

Physical Abuse

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

Second offense – 180 day suspension of services

Third offense - permanently removed from service

e. Appeals

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

Big Bend Transit
P.O. Box 70
Live Oak, FL 32060

and

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

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

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

16. Evaluation Process

Big Bend Transit shall perform an annual evaluation of all contracted operators.

B. Cost/Revenue Allocation and Rate Structure Justification

See Appendix B.

Chapter III: Quality Assurance

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

A. Community Transportation Coordinator Evaluation Process

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

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Appendix A: Madison County Transportation Disadvantaged Coordinating Board Grievance Procedures

A. Preamble

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

B. Agency Description

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

C. Definitions

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

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

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

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

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

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

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

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

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

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

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

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

D. Purpose

- (1) The Board shall appoint a Grievance Committee to serve as a mediator to process, and investigate complaints from agencies, users, potential users of the system and the Community Transportation Coordinator in the designated service area, and make recommendations to the Board for the improvement of service.
- (2) The Board shall establish procedures to provide regular opportunities for issues to be brought before the Grievance Committee and to address them in a timely manner. Members appointed to the Grievance Committee shall be voting members of the Board.

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

E. Membership

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

F. Officers

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

G. Meetings

- (1) The Grievance Committee may meet as often as necessary to fulfill their responsibilities. The Grievance Committee may meet following Board meetings to hear complaints.
- (2) Notice of Meetings. Notices and agendas shall be sent to all Grievance Committee members and other interested parties at least two (2) weeks prior to each Grievance Committee meeting. Such notice shall state the date, time and the place of the meeting.
- (3) Quorum. At all meetings of the Grievance Committee, the presence in person of a majority of the voting members shall be necessary and sufficient to constitute a quorum for the transaction of business. In the absence of a quorum, those present may, without notice other than by announcement at the meeting, recess the meeting from time to time, until a quorum shall be present. At any such recessed meeting, any business may be transacted which might have been transacted at the meeting as originally called.
- (4) Voting. A majority vote is required for actions by the Grievance Committee. As required by Section 286.012, Florida Statutes, all Grievance Committee members, including the Chair, must vote on all official actions taken by the Grievance Committee except when there appears to be a possible conflict of interest with a member or members of the Grievance Committee.

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

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

- (6) Proxy Voting. Proxy voting is not permitted.
- (7) Parliamentary Procedures. The Grievance Committee will conduct business using parliamentary procedures according to Robert's Rules of Order, except when in conflict with these Grievance Procedures.

H. Administration

- (1) Staff Support. The North Central Florida Regional Planning Council shall provide the Grievance Committee with sufficient staff support and resources to enable the Grievance Committee to fulfill their responsibilities.
- (2) Minutes. The North Central Florida Regional Planning Council is responsible for maintaining an official set of minutes for each Grievance Committee meeting.

I. Duties

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

J. Procedures

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

- (2) The Board must make a written copy of the grievance procedures available to anyone, upon request. All documents pertaining to the grievance process will be made available, upon request, in accessible format. The following procedures are established to provide regular opportunities for grievances to be brought before the Grievance Committee.
- (3) Should an interested party wish to file a grievance with the Board, that grievance must be filed in writing within ninety (90) days after the occurrence of the event giving rise to the grievance. The grievance shall be sent to:

Madison County Transportation Disadvantaged Coordinating Board
Grievance Committee
2009 N.W. 67th Place
Gainesville, FL 32653-1603
- (4) If requested, the North Central Florida Regional Planning Council staff will provide assistance individuals to prepare written grievances.
- (5) The grievance should try to demonstrate or establish a clear violation of a specific law, regulation, or contractual arrangement. Copies of pertinent laws and regulations may be obtained from North Central Florida Regional Planning Council staff.
- (6) The grievance shall include:
 - a. the name, address and telephone number of the Complainant;
 - b. a statement of the grounds for the grievance and be supplemented by supporting documentation, made in a clear and concise manner; and
 - c. an explanation by the Complainant of the improvements needed to address the complaint.
- (7) If the Board receives a grievance pertaining to the operation of services by the Community Transportation Coordinator, that grievance shall be forwarded to the Community Transportation Coordinator for a written response. The Community Transportation Coordinator's written response shall be provided to the Grievance Committee at least one week prior to the Grievance Committee meeting to hear such grievance.
- (8) If the Complainant does not want to be contacted by the Community Transportation Coordinator concerning the grievance before the grievance is heard, the Community Transportation Coordinator is prohibited from contacting the Complainant.
- (9) Within fifteen (15) working days following the date of receipt of the formal grievance, North Central Florida Regional Planning Council staff shall advise the Grievance Committee of the grievance to schedule a hearing on the grievance and inform the Complainant of the hearing date.
- (10) The Grievance Committee shall meet to hear the grievance within forty-five (45) calendar days from the date of receipt of the grievance.
- (11) North Central Florida Regional Planning Council staff shall send notice of the Grievance Committee's scheduled hearing in writing to the local newspaper of greatest circulation, the Complainant and other interested parties.

- (12) All involved parties have a right to present their views to the Grievance Committee, either orally or in writing. In addition, all parties may present evidence.
- (13) A written report and any recommendations of the Grievance Committee shall be provided to the Board. A copy of this report shall be provided to the concerned parties within ten (10) working days after the hearing on the grievance and no more than sixty (60) calendar days from the date of receipt of the formal grievance. The Grievance Committee's recommendation will stand unless the recommendation is changed by the Board.
- (14) A written report shall also be provided to the Community Transportation Coordinator's Governing Board.

K. Appeals

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

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

- (2) The Complainant will be notified in writing of the date, time and place of the Board meeting where the appeal will be heard. This written notice will be mailed at least ten (10) calendar days in advance of the meeting.
- (3) The Board will meet to hear the appeal and render its recommendation within thirty (30) calendar days of the date the appeal was filed. A written copy of the recommendation will be mailed to all parties involved within ten (10) calendar days of the date of the recommendation.
- (4) Should a Complainant remain dissatisfied with the Board's decision, he or she may contact the Florida Commission for the Transportation Disadvantaged at the following address:

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

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

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

L. Medicaid Non-Emergency Transportation Program Grievance System

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

M. Suspension Reconsideration

- (1) If a rider has been issued a notice of suspension by the Community Transportation Coordinator, they have ten (10) calendar days from the date of issuance of suspension notice to request a reconsideration hearing on the suspension. If a reconsideration hearing is requested, the hearing will be held by the Grievance Committee if the suspension involves transportation provided under Florida's Transportation Disadvantaged Program.
- (2) The written request must include the name, address and telephone number of the person who is requesting the hearing and a statement as to why his or her riding privileges should not be suspended. If the request is not received within ten (10) calendar days from the issue date of the suspension, then the suspension becomes effective ten (10) calendar days from the date of issue.
- (3) Upon receipt of letter requesting the reconsideration hearing, a hearing shall be held within ten (10) working days. The North Central Florida Regional Planning Council will advise the person requesting the reconsideration hearing by return correspondence of the date, time and location of the hearing.
- (4) The person will be given the opportunity to present the reasons why they believe the suspension should not take place. The Grievance Committee will make a recommendation whether or not to uphold the suspension. A written statement of the recommendation shall be forwarded to the person requesting the hearing within two (2) working days after the hearing by the Grievance Committee. A written statement of the decision whether or not to uphold the suspension shall be forwarded by certified mail within two (2) working days by the Community Transportation Coordinator to the person requesting the hearing.

N. Prohibition Against Retaliation

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

O. Alternative Recourse

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

Appendix B: Cost/Revenue Allocation and Rate Structure Justification

BIG BEND TRANSIT, INC.

SERVICE RATES

COMMUNITY TRANSPORTATION COORDINATOR: Big Bend Transit

COUNTY: Madison

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

PURCHASING AGENCY: Florida Commission for the Transportation Disadvantaged

PROGRAM/SERVICE TYPE	COST PER UNIT (Passenger Mile or Passenger Trip)
Transportation Disadvantaged Program Ambulatory	\$1.86/passenger mile
Transportation Disadvantaged Program Wheelchair	\$3.20/passenger mile
Medicaid Non-Emergency Transportation Ambulatory	\$2.28/passenger mile
Medicaid Non-Emergency Transportation Wheelchair	\$3.91/passenger mile
Medicaid Non-Emergency Transportation Stretcher	\$2.33/passenger mile

Preliminary Information Worksheet Version 1.4

CTC Name: Big Bend Transit, Inc.

County (Service Area): Gadsden, Jefferson, Madison, Taylor

Contact Person: Dino J. Kaklamanos

Phone # 850-574-6266

Check Applicable Characteristic:

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

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

Comprehensive Budget Worksheet Version 1.4 CTC: Big Bend Transit, Inc.
County: Gadsden, Jefferson, Madison, Taylor

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

	Prev Year's ACTUALS From July 1st of 2011 to June 30th of 2012	Current Year's APPROVED Budget, as amended From July 1st of 2012 to June 30th of 2013	Upcoming Year's PROPOSED Budget From July 1st of 2013 to June 30th of 2014	% Change from Prev Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are + or - 10% and Also + or - \$50,000
1	2	3	4	5	6	7
REVENUES (CTC/Operators ONLY / Do NOT include coordination contracts!)						
Local Non-Govt						
Fares/Pass	\$ 57,876	\$ 85,734	\$ 66,679	47.8%	1.5%	All of Farebox is used to match FTE grant
Medicaid Co-Pay Received						
Donations/Contributions						
In-kind Contributed Services						
Other	\$ 2,045	\$ 21,545	\$ 21,143	205.6%	0.0%	BDT contribution to Gadsden County DCF for 2013 is \$14,500
Bus Pass Program Revenue						
Local Government						
District School Board						
County ADA Services						
County Cash						
County In-kind Contributed Services						
City Cash						
City In-kind Contributed Services						
Other Cash						
Other In-kind Contributed Services						
Bus Pass Program Revenue						
CTD						
Non-Spec. Trip Programs	\$ 742,608	\$ 768,116	\$ 772,198	3.6%	0.4%	2012-13 Gadsden - \$748,372 Taylor - \$31,500 Madison - \$190,429 Jefferson - \$149,325
Non-Spec. Capital Equipment						
Other CTD (specify in explanation)	\$ 10,436	\$ 55,554	\$ 55,144	-1.1%	0.0%	\$138,325-\$310, \$55,584 Shady County Grant
Bus Pass Program Revenue						
USDOT & FDOT						
49 USC 5307						
49 USC 5310						
49 USC 5311 (Operating)	\$ 347,615	\$ 108,813	\$ 108,813	-51.4%	0.0%	\$310 for vehicles with 10th match from BDT contribution District 2 - \$511 - \$56,201 District 3 - \$112,504 (2012-13) For 2013-14 District 2 - \$511,229 District 3 - \$181,886
49 USC 5311 (Capital)						
Block Grant						
Service Development						
Continental Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						
AHCA						
Medicaid	\$ 1,409,441	\$ 1,638,548	\$ 1,637,544	10.2%	0.0%	Madison - \$1,192,705 Jefferson - \$477,000 Madison - \$314,880 Taylor - \$271,000
Other AHCA (specify in explanation)						
Bus Pass Program Revenue						
DCF						
Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aggrav. & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						
DOR						
Children Medical Services						
County Public Health						
Other DOR (specify in explanation)						
Bus Pass Program Revenue						
DOE (state)						
Gift Persons						
Env. of Blind Services						
Vocational Rehabilitation						
Day Care Programs						
Other DOE (specify in explanation)						
Bus Pass Program Revenue						
AW						
WAGES/Workforce Board						
Other AW (specify in explanation)						
Bus Pass Program Revenue						
DOEA						
Older Americans Act						
Community Care for Elderly						
Other DOEA (specify in explanation)						
Bus Pass Program Revenue						
DCA						
Community Services						
Other DCA (specify in explanation)						
Bus Pass Admin. Revenue						

Madison County
Transportation Disadvantaged Service Plan

Budgeted Rate Base Worksheet Version 1.4 CTC: Big Bend Transit, Inc.
County: Gadsden, Jefferson, Madison, Taylor

1 Complete applicable GREEN cells in column 3; YELLOW and BLUE cells are automatically completed in column 3
2 Complete applicable GOLD cells in column 5

Upcoming Year's BUDGETED Revenues	What amount of the Budgeted Revenues in col 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these types revenues?	Budgeted Rate Subsidy Revenues Excluded from the Rate Base	What amount of the Subsidy Revenues in col 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
1	2	3	4
REVENUES (CTC/Operators ONLY)			
Local Non-Govt			
Fares	\$ 66,806	\$ 66,806	\$ 66,806
Medicaid Co-Pay Reimburse	\$ -	\$ -	\$ -
Donations/Contributions	\$ -	\$ -	\$ -
In-Kind, Contributed Services	\$ -	\$ -	\$ -
Other	\$ 21,545	\$ 21,545	\$ 21,545
Bus Pass Program Revenue	\$ -	\$ -	\$ -
Local Government			
District School Board	\$ -	\$ -	\$ -
County Adult Services	\$ -	\$ -	\$ -
County Cash	\$ -	\$ -	\$ -
County In-Kind, Contributed Services	\$ -	\$ -	\$ -
City Cash	\$ -	\$ -	\$ -
City In-Kind, Contributed Services	\$ -	\$ -	\$ -
Other Cash	\$ -	\$ -	\$ -
Other In-Kind, Contributed Services	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
CTO			
Non-Sports Trip Program	\$ 772,000	\$ 772,000	\$ 772,000
Non-Sports Capital Equipment	\$ -	\$ -	\$ -
Rural Capital Equipment	\$ 55,584	\$ 55,584	\$ 55,584
Other TO	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
USDOT & FDOT			
49 USC 5307	\$ -	\$ -	\$ -
49 USC 5310	\$ 138,325	\$ 138,325	\$ 138,325
49 USC 5311 (Continental)	\$ 189,885	\$ 189,885	\$ 189,885
49 USC 5311 (Capital)	\$ -	\$ -	\$ -
Block Grant	\$ -	\$ -	\$ -
School Development	\$ -	\$ -	\$ -
Computer Assistance	\$ -	\$ -	\$ -
Other DOT	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
AHCA			
Medicaid	\$ 1,838,544	\$ 1,838,544	\$ 1,838,544
Other AHCA	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
DCF			
Alcohol, Drug & Mental Health	\$ -	\$ -	\$ -
Family Safety & Prosecution	\$ -	\$ -	\$ -
Comm. Care Dis. Inj. & Adult Serv.	\$ -	\$ -	\$ -
Other DCF	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
DOH			
Children Medical Services	\$ -	\$ -	\$ -
County Public Health	\$ -	\$ -	\$ -
Other DOH	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
DOE (state)			
Capital Projects	\$ -	\$ -	\$ -
Div of Blind Services	\$ -	\$ -	\$ -
Vocational Rehabilitation	\$ -	\$ -	\$ -
Day Care Programs	\$ -	\$ -	\$ -
Other DOE	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
AWI			
WAGES/Workforce Board	\$ -	\$ -	\$ -
AWI	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
DOEA			
Order Anticipation Act	\$ -	\$ -	\$ -
Community Care for Elderly	\$ -	\$ -	\$ -
Other DOEA	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -
DCA			
Community Services	\$ -	\$ -	\$ -
Other DCA	\$ -	\$ -	\$ -
Bus Pass Program Revenue	\$ -	\$ -	\$ -

Local match req

\$ 85,879

\$ 6,175

\$ 15,366

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

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

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

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

GOLD cells

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

Budgeted Rate Base Worksheet		Version 1.4	CTC: Big Bend Transit, Inc. County: Gadsden, Jefferson, Madison, Taylor																
<p>1 Complete applicable GREEN cells in column 3; YELLOW and BLUE cells are automatically completed in column 3</p> <p>2 Complete applicable GOLD cells in column 5</p>																			
	<p>Upcoming Year's BUDGETED Revenues</p> <p>from July 1st of 2013 to June 30th of 2014</p>		<p>What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this apportionment, OR used as local match for bus type revenues?</p>	<p>What amount of the Subsidy Revenue in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?</p>															
1	2	3	4	5															
<p>APD</p> <p>Office of Disability Determination \$ -</p> <p>Developmental Services \$ -</p> <p>Other APD \$ -</p> <p>Bus Pass Program Revenue \$ -</p> <p>DJJ</p> <p>DJJ \$ -</p> <p>Bus Pass Program Revenue \$ -</p> <p>Other Fed or State</p> <p>FUEL TAX REFUND \$ 127,568</p> <p>xxx \$ -</p> <p>xxx \$ -</p> <p>Bus Pass Program Revenue \$ -</p> <p>Other Revenues</p> <p>Interest Earnings \$ -</p> <p>xxx \$ -</p> <p>xxx \$ -</p> <p>Bus Pass Program Revenue \$ -</p> <p>Balancing Revenues to Prevent Deficit</p> <p>Actual or Planned Use of Cash Reserves \$ -</p> <p style="text-align: right;">Total Revenues = \$ 3,010,185</p>																			
<table style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td colspan="5"> <p>EXPENDITURES (CTC/Operators ONLY)</p> <p>Operating Expenditures</p> <p>Labor \$ 1,304,558</p> <p>Fringe Benefits \$ 493,585</p> <p>Services \$ 67,800</p> <p>Materials and Supplies \$ 482,499</p> <p>Utilities \$ 33,587</p> <p>Deprecy and Liability \$ 178,824</p> <p>Taxes \$ 2,000</p> <p>Purchased Transportation</p> <p>Purchased Bus Pass, Exempts \$ -</p> <p>School Bus Utilization Exempts \$ -</p> <p>Contracted Transportation Services \$ 38,790</p> <p>Other \$ -</p> <p>Manufactures \$ -</p> <p>Operating Debt Service - Principal & Interest \$ -</p> <p>Leases and Rentals \$ 39,700</p> <p>Conds. to Capital Equip. Replacement Fund \$ 180,433</p> <p>In-kind, Contributed Services \$ -</p> <p>Allocated Interest \$ -</p> <p>Capital Expenditures</p> <p>Equip. Purchases with Grant Funds \$ 183,000</p> <p>Equip. Purchases with Local Revenue \$ 21,545</p> <p>Equip. Purchases with Rate Generated Rev \$ -</p> <p>Capital Debt Service - Principal & Interest \$ -</p> <p style="text-align: right;">Total Expenditures = \$ 3,010,185</p> <p>minus: EXCLUDED Subsidy Revenue = \$ 512,834</p> <p>Budgeted Total Expenditures INCLUDED in Rate Base = \$ 2,497,351</p> <p>Rate Base Adjustment¹ =</p> <p>Adjusted Expenditure Included in Rate Base = \$ 2,497,351</p> </td> </tr> </table>										1	2	3	4	5	<p>EXPENDITURES (CTC/Operators ONLY)</p> <p>Operating Expenditures</p> <p>Labor \$ 1,304,558</p> <p>Fringe Benefits \$ 493,585</p> <p>Services \$ 67,800</p> <p>Materials and Supplies \$ 482,499</p> <p>Utilities \$ 33,587</p> <p>Deprecy and Liability \$ 178,824</p> <p>Taxes \$ 2,000</p> <p>Purchased Transportation</p> <p>Purchased Bus Pass, Exempts \$ -</p> <p>School Bus Utilization Exempts \$ -</p> <p>Contracted Transportation Services \$ 38,790</p> <p>Other \$ -</p> <p>Manufactures \$ -</p> <p>Operating Debt Service - Principal & Interest \$ -</p> <p>Leases and Rentals \$ 39,700</p> <p>Conds. to Capital Equip. Replacement Fund \$ 180,433</p> <p>In-kind, Contributed Services \$ -</p> <p>Allocated Interest \$ -</p> <p>Capital Expenditures</p> <p>Equip. Purchases with Grant Funds \$ 183,000</p> <p>Equip. Purchases with Local Revenue \$ 21,545</p> <p>Equip. Purchases with Rate Generated Rev \$ -</p> <p>Capital Debt Service - Principal & Interest \$ -</p> <p style="text-align: right;">Total Expenditures = \$ 3,010,185</p> <p>minus: EXCLUDED Subsidy Revenue = \$ 512,834</p> <p>Budgeted Total Expenditures INCLUDED in Rate Base = \$ 2,497,351</p> <p>Rate Base Adjustment¹ =</p> <p>Adjusted Expenditure Included in Rate Base = \$ 2,497,351</p>				
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<p style="text-align: right;">\$ 297,380</p> <p style="text-align: right;">Amount of Budgeted Operating Rate Subsidy Revenue</p>																			
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">¹ Rate Base Adjustment Cell</p> <p>If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the Actual period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective explanation area of the Comprehensive Budget tab.</p> </div>																			
<p style="text-align: center;">¹ The Difference between Expenses and Revenues for Fiscal Year 2011 - 2012</p>																			
<p>Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"</p>																			

Worksheet for Program-wide Rates

CTC: Big Bend Transit, I Version 1.4
 County: Gadsden, Jefferson, Madison, Taylor

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

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

PROGRAM-WIDE RATES		Fiscal Year
Total Projected Passenger Miles =	1,234,789	2013 - 2014
Rate Per Passenger Mile = \$	2.02	
Total Projected Passenger Trips =	62,750	
Rate Per Passenger Trip = \$	39.80	
		Avg. Passenger Trip Length = 19.7 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	2.44
Rate Per Passenger Trip = \$	47.87

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

Vehicle Miles

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

Vehicle Revenue Miles (VRM)

The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

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

Passenger Miles (PM)

The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

CTC: Big Bend Transit
County: Guadalupe, Jefferson, Midland, Taylor

1. Answer the questions by consulting the GREEN cells in Section I for all services.
2. Follow the BLUE cells to answer questions and to fill in or to select questions and sections based on previous answers.

SECTION I: Services Provided

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

Service	Yes	No	Group
Paratransit	<input type="radio"/>	<input type="radio"/>	1
Fixed Route	<input type="radio"/>	<input type="radio"/>	2
Commuter	<input type="radio"/>	<input type="radio"/>	3
Charter	<input type="radio"/>	<input type="radio"/>	4
Other	<input type="radio"/>	<input type="radio"/>	5

SECTION II: Contracted Services

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

Service	Yes	No	Group
Paratransit	<input type="radio"/>	<input type="radio"/>	1
Fixed Route	<input type="radio"/>	<input type="radio"/>	2
Commuter	<input type="radio"/>	<input type="radio"/>	3
Charter	<input type="radio"/>	<input type="radio"/>	4
Other	<input type="radio"/>	<input type="radio"/>	5

2. If you answered YES to #1 above, do you want to serve at the riding rate by simply dividing the proposed contract amount by the projected Passenger Miles (passenger trips)?

Service	Yes	No	Group
Paratransit	<input type="radio"/>	<input type="radio"/>	1
Fixed Route	<input type="radio"/>	<input type="radio"/>	2
Commuter	<input type="radio"/>	<input type="radio"/>	3
Charter	<input type="radio"/>	<input type="radio"/>	4
Other	<input type="radio"/>	<input type="radio"/>	5

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
How many of the total projected Passenger Miles (passenger trips) will be for this contracted service?
How many of the total projected Passenger Miles (passenger trips) will be for this contracted service?

Service	Contract Amount	Projected Passenger Miles	Projected Passenger Trips
Paratransit			
Fixed Route			
Commuter			
Charter			
Other			

4. If you answered #3, is it a Combined Rate per Trip (e.g., \$1.00 per Mile plus \$1.00 for 1 or more services, WHATEVER the Desired per Trip Rate that must be less than our rate in #3 above)?

Service	Yes	No	Group
Paratransit	<input type="radio"/>	<input type="radio"/>	1
Fixed Route	<input type="radio"/>	<input type="radio"/>	2
Commuter	<input type="radio"/>	<input type="radio"/>	3
Charter	<input type="radio"/>	<input type="radio"/>	4
Other	<input type="radio"/>	<input type="radio"/>	5

Combined Trip and Mile Rate

Service	Rate	Group
Paratransit		1
Fixed Route		2
Commuter		3
Charter		4
Other		5

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Appendix C: Service Provider Contract

AMENDMENT # 9

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, 2014.

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: 11-5-13

Big Bend Transit, Inc.

BY: 

TITLE: Interim General Manager

DATE: 9/17/2013

Appendix D: Vehicle Inventory

Form C-3

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Date of Inventory 1/06/2014

Model Year (b)	Make/size/type (c)	FDOT Control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. Miles/Yr.	Current Mileage	Expected Retirement Date	Other Equipment (e)	Funding Source (f)
2006*	FORD 21'	B19235	Lift	8+2	22,000	151,421	04/01/2015		
2007*	CHEVY 21'	143379	Lift	8+2	30,000	178,583	03/23/2015		
2008	CHEVY 23'	90246	Lift	12+2	23,000	113,092	04/01/2016		5310
2008*	CHEVY 21'	TDTF	Lift	8+2	36,000	180,604	11/30/2014		5311
2009	FORD PAS	80207	N/A	11 AMB	10,000	41,681	08/27/2016		5310
2010	CHEVY 23'	80234	Lift	12+2	44,000	132,259	09/25/2015		5310
2010	CHEVY 23'	90266	Lift	12+2	48,000	143,394	08/15/2015		5310
2010	CHEVY 23'	90267	Lift	12+2	38,000	112,525	12/08/2016		5310
2010	CHEVY 23'	80233	Lift	12+2	43,000	127,638	08/25/2015		5310
2011	FORD 23'	90292	Lift	12+2	40,000	80,340	07/27/2016		5310
2013	FORD 23'	91218	Lift	12+2	14,000	13,895	08/12/2017		5310

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number if bought with grant through FDOT; otherwise, show last 5 or 6 digits of Vehicle Identification Number (VIN).

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

NOTE: Those requesting replacement vehicle(s), please identify the year the vehicle(s) were purchased. Explain need for sedans and

Appendix E: Safety Compliance Self Certification




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.

North Central Florida Regional Planning Council

Transportation Disadvantaged Service Plan Team

Scott R. Koons, AICP, Executive Director

- * Marlie Sanderson, AICP, Director of Transportation Planning
- * Lynn Franson-Godfrey, AICP, Senior Planner

* Primary Responsibility
** Secondary Responsibility



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

**Madison County
Transportation Disadvantaged Coordinating Board**

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

www.ncfrpc.org/td

REQUIRED

COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION GRANT APPLICATION

Big Bend Transit, Inc. submits this Application for the Section 5310 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Big Bend Transit, Inc. further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense arising out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 4th day of January, 2013 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell, Interim General Manager to sign this Application.

Big Bend Transit, Inc.


By  Date 1/6/2014

Title: Interim General Manager

EXHIBIT A-1 -- FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED (Estimates are acceptable.)
1. Number of total one-way trips served by the agency PER YEAR (for all purposes)*	19,466	20,651
2. Number of one-way trips provided to elderly and persons with disabilities (including New Freedom Trips) PER YEAR*	8,450	8,551
3. Number of individual Elderly and Disabled and New Freedom unduplicated riders (first ride per rider per fiscal year) PER YEAR	1,393	1,478
4. Number of vehicles used to provide Elderly and Disabled and New Freedom service ACTUAL	11	11
5. Number of vehicles used to provide Elderly and Disabled and New Freedom service eligible for replacement ACTUAL	2	2
6. Vehicle miles traveled to provide Elderly and Disabled and New Freedom service PER YEAR	348,000	352,176
7. Normal number of days that vehicles are in operation to provide Elderly and Disabled and New Freedom service PER WEEK	6	6
8. Posted hours of normal operation to provide Elderly and Disabled and New Freedom service PER WEEK	M – F: 6am – 6pm Saturday: 6am – 6pm Sunday: Total (WEEK): 72	M – F: 6am – 6pm Saturday: 6am – 6pm Sunday: Total (WEEK): 72

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip.

1. TYPE OF SUBMISSION:			Pre-application – place an x in the box		
Application – place an x in the box			[] construction		
[x] non-construction			[] non-construction		
2. DATE SUBMITTED January 10, 2014			Applicant Identifier		
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: Big Bend Transit, Inc.			Organizational Unit:		
			Department:		
Organizational DUNS: 11-432-8701			Division:		
Address: Post Office Box 1721			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:			Prefix: Mr. First Name: Quentin		
City: Tallahassee			Middle Name: Lashawn		
County: Leon			Last Name: Mitchell		
State: Florida Zip Code 32302			Suffix:		
Country:			Email: shawnmitch-bbt@comcast.net		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-1909296			Phone Number (give area code) (850) 574-6266		
			Fax Number (give area code) (850) 574-1531		
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) 20-509			9. NAME OF FEDERAL AGENCY: Federal Transit Administration		
TITLE (Name of Program): non-Urbanized Area Formula					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Madison County, Florida			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Operation and management of coordinated transportation system		
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2014		Ending Date: 09/30/2015	a. Applicant Two (2)		b. Project Two (2)
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 110,880	00	a. Yes. X THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
b. Applicant	\$ 13,860	00	DATE: January 10, 2014		
c. State	\$ 13,860	00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.		
d. Local	\$	00	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	00	<input type="checkbox"/> Yes. If "Yes" attach an explanation.		
g. TOTAL	\$ 138,600	00	X No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Quentin		Middle Name:	
Last Name: Mitchell				Suffix:	
b. Title: Interim General Manager				c. Telephone Number (give area code) (850) 574-6266	
d. Signature of Authorized Representative: 				e. Date Signed: 1/6/2014	

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Standard Form 424 (Rev. 9/2003), Prescribed by OMB

PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE**

FORM B-1
TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE
EXPENSES

Name of Applicant: BIG BEND TRANSIT, INC. (Madison County)

State Fiscal period requesting funding for, from 10/01/2014 **to** 09/30/2015

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$368,826	\$368,826
Fringe and Benefits (502)	188,720	188,720
Services (503)	12,008	12,008
Materials and Supplies (504)	10,204	10,204
Vehicle Maintenance (504.01)	133,465	133,465
Utilities (505)	8,202	8,202
Insurance (506)	27,977	27,977
Licenses and Taxes (507)	430	430
Purchased Transit Service (508)	10,904	10,904
Miscellaneous (509)	6,310	6,310
Leases and Rentals (512)	9,667	9,667
Depreciation (513)	82,593	
TOTAL	\$859,306	\$776,713 (a)

SECTION 5310 GRANT REQUEST

Total FTA Eligible Expenses (from Form B-1, above)	\$ <u>776,713</u> (a)
Rural Passenger Fares (from Form B-2)	\$ <u>32,265</u> (b)
Operating Deficit [FTA Eligible Expenses (a) minus Rural Passenger Fares (b)]	\$ <u>744,448</u> (c)
Section 5310 Request (No more than 50% of Operating Deficit)	\$ <u>307,799</u> (d)
Grant Total All Revenues (from Form B-2)	\$ <u>307,799*</u> (e)

Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5310 Request (d) by that amount.

PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE****FORM B-2****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE REVENUES****Name of Applicant:** **BIG BEND TRANSIT, INC. (Madison County)****State Fiscal period requesting funding for, from** **10/01/2014 to 09/30/2015**

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total= \$32,265 Rural =\$32,265 (b)	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$32,265	\$
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)	436,649	307,799
Federal Cash Grants and Reimbursements (413)	307,799	
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	744,448	\$307,799
GRAND TOTAL ALL REVENUE	776,713	\$307,799 (e)

PART C**APPLIES TO ALL APPLICANTS FOR CAPITAL ASSISTANCE****FORM C-1****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE EXPENSES**Name of Applicant: **BIG BEND TRANSIT, INC. (Madison County)**State Fiscal period requesting funding for, from **10/01/2014** to **09/30/2015**

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$368,826
Fringe and Benefits (502)	188,720
Services (503)	12,008
Materials and Supplies (504)	10,204
Vehicle Maintenance (504.01)	133,465
Utilities (505)	8,202
Insurance (506)	27,977
Licenses and Taxes (507)	430
Purchased Transit Service (508)	10,904
Miscellaneous (509)	6,310
Leases and Rentals (512)	9,667
Depreciation (513)	82,593
TOTAL EXPENSE	\$859,306

FORM C-2**OPERATING and ADMINISTRATIVE REVENUES**

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	32,265
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$32,265
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	436,649
Federal Cash Grants & Reimbursements (413)	307,799
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$744,448
GRAND TOTAL ALL REVENUE	\$776,713

CAPITAL REQUEST FORM

VEHICLE REQUEST

GMIS Code (This column for FDOT use ONLY)	R or E (a)	Number requested	Description (b) (c) <u>www.tripsflorida.org</u>	Estimated Cost
11. __. __	R	2	23' GASOLINE WITH LIFT, 12 AMB SEATS, 2 WHEEL CHAIR POSITIONS	\$ 134,000
11. __. __				
11. __. __				
11. __. __				
11. __. __				
Sub-total				\$

EQUIPMENT REQUEST (c)

11. __. __		2	ANGELTRAX, 4 CHANNEL, 4 CAM , BASIC, DVR SYSTEM, 500GB	\$ 4,600
11. __. __				
11. __. __				
11. __. __				
Sub-total				\$138,600

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. Do not show the Make. For example, 22' gasoline bus with lift, 12 amb. seats, 2 w/c positions (due to the higher cost of diesel vehicles the applicant shall be required to pay the difference in cost over that of a gasoline vehicle).

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ 134,000 + EQUIPMENT SUBTOTALS \$ 4,600 = \$ 138,600

(x).

(x) X 80% = \$ 110,828 [Show this amount on Form 424 in block 15(a)]

REQUIRED

COVER LETTER

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

Big Bend Transit, Inc. (agency name) submits this Application for the Section 5311 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

Big Bend Transit, Inc. (agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this 10th day of January, 2014 with two (2) original resolutions or certified copies of the original resolution authorizing Shawn Mitchell, Interim General Manager to sign this Application.

Big Bend Transit, Inc.

By Shawn Mitchell Date: January 10, 2014

Title: Interim General Manager

1. TYPE OF SUBMISSION:		
Application - place an x in the box <input type="checkbox"/> construction <input checked="" type="checkbox"/> non-construction		Pre-application - place an x in the box <input type="checkbox"/> construction <input type="checkbox"/> non-construction
2. DATE SUBMITTED January 10, 2014		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION		
Legal Name: Big Bend Transit, Inc.		Organizational Unit:
Organizational DUNS: 11-432-8701		Department:
Address: Post Office Box 1721		Division:
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Tallahassee		Prefix: Mr. First Name: Quentin
County: Leon		Middle Name: Lashawn
State: Florida Zip Code 32302		Last Name: Mitchell
Country:		Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): (Replace these boxes with numerals) 59-1909296		Email: shawnmitch-bbt@comcast.net Phone Number (give area code) (850) 574-6266
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not for Profit Organization Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (Replace these boxes with numerals) 20-509		9. NAME OF FEDERAL AGENCY: Federal Transit Administration
TITLE (Name of Program): non-Urbanized Area Formula		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Operation and management of coordinated transportation system
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Madison County, Florida		14. CONGRESSIONAL DISTRICTS OF:
13. PROPOSED PROJECT Start Date: 10/01/2014 Ending Date: 09/30/2015		a. Applicant Two (2) b. Project Two (2)
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal	\$ 307,799	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION /APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$ 307,799	DATE: January 10, 2014
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372.
d. Local	\$	<input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income	\$ 243,708	<input type="checkbox"/> Yes. If "Yes" attach an explanation.
g. TOTAL	\$ 859,306	<input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix: Mr.	First Name: Quentin	Middle Name:
Last Name: Mitchell		Suffix:
b. Title: Interim General Manager		c. Telephone Number (give area code) (850) 574-6266
d. Signature of Authorized Representative:		e. Date Signed: 1/6/2014

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PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE**

FORM B-1
TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE
EXPENSES

Name of Applicant: **BIG BEND TRANSIT, INC. (Madison County)**

State Fiscal period requesting funding for, from **10/01/2014** **to** **09/30/2015**

EXPENSE CATEGORY	TOTAL EXPENSE	FTA ELIGIBLE EXPENSE
Labor (501)	\$368,826	\$368,826
Fringe and Benefits (502)	188,720	188,720
Services (503)	12,008	12,008
Materials and Supplies (504)	10,204	10,204
Vehicle Maintenance (504.01)	133,465	133,465
Utilities (505)	8,202	8,202
Insurance (506)	27,977	27,977
Licenses and Taxes (507)	430	430
Purchased Transit Service (508)	10,904	10,904
Miscellaneous (509)	6,310	6,310
Leases and Rentals (512)	9,667	9,667
Depreciation (513)	82,593	
TOTAL	\$859,306	\$776,713 (a)

SECTION 5311 GRANT REQUEST

Total FTA Eligible Expenses (from Form B-1, above) \$ 776,713 (a)

Rural Passenger Fares (from Form B-2) \$ 32,265 (b)

Operating Deficit \$ 744,448 (c)
 [FTA Eligible Expenses (a) minus Rural Passenger Fares (b)]

Section 5311 Request \$ 307,799 (d)
 (No more than 50% of Operating Deficit)

Grant Total All Revenues (from Form B-2) \$ 307,799* (e)

Note: If Grand Total Revenues (e) exceeds FTA Eligible Expenses (a), reduce the Section 5311 Request (d) by that amount.

PART B**APPLIES TO ALL APPLICANTS FOR OPERATING ASSISTANCE****FORM B-2****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE REVENUES****Name of Applicant: BIG BEND TRANSIT, INC. (Madison County)****State Fiscal period requesting funding for, from 10/01/2014 to 09/30/2015**

OPERATING REVENUE CATEGORY	TOTAL REVENUE	REVENUE USED AS FTA MATCH
Passenger Fares for Transit Service (401)	Total= \$32,265	
	Rural =\$32,265 (b)	
Special Transit Fares (402)		
School Bus Service Revenues (403)		
Freight Tariffs (404)		
Charter Service Revenues (405)		
Auxiliary Transportation Revenues (406)		
Non-transportation Revenues (407)		
Total Operating Revenue	\$32,265	\$
OTHER REVENUE CATEGORY		
Taxes Levied directly by the Transit System (408)		
Local Cash Grants and Reimbursements (409)		
Local Special Fare Assistance (410)		
State Cash Grants and Reimbursements (411)		
State Special Fare Assistance (412)	436,649	307,799
Federal Cash Grants and Reimbursements (413)	307,799	
Interest Income (414)		
Contributed Services (430)		
Contributed Cash (431)		
Subsidy from Other Sectors of Operations (440)		
Total of Other Revenue	744,448	\$307,799
GRAND TOTAL ALL REVENUE	776,713	\$307,799 (e)

PART C**APPLIES TO ALL APPLICANTS FOR CAPITAL ASSISTANCE****FORM C-1****TRANSPORTATION-RELATED OPERATING and ADMINISTRATIVE EXPENSES**Name of Applicant: **BIG BEND TRANSIT, INC. (Madison County)**State Fiscal period requesting funding for, from **10/01/2014** to **09/30/2015**

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$368,826
Fringe and Benefits (502)	188,720
Services (503)	12,008
Materials and Supplies (504)	10,204
Vehicle Maintenance (504.01)	133,465
Utilities (505)	8,202
Insurance (506)	27,977
Licenses and Taxes (507)	430
Purchased Transit Service (508)	10,904
Miscellaneous (509)	6,310
Leases and Rentals (512)	9,667
Depreciation (513)	82,593
TOTAL EXPENSE	\$859,306

FORM C-2**OPERATING and ADMINISTRATIVE REVENUES**

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	32,265
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$32,265
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	436,649
Federal Cash Grants & Reimbursements (413)	307,799
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$744,448
GRAND TOTAL ALL REVENUE	\$776,713

Form C-3

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a) Date of Inventory 1/06/2014 _____

Model Year (b)	Make/size/type (c)	FDOT Control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. Miles/Yr.	Current Mileage	Expected Retirement Date	Other Equipment (e)	Funding Source(f)
2008	CHEVY 23'	90246	Lift	12+2	23,000	113,092	4/01/2016		5310
2009	FORD PAS	80207	N/A	11AMB	10,000	41,681	8/27/2016		5310
2010	CHEVY 23'	80234	Lift	12+2	44,000	132,259	9/25/2015		5310
2010	CHEVY 23'	90266	Lift	12+2	48,000	143,394	8/15/2015		5310
2010	CHEVY 23'	90267	Lift	12+2	38,000	112,525	12/08/2016		5310
2010	CHEVY 23'	80233	Lift	12+2	43,000	127,638	8/25/2015		5310
2011	FORD 23'	90292	Lift	12+2	40,000	80,340	7/27/2016		5310
2013	FORD 23'	91218	Lift	12+2	14,000	13,895	8/12/2017		5310
2013	FORD PAS	91215	N/A	11AMB	10,000	9,886	3/30/2019		5310

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number if bought with grant through FDOT; otherwise, show last 5 or 6 digits of Vehicle Identification Number (VIN).

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

NOTE: Those requesting replacement vehicle(s), please identify the year the vehicle(s) were purchased. Explain need for sedans and

Form C-3

CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (a)

Date of Inventory 1/06/2014 _____

Model Year (b)	Make/size/type (c)	FDOT Control # and VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. Miles/Yr.	Current Mileage	Expected Retirement Date	Other Equipment (e)	Funding Source (f)
2008*	CHEVY 21'	TDTF	Lift	8+2	36,000	180,604	11/30/2014		5311

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number if bought with grant through FDOT; otherwise, show last 5 or 6 digits of Vehicle Identification Number (VIN).

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

NOTE: Those requesting replacement vehicle(s), please identify the year the vehicle(s) were purchased. Explain need for sedans and

All Applicants

EXHIBIT A-1 FACT SHEET

	CURRENTLY	IF GRANT IS AWARDED *
1. Number of one-way passenger trips.* PER YEAR	19,466	20,651
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR	1,393	1,478
3. Number of vehicles used for this service. ACTUAL	11	11
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)	10	10
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)	2	2
6. Vehicle Miles traveled. PER YEAR	348,000	352,176
7. Average vehicle miles PER DAY	1,210	1,226
8. Normal vehicle hours in operation. PER DAY	63	66
9. Normal number of days in operation. PER WEEK	6	7
10. Trip length (roundtrip). AVERAGE	18 Miles	18 Miles

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip

IV C.



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January 27, 2014

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\td2014\madison\memos\laor.docx

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

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Annual Operations Report

Section I: Face Sheet

County: Madison	Fiscal Year: July 1, 2013 - June 30, 2014
Report Date:	01/24/2014
Period Covered:	July 1, 2013 - June 30, 2014
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:	Partial Brokerage
Organization Type:	Private Non-Profit
CTC Certification:	
<p>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.</p>	
CTC Representative (signature)	
LCB Statement:	
<p>I, _____, as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.</p>	
LCB Signature	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>	

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Annual Operations Report

Section II: General Info

County: **Madison**

Fiscal Year: **July 1, 2013 - June 30, 2014**

Section II: Coordinated System General Information

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

Number of Private Non-Profits: 0

Number of Private For-Profits: 0

Public Entities:

School Board: 0

Municipality: 0

County: 0

Transit Authority: 0

Other: 0

Total: 0

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

0

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Annual Operations Report

Section III: Passenger Trip Info

County: Madison		Fiscal Year: July 1, 2013 - June 30, 2014	
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	0	0	0
Paratransit			
Ambulatory	0	0	0
Non-Ambulatory	0	0	0
Stretcher	0	0	0
Other Services			
School Board Trips	0	0	0
Total Trips	0	0	0
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?			0
2. One-Way Trips by Funding Source			
Agency for Health Care Administration	0		
Agency for Persons with Disabilities	0		
Agency for Workforce Innovation	0		
Commission for the Transportation Disadvantaged	0		
Department of Children and Families	0		
Department of Community Affairs	0		
Department of Education	0		
Department of Elder Affairs	0		
Department of Health	0		
Department of Juvenile Justice	0		

Florida Department of Transportation	0
Local Government	0
Local Non-Government	0
Other Federal Programs	0
Total:	0
3. One-Way Trips by Passenger Type	
Was this information obtained by sampling?	
Elderly	
Low Income:	0
Disabled:	0
Low Income and Disabled:	0
Other:	0
Children	
Low Income:	0
Disabled:	0
Low Income and Disabled:	0
Other:	0
Other	
Low Income:	0
Disabled:	0
Low Income and Disabled:	0
Other:	0
Total:	0
4. One-Way Passenger Trips - by Purpose	
Was this information obtained by sampling?	
Medical Purpose	0
Employment Purpose	0
Education/Training/Daycare Purpose	0
Nutritional Purpose	0
Life-Sustaining/Other Purpose	0
Total:	0
5. Unduplicated Passenger Head Count	
5a. Paratransit/Deviated Fixed Route/ School Brd	0
5b. Fixed Route	0

Total:		0
6. Number of Unmet Trip Requests		0
Unmet Trip Requests by Type of Trip		
Unmet Medical		0
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		0
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		0
Complaints by Vehicle		0
Complaints by Other		0
Complaint Total:		0
9. Commendations		
Commendations by CTC		0
Commendations by Transportation Providers		0

Commendations by Coordination Contractors	0
Total Commendations:	0

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Annual Operations Report

Section IV: Vehicle Info

County: Madison		Fiscal Year: July 1, 2013 - June 30, 2014	
Section IV: Vehicle Information			
1. Mileage Information			
	Vehicle Miles		Revenue Miles
CTC:	0		0
Transportation Providers:	0		0
Coordination Contractors:	0		0
School Bus Utilization Agreement:	0		0
Total:	0		0
2. Roadcalls			
	0		
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			
	0		
		Count	Percentage
a. Total vehicles that are wheelchair accessible:		0	0.00%
b. Total vehicles that are stretcher equipped:		0	0.00%

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Annual Operations Report

Section V: Employee Info

County: Madison	Fiscal Year: July 1, 2013 - June 30, 2014
Section V: Employee Information	
1. CTC and Transportation Provider 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
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:	0

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Annual Operations Report

Section VI: Revenue Sources

County: Madison		Fiscal Year: July 1, 2013 - June 30, 2014	
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	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
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.	\$0.00	\$0.00	\$0.00
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)	\$0.00	\$0.00	\$0.00
49 USC 5311 (Section 18)	\$0.00	\$0.00	\$0.00
49 USC 5311(f) (Section 18i)	\$0.00	\$0.00	\$0.00
Block Grant	\$0.00	\$0.00	\$0.00
Service Development	\$0.00	\$0.00	\$0.00
Commuter Assistance Program	\$0.00	\$0.00	\$0.00
Other DOT (Specify)	\$0.00	\$0.00	\$0.00
Local Government			
School Board Service	\$0.00	\$0.00	\$0.00
Complementary ADA Service	\$0.00	\$0.00	\$0.00
County Cash	\$0.00	\$0.00	\$0.00
County In-Kind	\$0.00	\$0.00	\$0.00
City Cash	\$0.00	\$0.00	\$0.00
City In-Kind	\$0.00	\$0.00	\$0.00
Other Cash (specify)	\$0.00	\$0.00	\$0.00
Other In-Kind (specify)	\$0.00	\$0.00	\$0.00
Local Non-Government			
Farebox	\$0.00	\$0.00	\$0.00
Donations, Contributions	\$0.00	\$0.00	\$0.00
In-Kind Services	\$0.00	\$0.00	\$0.00

Other Non-Government	\$0.00	\$0.00	\$0.00
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:	\$0.00	\$0.00	\$0.00

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Annual Operations Report

Section VII: Expense Sources

County: Madison		Fiscal Year: July 1, 2013 - June 30, 2014	
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$0.00	\$0.00	\$0.00
Fringe Benefits (502):	\$0.00	\$0.00	\$0.00
Services (503):	\$0.00	\$0.00	\$0.00
Materials and Supplies Cons. (504):	\$0.00	\$0.00	\$0.00
Utilities (505):	\$0.00	\$0.00	\$0.00
Casualty and Liability (506):	\$0.00	\$0.00	\$0.00
Taxes (507):	\$0.00	\$0.00	\$0.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$0.00	\$0.00	\$0.00
Miscellaneous (509):	\$0.00	\$0.00	\$0.00
Interest (511):	\$0.00	\$0.00	\$0.00
Leases and Rentals (512):	\$0.00	\$0.00	\$0.00
Annual Depreciation (513):	\$0.00	\$0.00	\$0.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$0.00	\$0.00	\$0.00

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%
VEHICLE UTILIZATION	Cost/Driver Hour	\$52.30	\$48.24	\$56.10	14.0%
	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%
SAFETY	Vehicle Hours/Vehicle	691	1,180	1,328	11.1%
	Number of Accidents	0	0	0	#DIV/0!
SERVICE AVAILABILITY	Accidents/100,000 Miles	0	0	0	#DIV/0!
	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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January 27, 2014

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

RECOMMENDATION

For information only. No action is required.

BACKGROUND

Attached information concerning Florida's Medicaid Managed Medical Assistance Program.

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

Attachment

t:\lynn\td2014\madison\memos\medicaidmanagedcare.docx

A Snapshot of the Florida Medicaid Managed Medical Assistance Program

Statewide Medicaid Managed Care (SMCC) Managed Medical Assistance Program (MMA)

- ❖ The Florida Medicaid program is implementing a new system through which Medicaid enrollees will receive services. This program is called the Statewide Medicaid Managed Care Managed Medical Assistance program.
- ❖ The Managed Medical Assistance program is comprised of several types of managed care plans
 - Health Maintenance Organizations
 - Provider Service Networks
 - Children's Medical Services Network
- ❖ Most Medicaid recipients must enroll in the MMA program.

Who is NOT required to participate?

- ❖ The following individuals are NOT required to enroll, although they may enroll if they choose to:
 - Medicaid recipients who have other creditable health care coverage, excluding Medicare
 - Persons eligible for refugee assistance
 - Medicaid recipients who are residents of a developmental disability center
 - Medicaid recipients enrolled in the developmental disabilities home and community based services waiver or Medicaid recipients waiting for waiver services

Who is NOT eligible to participate?

- ❖ The following individuals are NOT eligible to enroll:
 - Women who are eligible only for family planning services
 - Women who are eligible through the breast and cervical cancer services program
 - Persons who are eligible for emergency Medicaid for aliens
 - Children receiving services in a prescribed pediatric extended care center

When will the Managed Medical Assistance program begin?

- ❖ The Managed Medical Assistance Program is expected to begin in May 2014.
- ❖ The rollout schedule is as follows:

Rollout Schedule	
Regions	Enrollment Date
2, 3 and 4	May 1, 2014
5, 6 and 8	June 1, 2014
10 and 11	July 1, 2014
1, 7 and 9	August 1, 2014

What region am I in?

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

When will I be notified and be required to enroll?

- ❖ Approximately 60 days prior to each region's start date, eligible Medicaid recipients will receive a letter with information about the managed care plans in the region and information on how to enroll.
- ❖ Eligible recipients who must enroll will have a minimum of 30 days from the date they receive their welcome letter to choose from the plans available in their region.
- ❖ Enrollees will have 90 days after enrollment to change to a different plan if they so choose.

What MMA Standard (Non-Specialty) plans are available in my region?

	1	2	3	4	5	6	7	8	9	10	11
Amerigroup					X	X	X				X
Better Health	X					X				X	
Coventry											X
First Coast Advantage				X							
Humana	X					X			X	X	X
Integral						X		X			
Molina							X		X		X
Preferred Medical											X
Prestige		X	X		X	X	X	X	X		X
SFCCN										X	
Simply											X
Sunshine			X	X	X	X	X	X	X	X	X
United Health			X	X			X				X
Staywell		X	X	X	X	X	X	X			X

Note: Formal protest pending in Region 11 for MMA Standard plans.

What are MMA Specialty plans?

- ❖ Five companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition. These plans are tailored to meet the specific needs of the specialty population.
- ❖ Information on each specialty plan will be available in the choice counseling information provided in each region that the specialty plans are available.

What do I have to do to choose a Managed Medical Assistance plan?

- ❖ Choice counselors are available to assist recipients in selecting a plan that best meets their needs. This assistance will be provided by phone. In-person visits are also available by request for recipients with special needs.
- ❖ Recipients can also enroll online at: www.flmedicaidmanagedcare.com.



A Snapshot of the Florida Medicaid Managed Medical Assistance Program

Can I change my MMA plan once I make a selection?

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

What Medicaid covered services are provided under the Managed Medical Assistance program?

Minimum Covered Services	
Advanced registered nurse practitioner services	Medical supply, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birthing center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Podiatric services
Family planning services and supplies (some exception)	Physician services, including physician assistant services
Healthy Start Services (some exceptions)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	

What benefits not otherwise covered by Medicaid are available from MMA plans?

List of Expanded Benefits	Amerigroup	Better	Coventry	First Coast	Humana	Integral	Molina	Preferred	Prestige	SFCN	Simply	Staywell	Sunshine	United
Adult dental services	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult vision services	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y				Y		Y					Y	Y	
Equine therapy												Y		
Home health care for non-pregnant adults	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Medically related lodging & food		Y			Y		Y		Y			Y	Y	Y
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y			Y	Y		Y	Y		Y	Y	Y	Y
Outpatient hospital services	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Over the counter medication and supplies	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y	Y		Y				Y	Y	Y
Pneumonia vaccine	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Post-discharge meals	Y	Y			Y	Y	Y	Y				Y	Y	Y
Prenatal/Perinatal visits	Y	Y			Y	Y	Y	Y	Y		Y	Y	Y	Y
Primary care visits for non-pregnant adults	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y		Y					Y	Y	Y
Waived co-payments	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

NOTE: Details regarding scope of covered benefit may vary by managed care plan.

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

- ❖ The new plan is required to continue existing services for up to 60 days, OR until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.

What providers will be included in the Managed Medical Assistance plans?

- ❖ Managed Medical Assistance plans may limit the providers in their networks based on credentials, quality indicators, and price but they must include the following statewide essential providers:

Statewide MMA Program Required Essential Network Providers	
Faculty Plans of Florida Medical Schools	Regional Perinatal Intensive Care Centers (RPICCS)
Specialty Children's Hospitals	Health Care Providers serving Medically Complex Children, as determined by the State.

- ❖ Plans must have a sufficient provider network to serve the needs of their plan enrollees, as determined by the State.

Additional Qualified Providers Under the MMA Program Include:	
Anesthesiologists	Cardiologists
Cardiovascular Surgeons	Chiropractors
Dermatologists	Endocrinologists
Gastroenterologists	General Dentists
General Surgeons	Infectious Diseases
Midwives	Nephrologists
Neurologists	Neurosurgeons
Obstetrics/Gynecologists	Oncologists
Ophthalmologists	Optometrists
Oral Surgeons	Orthodontists
Orthopedic Surgeons	Otolaryngologists
Pathologists	Pediatric Primary Care Providers and Specialists
Podiatrists	Pedodontists
Pulmonologists	Rheumatologists
Therapists	Urologists
Pharmacies	Board Certified or Board Eligible Psychiatrists
Licensed Practitioners of the Healing Arts	Inpatient Substance Abuse Detoxification Units
Fully Accredited Psychiatric Community Hospitals or Crisis Stabilization Units (CSU)/ Freestanding Psychiatric Specialty Hospitals	

Where can I find more information?

- ❖ Visit our SMMC website at: <http://ahca.myflorida.com/SMMC>
- ❖ Email questions about the program to: FLMedicaidManagedCare@ahca.myflorida.com
- ❖ Keep up to date by signing up to receive program updates at <http://ahca.myflorida.com/SMMC>. Click the red "Sign Up for Program Updates" box on the right hand side of the page.

Statewide Medicaid Managed Care Managed Medical Assistance Program Update

Beth Kidder

Assistant Deputy Secretary for Medicaid Operations

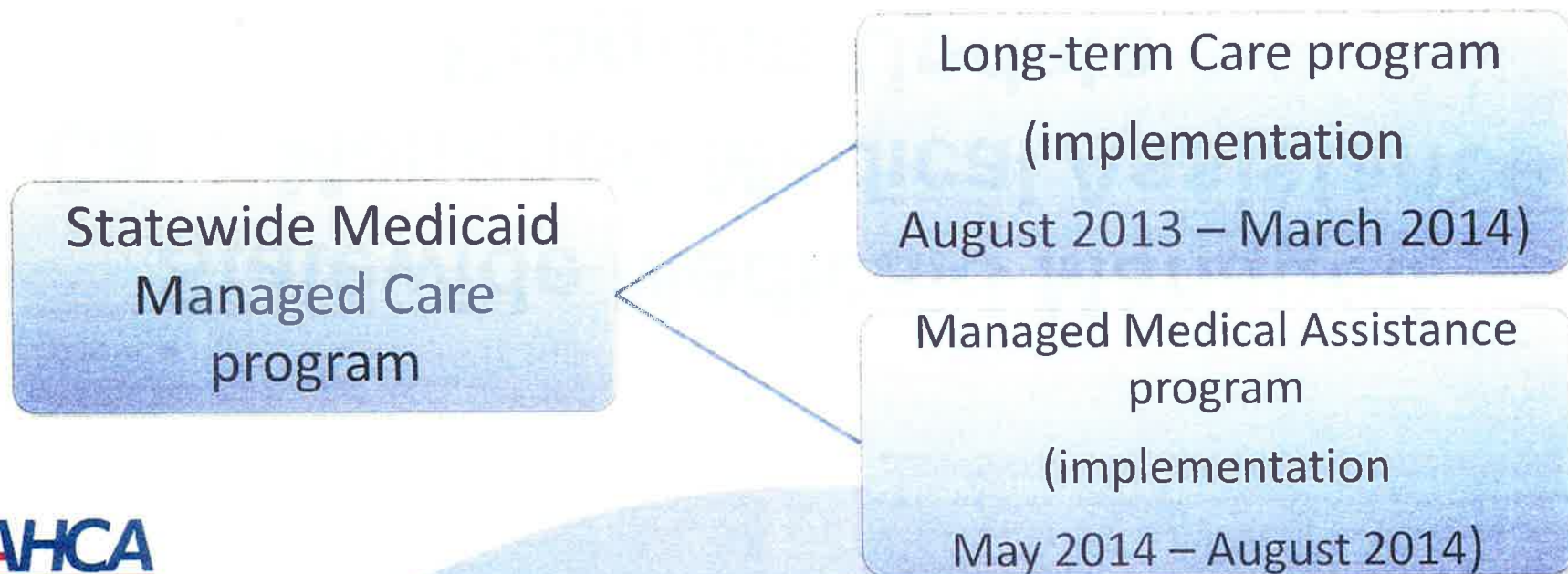
Agency for Health Care Administration

Presented to the KidCare Coordinating Council

December 6, 2013

Why are changes being made to Florida's Medicaid program?

- Because of the Statewide Medicaid Managed Care program, the Agency is changing how a majority of individuals receive most health care services from Florida Medicaid.



The MMA program does not/is not:

- The program **does not** limit medically necessary services.
- The program **is not** linked to changes in the Medicare program and does not change Medicare benefits or choices.
- The program **is not** linked to National Health Care Reform, or the Affordable Care Act passed by the U.S. Congress.
 - It does not contain mandates for individuals to purchase insurance.
 - It does not contain mandates for employers to purchase insurance.
 - It does not expand Medicaid coverage or cost the state or federal government any additional money.

Who WILL NOT participate?

- The following groups are excluded from the MMA program:
 - Individuals eligible for emergency services only due to immigration status;
 - Family planning waiver eligibles;
 - Women eligible due to having breast or cervical cancer; and
 - Children receiving services in a prescribed pediatric extended care facility (PPEC)

Who WILL NOT participate?

Prescribed Pediatric Extended Care (PPEC)

- Children receiving PPEC services will be disenrolled from their plan as regional roll out occurs beginning on May 1, 2014.
- Children receiving PPEC services enrolled in Children's Medical Services (CMS) will be disenrolled from CMS statewide on August 1, 2014.

Who MAY participate?

- The following individuals may choose to enroll:
 - Individuals who have other creditable health care coverage, excluding Medicare;
 - Individuals age 65 and over residing in a mental health treatment facility meeting the Medicare conditions of participation for a hospital or nursing facility;
 - Individuals in an intermediate care facility for individuals with intellectual disabilities; and
 - Individuals with developmental disabilities enrolled in the home and community based waiver pursuant to state law, and Medicaid recipients with a DD diagnosis on the DD waiting list.

Children's Health Insurance Program (CHIP) Transition

- The Affordable Care Act increased the minimum eligibility level for participation in the Medicaid program for children from ages 6 through 18 from 100% to 133% of the Federal poverty level.

States must:

- Enroll all new applicants, including both insured and uninsured children, within this age and income group into Medicaid state plan coverage; and
- Transition uninsured children within this age and income group currently enrolled in a separate CHIP into Medicaid state plan coverage.

Children's Health Insurance Program (CHIP) Transition

- The Centers for Medicare and Medicaid Services has approved these children to transition to Medicaid on August 1, 2014
 - This is after the roll-out of the SMMC program.
- These children must enroll in a Managed Medical Assistance plan.

Managed Medical Assistance Services

Minimum Required Covered Services: Managed Medical Assistance Plans	
Advanced registered nurse practitioner services	Medical supplies, equipment, prostheses and orthoses
Ambulatory surgical treatment center services	Mental health services
Birth center services	Nursing care
Chiropractic services	Optical services and supplies
Dental services	Optometrist services
Early periodic screening diagnosis and treatment services for recipients under age 21	Physical, occupational, respiratory, and speech therapy
Emergency services	Physician services, including physician assistant services
Family planning services and supplies (some exception)	Podiatric services
Healthy Start Services (some exception)	Prescription drugs
Hearing services	Renal dialysis services
Home health agency services	Respiratory equipment and supplies
Hospice services	Rural health clinic services
Hospital inpatient services	Substance abuse treatment services
Hospital outpatient services	Transportation to access covered services
Laboratory and imaging services	

Expanded Benefits

List of Expanded Benefits	Amerigroup	Better	Coventry	First Coast	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Staywell	Sunshine	United
Adult dental services (Expanded)	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adult hearing services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Adult vision services (Expanded)	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Art therapy	Y				Y		Y					Y	Y	
Equine therapy												Y		
Home health care for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y
Influenza vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y
Medically related lodging & food		Y			Y		Y		Y		Y	Y	Y	
Newborn circumcisions	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Nutritional counseling	Y	Y			Y	Y		Y	Y		Y	Y	Y	
Outpatient hospital services (Expanded)	Y	Y			Y		Y	Y	Y		Y	Y	Y	Y
Over the counter medication and supplies	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Pet therapy					Y		Y					Y		
Physician home visits	Y	Y			Y		Y		Y		Y	Y	Y	Y
Pneumonia vaccine	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y	Y
Post-discharge meals	Y	Y			Y	Y	Y	Y			Y	Y	Y	Y
Prenatal/Perinatal visits (Expanded)	Y	Y			Y	Y	Y	Y	Y		Y	Y	Y	Y
Primary care visits for non-pregnant adults (Expanded)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Shingles vaccine	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y
Waived co-payments	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
NOTE: Details regarding scope of covered benefit may vary by managed care plan.														

Where will recipients receive services?

- Several types of health plans will offer services through the MMA program:
 - Standard Health Plan
 - Health Maintenance Organizations
 - Provider Service Networks
 - Specialty Plans
 - Comprehensive Plans
 - Children's Medical Services Network
- MMA plans were selected through a competitive bid for each of 11 regions of the state.

Managed Medical Assistance Program Implementation

- The Agency selected 14 companies to serve as general, non-specialty MMA plans.
- Five companies were selected to provide specialty plans that will serve populations with a distinct diagnosis or chronic condition.
 - Tailored to meet the specific needs of the specialty population.
- The MMA plans are contracted with the Agency to provide services for 5 years.

Plans Selected for Managed Medical Assistance Program Participation (Standard Plans)

Note: Formal protest pending in Region 11 for MMA Standard Plans

Region	MMA Plans													
	Amerigroup	Better Health	Coventry	First Coast Advantage	Humana	Integral	Molina	Preferred	Prestige	SFCCN	Simply	Sunshine State	United Healthcare	Staywell
1		X			X									
2									X					X
3									X			X	X	X
4				X								X	X	X
5	X								X			X		X
6	X	X			X	X			X			X		X
7	X						X		X			X	X	X
8						X			X			X		X
9					X		X		X			X		
10		X			X					X		X		
11	X		X		X		X	X	X		X	X	X	X

Specialty Plans

- A specialty plan is a managed care plan that serves Medicaid recipients who meet specified criteria based on age, medical condition, or diagnosis.
- When a specialty plan is available to accommodate a specific condition or diagnosis of a recipient, the Agency will assign the recipient to that plan.

Plans Selected for Managed Medical Assistance Program Participation (Specialty Plans)

Region	MMA Plans							
	Positive Healthcare Florida	Magellan Complete Care	Freedom Health, Inc.	Freedom Health, Inc.	Freedom Health, Inc.	Freedom Health, Inc.	Clear Health Alliance	Sunshine State Health Plan, Inc.
	HIV/AIDS	Serious Mental Illness	Cardiovascular Disease	Chronic Obstructive Pulmonary Disease	Congestive Heart Failure	Diabetes	HIV/AIDS	Child Welfare
1							X	X
2		X					X	X
3			X	X	X	X	X	X
4		X						X
5		X	X	X	X	X	X	X
6		X	X	X	X	X	X	X
7		X	X	X	X	X	X	X
8			X	X	X	X	X	X
9		X	X	X	X	X	X	X
10	X	X	X	X	X	X	X	X
11	X	X	X	X	X	X	X	X

Child Welfare Specialty Plan

- Children enrolled in this plan will receive their care through an integrated delivery system, with close coordination between physical and behavioral health care providers.
- Eligible children will be enrolled in the child welfare specialty plan when their region goes live (see slide 21).
- Sunshine State Health Plan will operate the child welfare specialty plan.

Comprehensive Plan

- Comprehensive plans are managed care plans that offer both Long-term Care and Acute Care services.

Children's Medical Services Network

- Children's Medical Services is the statewide managed care plan for children with special healthcare needs.
- Enrollment into the Children's Medical Services plan will occur statewide on August 1, 2014.
- Children currently enrolled in Title XXI CMS will transition to Title XIX CMS statewide plan on August 1, 2014, if family income is under 133% of the federal poverty level (see slide 7).

Managed Medical Assistance Program Roll Out Schedule

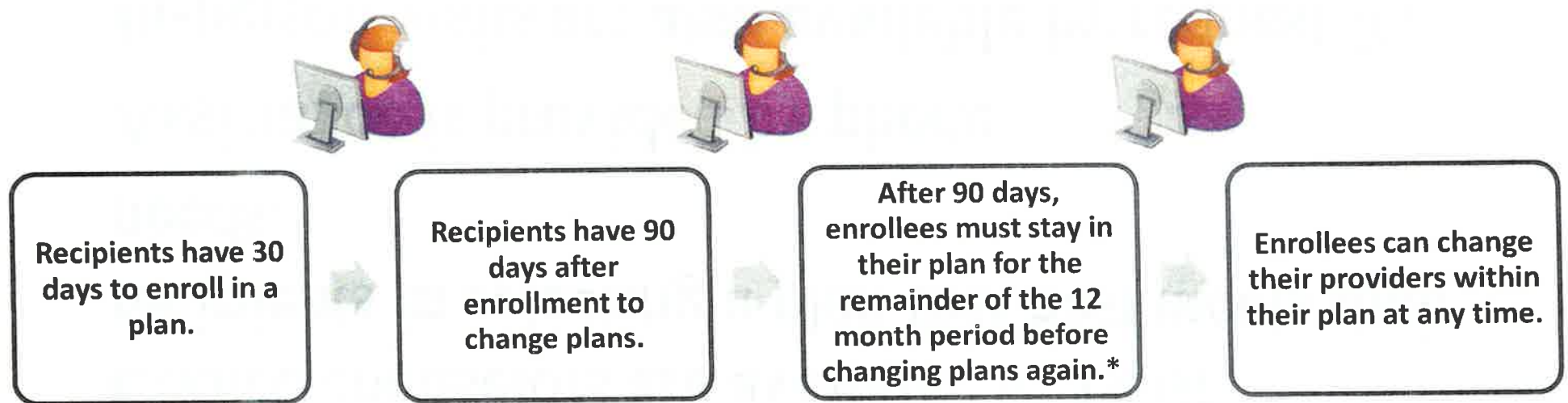
Proposed Implementation Schedule	
Regions	Proposed Enrollment Date
2, 3 and 4	May 1, 2014
5, 6 and 8	June 1, 2014
10 and 11	July 1, 2014
1, 7 and 9	August 1, 2014

When will recipients be notified and be required to enroll?

- Approximately 60 days prior to each region's start date, eligible Medicaid recipients will receive a letter with enrollment information, including information on how to enroll.
- Eligible recipients who must enroll will have a minimum of 30 days from the date they receive their welcome letter to choose from the plans available in their region.

What is the process for enrolling in an MMA plan?

- Recipients are encouraged to work with a choice counselor to choose the plan that best meets their needs.



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

What do recipients have to do to choose an MMA plan?

- Choice counselors are available to assist recipients in selecting a plan that best meets their needs.
- Assistance is provided by phone.
- In-person visits are also available by request for recipients with special needs.
- Recipients can also enroll online at:
www.flmedicaidmanagedcare.com.

Will a recipient's health plan continue the services recipients are currently receiving?

- The new MMA plan is required to authorize and pay for existing services for up to 60 days
OR
until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.

Other Components of MMA: Physician Pay Increase

- MMA plans are expected to coordinate care, manage chronic disease, and prevent the need for more costly services.
- This efficiency allows plans to redirect resources to increase compensation for physicians.
- Plans must increase physician payment until rates equal or exceed Medicare rates for similar services.
 - The Agency may impose fines or other sanctions including liquidated damages on a plan that fails to meet this performance standard after 2 years of continuous operation. (Section 409.967(2)(a), F.S.)

Other Components of MMA:

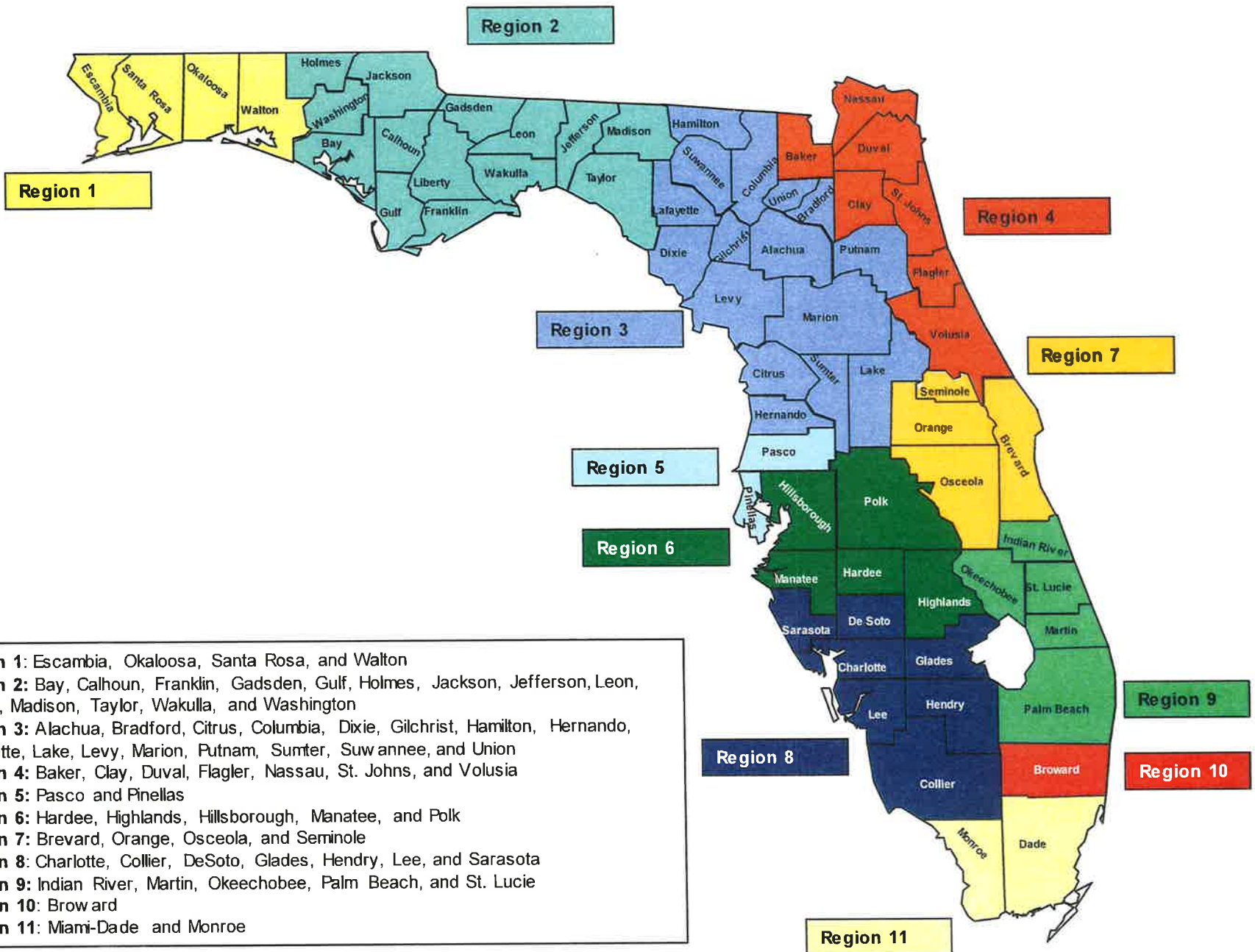
Achieved Savings Rebate

- Allows for income sharing between the MMA plan and the state, and is calculated by applying the following income sharing ratios:
 - 100% of income up to 5% of revenue is retained by the plan.
 - 50% of income 6% - 10% of revenue is retained by the plan, and the other 50% refunded to the state.
 - 100% of income above 10% of revenue shall be refunded to the state.
- Plans that exceed Agency-defined quality measures during a reporting period may retain an additional 1% of revenue.

For More Information

- Updates about the Statewide Medicaid Managed Care program are posted at:
<http://ahca.myflorida.com/SMMC>
 - Upcoming events and FAQs can be found on the “News and Events” tab
 - Sign up to receive program updates by clicking the red “Sign Up for Program Updates” box
- Questions about the program can be emailed to:
FLMedicaidManagedCare@ahca.myflorida.com

Statewide Medicaid Managed Care Region Map



IV.E.



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Alachua • Bradford
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January 27, 2014

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. Big Bend Transit Operations Reports; and
2. Medicaid Non-Emergency Transportation Program Encounter Data Report.

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

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.

**BIG
BEND
TRANSIT, INC**

MADISON COUNTY RIDERSHIP REPORT

QUARTERLY REPORT

OCTOBER 2013 – DECEMBER 2013

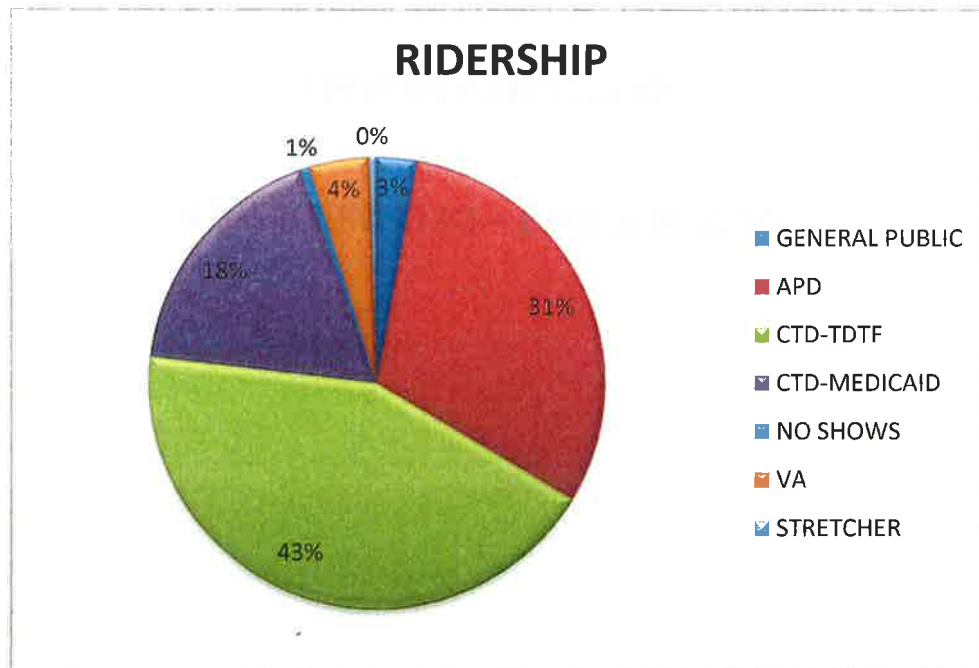
COMMUNITY TRANSPORTATION QUARTERLY REPORT

(OCTOBER 2013 – DECEMBER 2013)

Number of Trips Provided From All Funding Sources

During this reporting period BBT scheduled a total 3,707 trips.

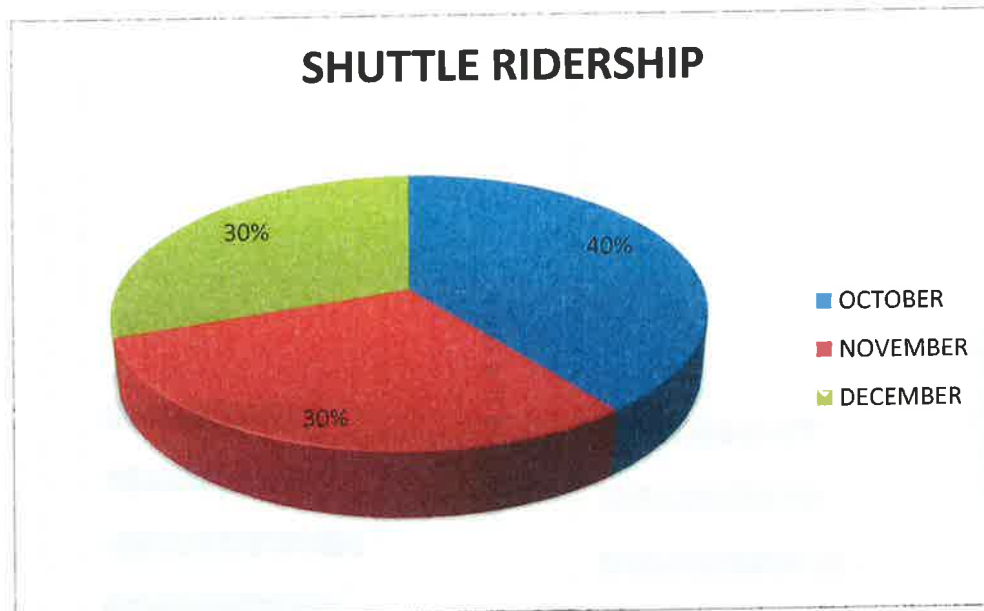
SOURCES	OCTOBER	NOVEMBER	DECEMBER	TOTAL
GENERAL PUBLIC	39	70	89	198
APD	418	323	348	1089
CTD-TDTF	588	463	466	1,517
CTD-MEDICAID	242	225	219	686
NO SHOWS	8	6	4	18
VA	58	43	42	143
STRETCHER	7	2	2	11
TOTAL	1,360	1,132	1,170	3,662



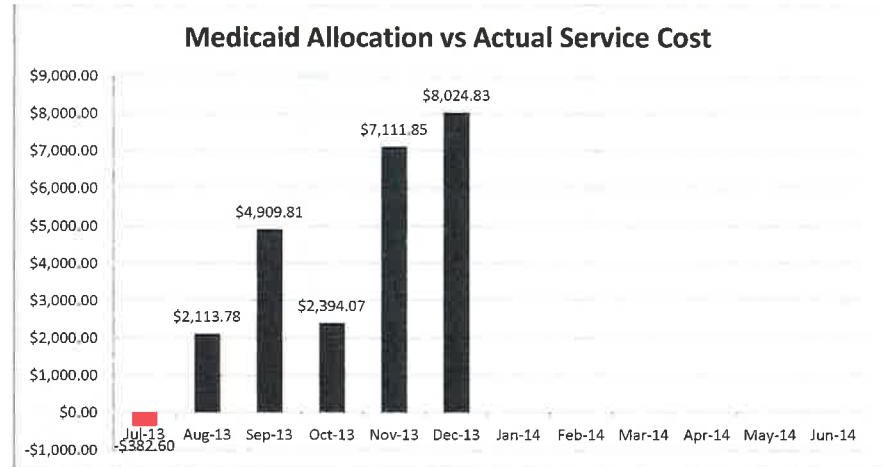
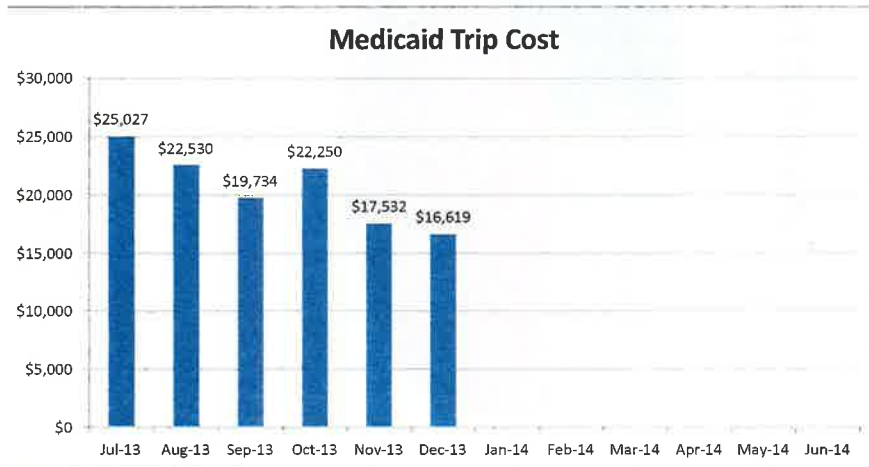
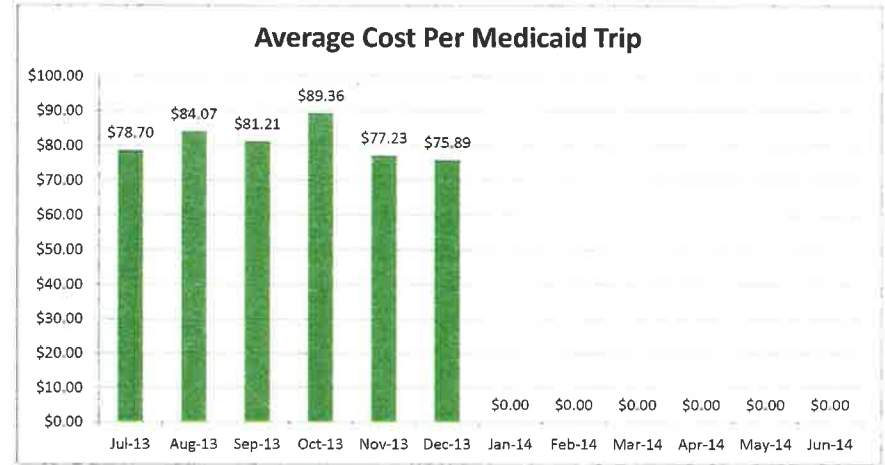
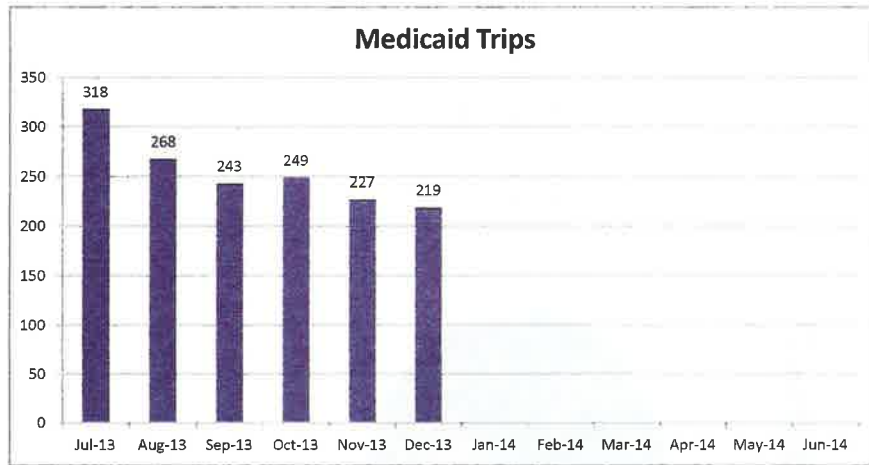
NUMBER OF COMPLAINTS RECEIVED (0)

"IN TOWN SHUTTLE REPORT"

OCTOBER	NOVEMBER	DECEMBER	TOTAL
327	249	248	824



**MADISON COUNTY
MEDICAID ENCOUNTER DATA REPORTS
JULY 2013 - JULY 2014**



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

**MADISON COUNTY
UNMET TRANSPORTATION NEEDS
OCTOBER - DECEMBER 2013**

REASON FOR TRIP DENIAL	NUMBER OF TRIP DENIALS
Lack of Funding	0
Trip Purpose	0
Out of Service Area Trip	0
Insufficient Advance Notice	2
After Hours Trip Request	0
Weekend Trip Request	0
Other	0
TOTALS	2

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ATTENDANCE RECORD

MADISON COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD

MEMBER/ORGANIZATION	NAME	2/4/13	5/6/13	9/9/13	12/2/13
Chair	Commissioner Ronnie Moore	P	P	P	P
Florida Department of Transportation	Sandra Collins	P	P	A	P
Alternate Member	Janell Damato	A	A	A	A
Florida Department of Children and Families	Karen Page	P	A	A	A
Alternate Member	(Vacant)	A	A	Bonita Hart	
Florida Agency for Health Care Administration	Faye Basiri	P	P	P	P
Alternate Member	(Vacant)				
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	A	P	A
Alternate Member	Cindy Hutto		P	A	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	A	P	A	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	P
Alternate Member	(Vacant)				
Regional Workforce Board	Sheryl Rehberg	A	P	P	A
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."

