

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: GOOD WHEELS, INC.

COUNTY (IES): GLADES & HENDRY

ADDRESS: 10075 BAVARIA ROAD FORT MYERS, FL 33913

CONTACT: TOM NOLAN **PHONE:** 239-768-7190

REVIEW PERIOD: FY **REVIEW DATES:** 2-6-2014

PERSON CONDUCTING THE REVIEW: NICHOLE GWINNETT, RON STEPHENS,
MARY BARTOSHUK, NANCY ACEVEDO

CONTACT INFORMATION: NICHOLE GWINNETT, SWFRPC 239-338-2560

LCB EVALUATION WORKBOOK

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REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- | | | | | | |
|--------------------------|-----------------------------|----------|----------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | APR Data Pages | X | QA Section of TDSP | X | Last Review (Date: <u>2/7/12</u>) |
| X | List of Omb. Calls | X | QA Evaluation | <input type="checkbox"/> | Status Report (from last review) |
| X | AOR Submittal Date | X | TD Clients to Verify | X | TDTF Invoices |
| X | Audit Report Submittal Date | | | | |

ITEMS TO REVIEW ON-SITE:

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

ITEMS TO REQUEST:

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

INFORMATION OR MATERIAL TO TAKE WITH YOU:

- | | | | |
|----------|----------------|--------------------------|------------|
| X | Measuring Tape | <input type="checkbox"/> | Stop Watch |
|----------|----------------|--------------------------|------------|

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT: **X** RURAL URBAN

2. ORGANIZATION TYPE: PRIVATE-FOR-PROFIT
 X PRIVATE NON-PROFIT
 GOVERNMENT
 TRANSPORTATION AGENCY

3. NETWORK TYPE: SOLE PROVIDER
 X PARTIAL BROKERAGE
 COMPLETE BROKERAGE

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

Community Transportation, PO Box 452, Clewiston, FL 33440
Ms. Annette Mizelle

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:
Hendry-Glades Mental Health Clinic, Inc. Contact: Joseph Hosick, Executive Director
601 W. Alverde Avenue
Clewiston, FL 33440 Phone: (863) 983-1423

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

Name of Agency	% of Trips	Name of Contact	Telephone Number
AHCA	17.51	John Irvine	850-410-5712
TD Trust Fund (CTD)	12.70	John Irvine	850-410-5712
APD	19.77	Jeff Smith	239-338-1370
FDOT	46.73	Deb Stephens	239-461-4300

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

	Number of calls	Closed Cases	Unsolved Cases
Cost	0	0	0
Medicaid	0	0	0
Quality of Service	0	0	0
Service Availability	0	0	0
Toll Permit	0	0	0
Other	0	0	0

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC: May 21, 2013 CTD Meeting
2. WHAT IS THE COMPLAINT PROCESS? Customers may fill out form or provide input. (Form in TDSP) Deb Heck forwards to Rob Bowman. He researches and resolves. If it needs to go higher, Rob Bowman forwards to Tom Nolan. All complaints are tabulated by type of problem and funding agency.

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

Is the process being used? X Yes No

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

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

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

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

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?
X Yes No

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?
Problems are resolved before they get to this level. Phone numbers are posted in buses and brochures.

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL COMPLAINT FILE/PROCESS?
X Yes No

If no, what is done with the complaint? It is counted as a TD Ombudsman call and is reviewed, researched, and resolved.

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?
X Yes No If yes, what type? Brochure and passenger guides, and Facebook.

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
 X Yes No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
 X Yes No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?
 The TD riders/beneficiaries are notified through a letter of approval. Everyone is required to complete a form entitled "Transportation Disadvantaged and/or Medicaid Transportation Determination Form" which is submitted to Good Wheels for processing and approval.

Please Verify These Passengers Have an Eligibility Application on File:

TD Eligibility Verification			
Name of Client	Address of client	Date of Ride	Application on File?
Not provided for privacy.	Not provided for privacy.	7/9/12	Y
Not provided for privacy.	Not provided for privacy.	9/5/12	Y
Not provided for privacy.	Not provided for privacy.	9/27/12	Y
Not provided for privacy.	Not provided for privacy.	7/11/12	Y
Not provided for privacy.	Not provided for privacy.	12/19/12	Y

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM? Good Wheels began using Facebook in FY12/13 as a means to promote its services.
14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED? Good Wheels feels that coordination could be improved if Medicaid were to stay in the coordinated system.
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM? The main barrier to coordination is the upcoming departure of Medicaid services. This will fragment the coordinated system and cause confusion and disruption to the passengers.
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH? Good Wheels requests that the Commission for the Transportation Disadvantaged seek additional TD Trust Fund funding to be distributed to the CTCs as the Medicaid funds are removed by AHCA.

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

The Agency for Health Care Administration (AHCA) could work more closely with the Commission for the Transportation Disadvantaged to keep the Medicaid program in the coordinated system and reduce fragmentation of this service.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

Brochures, Facebook page (FB). Planning agency announces it on its print media. Not a very high return on investment of time.

GENERAL QUESTIONS

Findings:

Recommendations:

Have brochures available in both English and Spanish for distribution (hospitals, physician offices, community organizations, etc.)

Advertising and education is very important.

Have a plaque posted in the buses/vans or brochure listing the co-pay of TD and Medicaid trips.

Mr. Bowman of Good Wheels stated that the brochures were placed in the following locations:

LaBelle – Hendry-Glades Medical Center

Clewiston Medical Center

Moore Haven – Medical Clinic

Health Department in LaBelle

COMPLIANCE WITH CHAPTER 427, F.S.

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

REPORTING TIMELINESS

Were the following items submitted on time?

- | | | | | |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|----|
| a. Annual Operating Report | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Any issues that need clarification? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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

List:

- | | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| b. Memorandum of Agreement | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Transportation Disadvantaged Service Plan | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Grant Applications to TD Trust Fund | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. All other grant application (____%) <input type="checkbox"/> | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:
None

COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

An annual audit (review) was conducted in June 2013.

Is a written report issued to the operator? X Yes No

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

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

No official monitoring is conducted. Issues are discussed and addressed as they come up. If something needs to be done in writing, it would be.

Is a written report issued? X Yes No

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

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

Good Wheels works with the contractor to resolve any issues.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? X Yes No

ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.

COMPLIANCE WITH CHAPTER 427, F.S.

Review the TDSP to determine the utilization of school buses and public transportation services [Chapter 427.0155(4)]

“Approve and coordinate the utilization of school bus and public transportation services in accordance with the TDSP.”

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

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

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

N/A

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

Yes No

If YES, what is the goal? 2.2% to be placed with the fixed-route.

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments:

TDSP Pg 48 #41-2.006(4)(u) has a goal of 2.2% to be placed with the fixed-route system. The Clew-Belle route is a deviated fixed route. (Please fix this typo TDSP and provide clarity on the goals.)

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

X Yes No

If Yes, describe the application review process.

The grant applicants provide their FTA 5310 and FTA 5311 applications to the Planning Agency, who provides them to the LCB for review for coordination purposes. The CTC provides input to the LCB on whether the grant applications would further the goals of coordination. (If approved, would this assist the CTC in providing services in the service area, or not).

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

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

 Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? X Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

Review priorities listed in the TDSP, according to Chapter 427.0155(7).

“Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies.”

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

Good Wheels explained the QA Section to the committee.

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

The priorities are ranked as follows:

1. Medical
2. Nutritional
3. Employment
4. Social Service Agency
5. Personal Business
6. Recreation

However, Good Wheels only has enough TD Trust Funds to cover medical trips. The TDTF funds are allocated in a monthly spending plan. Trips are scheduled based on route efficiency and seating availability and available funds.

HOW ARE THESE PRIORITIES CARRIED OUT?

- When the passenger applies for service.
- Letter sent indicating medical trips only.
- When a trip is requested.
- Scheduling checks destination to make sure it is a medical destination.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? X Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:

Office Hours: 8:00 AM to 5:00 PM - Monday thru Friday

General Service: 5:00 AM to 8:00 PM – Monday thru Saturday

Demand Response: 6:00 AM to 6:30 PM – Monday thru Friday

2. Hours of Intake:

7:00 AM to 5:00 PM – Monday thru Friday

3. Provisions for After Hours Reservations/Cancellations?

Phone numbers are provided to call. There is an 800 – number and a local number for Fort Myers. BlueBird provides after-hours dispatch.

4. What is the minimum required notice for reservations?

Before noon the day before the trip

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

72 hours for Medicaid

IS THE CTC IN COMPLIANCE WITH THIS SECTION? **X** Yes No

Comments:

COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

There was a seat for WAGES on the LCB, but it is vacant.

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

NA

IS THE CTC IN COMPLIANCE WITH THIS SECTION? x Yes No

Comments:

The Glades-Hendry LCB appointed a member and alternate for WAGES at their December 2013 meeting.

Committee stated that Good Wheels was doing a great job.

CHAPTER 427

Findings:

Recommendations:

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

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

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

\$100,000/\$300,000

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

\$100,000/\$300,000

HOW MUCH DOES THE INSURANCE COST (per operator)?

Operator	Insurance Cost
Community Transportation	\$4,473.41

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

Yes No

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

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

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

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

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: August 2011

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments:

Good Wheels stated that the two drivers with “No Doc.” Listed under ADA training did complete ADA training, but unable to locate the proper documentation.

Under the “Other” column lists dates for Blood Borne Pathogens Training.

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

	CTC	CC #1	CC #2	CC #3	CC #4
Flat contract rate (s) (\$ amount / unit)	0	0			
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)	0	0			
Special or unique considerations that influence costs?					
Explanation:					

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No

(Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)	0				
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)	0				
Special or unique considerations that influence costs?					
Explanation:					

- IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

Recommendations:

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

Compliance with Commission Standards
"...shall adhere to Commission approved standards..."

Review the TDSP for the Commission standards.

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	A local toll free number is posted in all the buses and is on the brochures. It is (800) 741-1570
Vehicle Cleanliness	All vehicles are cleaned inside and out on a regular schedule.
Passenger/Trip Database	For each passenger transported within the coordinated system, the CTC collects in its database passenger's name, address, telephone number, funding source(s), eligibility, and other special requirements.
Adequate seating	Vehicle seating does not exceed the manufacturer's recommended capacity.
Driver Identification	All drivers have a photo ID badge. All drivers greet passengers.
Passenger Assistance	Drivers provide boarding assistance, if requested. Assistance may include holding hands or allowing a passenger to hold an arm; opening the vehicle door; fastening seatbelt or securing the wheelchair; storage of mobility assistive devices; and closing the vehicle door. Drivers do not move wheel chair up or down steps; only ramps are used.
Smoking, Eating and Drinking	Smoking is not allowed. Neither is eating or drinking.
Two-way Communications	Good Wheels amended its Wireless Communications Plan on 10/11/2013 in order to be in compliance with the Department of Transportation's Rule 14-90.004 (FAC) and Florida Ban on Texting While Driving Law" which went into effect October 1, 2013. All drivers signed the document, but this activity is outside the evaluation period.
Air Conditioning/Heating	All vehicles are equipped with A/C and heating systems.

Commission Standards	Comments
Billing Requirements	The CTC pays its carriers on the 15 th and 30 th of each month. These are NOT partial payments, but payments do run 45 days behind. For examples, on August 30 th they are paid for all trips found to be eligible from June 16 th to June 30 th .

COMMISSION STANDARDS

Findings:

Recommendations:

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

Compliance with Local Standards

"...shall adhere to Commission approved standards..."

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	Escorts are transported at no additional charge, as long as they are picked up and dropped off with the passenger. The need for an escort is determined in advance of the trip. "Traveling companion" is not same as an escort. An escort is who must be picked up/dropped off at places other than the passenger, is not an escort, that's a regular trip.
Use, Responsibility, and cost of child restraint devices	All passengers under the age of 5 or under 45 pounds must use a child restraint device. These must be provided by the parent/guardian or by Good Wheels upon arrangement.
Out-of-Service Area trips	Out of county trips must be verified by contacting the passenger's Medicaid provider.
CPR/1st Aid	All drivers are training in First Aid every two years. All vehicles are equipped with a First Aid Kit. All drivers are trained in CPR every two years.
Driver Criminal Background Screening	All drivers in the coordinated system have "favorable" FDLE background, according to Department of Children and Families policies and procedures.
Rider Personal Property	Passenger personal property that can be carried onto the bus in one trip by the passenger or the driver and that can be safely stowed on the vehicle is permitted.
Advance reservation requirements	There will be a minimum 24 hour notice requirement for all trips scheduled within the coordinated system. (72 business hours for Medicaid trips.) Non-Medicaid reservations must be made before noon the day before the requested trip. Passengers with an urgent need to travel should call the CTC. Same day trip requests cannot be guaranteed, however, the CTC will attempt to assist the passenger.
Pick-up Window	Passengers are not given a set pick-up time. Instead, they are told to be ready for their ride to arrive up to an hour before their APPOINTMENT time. The CTC may negotiate special pick-up arrangements with the customer, in advance, as the situation dictates. Passengers will be dropped off at their appointment before the appointment with certain exceptions negotiated in advance. Passengers can expect their return trip to take up to 90 minutes from the time they are seated on the vehicle.

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>
Public Transit Ridership	CTC	CTC	
	Operator A - 2.2%	Operator A - 35%	Yes
	Operator B	Operator B	
	Operator C	Operator C	
On-time performance	CTC	CTC	
	Operator A - 85%	Operator A	Yes
	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC	CTC	
	Operator A - 1104	Operator A - NA	Yes
	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC	CTC	
	Operator A - 1.2	Operator A - 0	Goal is 1.2 or fewer Accidents per 100,000 miles
	Operator B	Operator B	9 accidents per 683135. Divided by 100,000.
	Operator C	Operator C	= 0. Yes
Roadcalls <i>Average age of fleet:</i>	CTC	CTC	
	Operator A	Operator A	Goal = 10,000 mi between roadcalls
	Operator B	Operator B	10 road calls/683,135 vh miles = 68,313
	Operator C	Operator C	Yes
Complaints <i>Number filed:</i>	CTC	CTC	
	Operator A - 1%	Operator A - 16	Goal = Less Than 1% of trips
	Operator B	Operator B	16 complaints. 1% of 44513 = 445
	Operator C	Operator C	Yes
Call-Hold Time	CTC	CTC	
	Operator A - 3 mins.	Operator A	Yes
	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS

Findings:

Recommendations:

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST?

Yes No

ARE ACCESSIBLE FORMATS ON THE SHELF?

Yes No

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

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

Yes No

ARE THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH THE OFFICE PHONE NUMBER?

Yes No

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

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

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

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

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

IS A RAMP PROVIDED? **X** Yes No

ARE THE BATHROOMS ACCESSIBLE? **X** Yes No

Bus and Van Specification Checklist

Name of Provider: Good Wheels, Inc.

Vehicle Number (either VIN or provider fleet number): 462

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

Person Conducting Review: Mary Bartoshuk and Ronald Stephens

Date: February 6, 2014

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

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

Have the driver lower the lift to the ground:

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

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

- x Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- x Side barriers must be at least 1 ½ inches high.
- x The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- x The platform must be slip-resistant.
- x Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- x The lift must have two handrails.
- x The handrails must be 30-38 inches above the platform surface.
- x The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- x The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.
- x If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
- x Lifts may be marked to identify the preferred standing position (suggested, not required)

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

- x When in the fully raised position, the platform surface must be horizontally within 5/8 inch of the floor of the vehicle.
- x The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of

- the platform and carefully jump up and down to see how far the lift sways.
- x The lift must be designed to allow boarding in either direction.

While inside the vehicle:

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

Vehicles under 22 feet must have:

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

Vehicles over 22 feet must have:

- Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.

- Aisles, steps, and floor areas must be slip resistant.
- Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor
Good Wheels	54	54	Lee, Glades and Hendry
Community Transportation	1	0	Hendry

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

Yes No

ADA COMPLIANCE

Findings:

Both Good Wheels and Community Transportation are in compliance with ADA.

Recommendations:

FY 2012/2013 GRANT QUESTIONS

The following questions relate to items specifically addressed in the FY 2012 /2013 Trip and Equipment Grant.

DO YOU KEEP ALL RECORDS PERTAINING TO THE SPENDING OF TDTF DOLLARS FOR FIVE YEARS? (Section 7.10: Establishment and Maintenance of Accounting Records, T&E Grant, and FY 2012/13)

X Yes No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY 2012/13)

X Yes No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY 2012/13)

X Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: 2/7/2012

STATUS REPORT DATED: _____

CTD RECOMMENDATION: NO REPORT(S) W/RECOMMENDATIONS HAVE BEEN FOUND.

CTC Response:

Current Status:

CTD RECOMMENDATION:

CTC Response:

Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

2/6/14

Please list any special guests that were present:

Personal Care Attendant

Location:

Good Wheels, Inc. 10075 Bavaria Road in Fort Myers

Number of Passengers picked up/dropped off:

2

Ambulatory

1

Non-Ambulatory

1

Was the driver on time?

Yes

No, how many minutes late/early?

Did the driver provide any passenger assistance?

Yes

No

Was the driver wearing any identification?

Yes:

Uniform

Name Tag

ID Badge

No

Did the driver render an appropriate greeting?

Yes

No

Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted?

Yes

No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects?

Yes

No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations?

Yes

No

Does the vehicle have working heat and air conditioning?

Yes

No

Does the vehicle have two-way communications in good working order?

Yes

No

If used, was the lift in good working order?

Yes

No

Was there safe and appropriate seating for all passengers?

Yes

No

Did the driver properly use the lift and secure the passenger?

Yes

No

If no, please explain:

GOOD WHEELS, LEE COUNTY

Starting Mileage: _____ Ending Mileage: _____ Act Veh: _____

10075 BAVARIA ROAD, SE

Starting Time: _____ Ending Time: _____

FORT MYERS, FL 33913

Deadhead Hours: _____ Deadhead Miles: _____

Gls Fuel Purchased: _____ Fuel Cost: _____

Cash Fare Total
\$4.00

Client Information	Pu Tm Drop Tm	Pickup Location & Destination Information			
GERHART, SABRINA 39446 AMB Agn: MAL Collect Fare: \$1.00 Appt Tm: 09:00 Rt Vh: @	08:00	(239)738-9561 7753 MARX DR, NORTH FORT MYERS, FL 33917			
	09:00	535 PINE ISLAND RD 535 PINE ISLAND RD, OPERATION PAR, NORTH FORT MYERS, FL 33903			
	Y N C	Pu Tm:	Pu Odom:	Drop Tm:	Drop Odom:

LEROY, WILLIAM 40418 AMB Agn: MAL Collect Fare: \$1.00 Appt Tm: 09:00 Rt Vh: @	08:00	(239)738-9561 7753 MARX DR, NORTH FORT MYERS, FL 33917			
	09:00	535 PINE ISLAND RD 535 PINE ISLAND RD, OPERATION PAR, NORTH FORT MYERS, FL 33903			
	Y N C	Pu Tm:	Pu Odom:	Drop Tm:	Drop Odom:

MACDONALD, DAVID 39400 WKR Agn: MAL Collect Fare: \$1.00 Appt Tm: 09:00 Rt Vh: @	08:00	(239)731-2677 15390 HART RD, LOT A-24, NORTH FORT MYERS, FL 33917			
	09:00	16101 N CLEVELAND AVE 16101 N CLEVELAND AVE, GAMBRO HEALTH, NORTH FORT MYERS, FL 33903			
	Y N C	Pu Tm:	Pu Odom:	Drop Tm:	Drop Odom:

DAVIS, TIKEASHIA 40550 AMB Agn: MAL Collect Fare: \$1.00 Appt Tm: 10:30 Rt Vh: @	09:30	(313)772-3316 4166 CASTILLA CIR, gatecode *7928 APT 102, FORT MYERS, FL 33916			
	10:30	13195 METRO PKWY 13195 METRO PKWY, FORT MYERS, FL 33966			
	Y N C	Pu Tm:	Pu Odom:	Drop Tm:	Drop Odom:

PRAMPIN, AMANNIA 39040 WC Agn: MWL Appt Tm: 13:00 Rt Vh: @	12:00	(239)936-0203 7173 CYPRESS DR, 7173 CYPRESS DR, FORT MYERS, FL 33907			
	13:00	14181 S TAMIAMI TRL 14181 S TAMIAMI TRL, , FORT MYERS, FL 33912			
	Y N C	Pu Tm:	Pu Odom:	Drop Tm:	Drop Odom:

239-363-2820

RIDER/BENFICIARY SURVEY

Staff making call: _____

County: Glades & Hendry

Date of Call: / /

Funding Source: _____

1) Did you receive transportation service on 2/6/14? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

Daily 7 Days/Week Other

1-2 Times/Week

3-5Times/Week

4) 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 refused transportation services?

None

3-5 Times

1-2 Times

6-10 Times

If none, skip to question # 4.

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

Ineligible

Space not available

Lack of funds

Destination outside service area

Other _____

5) What do you normally use the service for?

Medical

Education/Training/Day Care

Employment

Life-Sustaining/Other

Nutritional

6) Did you have a problem with your trip on 2/6/14?

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice

Cost

Pick up times not convenient

Late pick up-specify time of wait

Assistance

Accessibility

Service Area Limits

Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

10

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

Additional Comments: _____

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) 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 refused transportation services?

None 3-5 Times

1-2 Times 6-10 Times

If none, skip to question # 4.

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

Ineligible Space not available

Lack of funds Destination outside service area

Other _____

5) What do you normally use the service for?

Medical Education/Training/Day Care

Employment Life-Sustaining/Other

Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice Cost

Pick up times not convenient Late pick up-specify time of wait

Assistance Accessibility

Service Area Limits Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

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

Additional Comments:

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) 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 refused transportation services?

None 3-5 Times

1-2 Times 6-10 Times

If none, skip to question # 4.

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

Ineligible Space not available

Lack of funds Destination outside service area

Other _____

5) What do you normally use the service for?

Medical Education/Training/Day Care

Employment Life-Sustaining/Other

Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice Cost

Pick up times not convenient Late pick up-specify time of wait

Assistance Accessibility

Service Area Limits Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

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

Additional Comments:

RIDER/BENEFICIARY SURVEY

Staff making call: _____

County: _____

Date of Call: / /

Funding Source: _____

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

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) 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 refused transportation services?

None 3-5 Times

1-2 Times 6-10 Times

If none, skip to question # 4.

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

Ineligible Space not available

Lack of funds Destination outside service area

Other _____

5) What do you normally use the service for?

Medical Education/Training/Day Care

Employment Life-Sustaining/Other

Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

Advance notice Cost

Pick up times not convenient Late pick up-specify time of wait

Assistance Accessibility

Service Area Limits Late return pick up - length of wait

Drivers - specify

Reservations - specify length of wait

Vehicle condition

Other

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

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

Additional Comments:

Contractor Survey
Hendry County

Community Transportation

Contractor name (optional)

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

6. Have you experienced any problems with the CTC?

Yes No

If yes, what type of problems?

Comments: Complaints go through Good Wheels

PURCHASING AGENCY SURVEY

Staff making call: _____

Purchasing Agency name: _____

Representative of Purchasing Agency: _____

1) Do you purchase transportation from the coordinated system?

YES

NO If no, why?

2) Which transportation operator provides services to your clients?

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

Medical

Employment

Education/Training/Day Care

Nutritional

Life Sustaining/Other

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

7 Days/Week

1-3 Times/Month

1-2 Times/Week

Less than 1 Time/Month

3-5 Times/Week

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

Yes

No If no, skip to question 7

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

Advance notice requirement [specify operator (s)]

Cost [specify operator (s)]

Service area limits [specify operator (s)]

Pick up times not convenient [specify operator (s)]

Vehicle condition [specify operator (s)]

Lack of passenger assistance [specify operator (s)]

Accessibility concerns [specify operator (s)]

Complaints about drivers [specify operator (s)]

Complaints about timeliness [specify operator (s)]

Length of wait for reservations [specify operator (s)]

Other [specify operator (s)] _____

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

Yes

No If no, why? _____

Level of Cost Worksheet 1

Insert Cost page from the AOR.

FLCTD

Annual Operations Report

Section VII: Expense Sources

County: Glades		Fiscal Year: July 1, 2011 - June 30, 2012	
Status: Ready			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$101,436.00	\$0.00	\$101,436.00
Fringe Benefits (502):	\$30,192.00	\$0.00	\$30,192.00
Services (503):	\$10,001.00	\$0.00	\$10,001.00
Materials and Supplies Cons. (504):	\$50,022.00	\$0.00	\$50,022.00
Utilities (505):	\$3,893.00	\$0.00	\$3,893.00
Casualty and Liability (506):	\$16,939.00	\$0.00	\$16,939.00
Taxes (507):	\$287.00	\$0.00	\$287.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$14,425.00	\$0.00	\$14,425.00
Miscellaneous (509):	\$2,891.00	\$0.00	\$2,891.00
Interest (511):	\$4,586.00	\$0.00	\$4,586.00
Leases and Rentals (512):	\$955.00	\$0.00	\$955.00
Annual Depreciation (513):	\$43,358.00	\$0.00	\$43,358.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$278,985.00	\$0.00	\$278,985.00

FLCTD

Annual Operations Report

Section VII: Expense Sources

County: Hendry		Fiscal Year: July 1, 2011 - June 30, 2012	
Status: Ready			
Section VII: Financial Data			
2. Expense Sources			
Expense Item	Community Transportation Coordinator	Coordination Contractor	TOTAL EXPENSES
Labor (501):	\$601,945.00	\$0.00	\$601,945.00
Fringe Benefits (502):	\$173,177.00	\$0.00	\$173,177.00
Services (503):	\$57,856.00	\$195.00	\$58,051.00
Materials and Supplies Cons. (504):	\$289,294.00	\$6,641.00	\$295,935.00
Utilities (505):	\$22,514.00	\$0.00	\$22,514.00
Casualty and Liability (506):	\$97,962.00	\$6,635.00	\$104,597.00
Taxes (507):	\$1,660.00	\$0.00	\$1,660.00
Purchased Transportation Services (508)			
Bus Pass Expenses:	\$0.00	\$0.00	\$0.00
School Bus Expenses:	\$0.00	\$0.00	\$0.00
Other:	\$75,407.00	\$0.00	\$75,407.00
Miscellaneous (509):	\$16,694.00	\$315.00	\$17,009.00
Interest (511):	\$26,523.00	\$0.00	\$26,523.00
Leases and Rentals (512):	\$5,519.00	\$0.00	\$5,519.00
Annual Depreciation (513):	\$250,749.00	\$0.00	\$250,749.00
Contributed Services (530):	\$0.00	\$0.00	\$0.00
Allocated Indirect Expenses:	\$0.00	\$0.00	\$0.00
GRAND TOTAL:	\$1,619,300.00	\$13,786.00	\$1,633,086.00

**Level of Competition
Worksheet 2**

1. Inventory of Transportation Operators in the Service Area

	Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Private Non-Profit		2	37747 CTC/6,166	
Private For-Profit		1	600	1.43%
Government		0		
Public Transit Agency		0		
Total		3	44,513	100%

2. How many of the operators are coordination contractors? 1
3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? 1
Does the CTC have the ability to expand? Yes
4. Indicate the date the latest transportation operator was brought into the system. June 2008
5. Does the CTC have a competitive procurement process? Yes
6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

0	Low bid
0	Requests for qualifications
0	Negotiation only

0	Requests for proposals
0	Requests for interested parties
1	Continuing Contract

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

Continuing contract one a year-to-year basis.

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

Capabilities of operator

Scope of Work

x	Age of company
x	Previous experience
x	Management
x	Qualifications of staff
x	Resources
	Economies of Scale
x	Contract Monitoring
x	Reporting Capabilities
x	Financial Strength
	Performance Bond
	Responsiveness to Solicitation

x	Safety Program
	Capacity
	Training Program
	Insurance
	Accident History
	Quality
	Community Knowledge
	Cost of the Contracting Process
	Price
	Distribution of Costs
	Other: (list)

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

How many responded? _____

The request for bids/proposals was distributed:

_____ Locally _____ Statewide _____ Nationally

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

Level of Availability (Coordination) Worksheet 3

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

Planning is carried out in conjunction with the Planning Agency and the Local Coordinating Board.

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

Public information is distributed through media, brochures, bus-side advertising and Facebook.

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

Applicants – 1) must have a disability; 2) income below poverty level and no other vehicle available.

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

TD Trust Fund application is used. State agency relies on passenger authorization. Rely on agency information.

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

There are only 2 reservationists. Telephone messages are checked before noon and again before the end of the business day. There is also a web-based intake.

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

Duplication is prevented because there is only one intake system and it will identify if a reservation has already been made.

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

If Good Wheels wants Community Transportation to do a trip they are provided the trip manifest the day before.

Scheduling – How is the trip assignment to vehicles coordinated?

Coordinated through a Task Flow Chart and Timeline. Reservationist records and sends to scheduler.

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

Trips are assigned to the vehicle type needed (wheelchair or ambulatory). Most vehicles are wheelchair accessible.

The Glades/Hendry service area has Demand Response Trips, subscription trips and the Clewiston-Belle Glade community bus route (a deviated fixed route).

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

Two-way communication.

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

This is done through the Task Flow Chart (Set 3).
Additionally, M.H. maintains a spreadsheet to track SSPP related information.

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

Through dispatch. The VP of Operations handles any trip problems that may rise.

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

Confirmation that trips were taken is coordinated by using the Trip Manifests checked by finance and data entry.

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

This is an 8 step process. Steps 4, 5, and 6 are Execution, Reconciliation and Billing/Invoice preparation.

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

Operating information is obtained from the manifests and reported to the VP of Operations.

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

Very few trips are allocated to the subcontractors. The costs are not shared.

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

Through constant telephonic or e-mail communication with the funding/purchasing agencies.

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

N/A.