AGENDA

1. Call to Order and Roll Call

2. Proof of Publication

3. FY 2017 Proposed Trip Rate for Marion Transit Services

4. Minutes
   a. Meeting: July 16, 2015

5. Comments by TDLCB Members

6. Comments by Community Transportation Coordinator (CTC)

7. Comments by TPO Staff

8. Public Comment

9. Adjournment

The next meeting of the TDLCB will be held on Thursday, October 20, 2016.

If reasonable accommodations are needed for you to participate in this meeting, please call the TPO Office at (352) 629-8297 forty-eight (48) hours in advance, so arrangements can be made.
MEMORANDUM

JUNE 16, 2016

TO: TDL CB MEMBERS
FROM: KENNETH ODOM, TRANSPORTATION PLANNER
SUBJECT: FY 2017 PROPOSED TRIP RATE FOR MARION TRANSIT SERVICES

Each year, the TDL CB is required to approve Marion Transit Services (MTS) proposed trip rates. MTS, as required, utilizes the Commission for Transportation Disadvantaged (CTD) Trip Rate Calculation process. The Trip Rate Calculation process takes into account numerous costs items including labor, fringe benefits and insurance as well as program income to determine the trip rates. This year, MTS is proposing a slight decrease in the per-mile charge for ambulatory and wheelchair patients with no increase for stretcher patients.

TPO staff has reviewed the Trip Rate Calculation and concurs with the results. The proposed rates are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Current Rate</th>
<th>Proposed Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Mile</td>
<td>$3.96</td>
<td>$3.27</td>
</tr>
<tr>
<td>Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Mile</td>
<td>$6.79</td>
<td>$5.61</td>
</tr>
<tr>
<td>Stretcher (contracted)</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

The Trip Rate Calculation is enclosed for your review. Staff is requesting approval of the rates as proposed. If you have any questions or would like to discuss this proposal further, please contact our office at 629-8297.
Preliminary Information Worksheet

<table>
<thead>
<tr>
<th>CTC Name:</th>
<th>Marion Senior Services, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Marion</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Donna Hersom/Julie Poole</td>
</tr>
<tr>
<td>Phone #</td>
<td>(352) 620-3519 or (352) 620-3501</td>
</tr>
</tbody>
</table>

Check Applicable Characteristic:

**ORGANIZATIONAL TYPE:**
- Governmental
- Private Non-Profit
- Private For Profit

**NETWORK TYPE:**
- Fully Brokered
- Partially Brokered
- Sole Source

*Once completed, proceed to the Worksheet entitled "Comprehensive Budget"*
1. Complete applicable **GREEN** cells in columns 2, 3, 4, and 7.

Complete Budget Worksheet

<table>
<thead>
<tr>
<th>Prior Year's ACTUALS from Jan 1st of 2015 to Dec 31st of 2015</th>
<th>Current Year's APPROVED Budget, as amended from Jan 1st of 2016 to Dec 31st of 2016</th>
<th>Upcoming Year's PROPOSED Budget, as amended from Jan 1st of 2017 to Dec 31st of 2017</th>
<th>% Change from Prior Year to Current Year</th>
<th>% Change from Current Year to Upcoming Year</th>
<th>% Change from Prior</th>
</tr>
</thead>
</table>
| | | | | | 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 > ± 10% and Also > ± $50,000.

**REVENUES** (CTC/Operators ONLY / Do NOT include coordination contractuals!)

Local Non-Gov:

- **Farebox**: $92,712, $96,300, $92,800, 3.9%, -3.6%
- **Medicaid Co-Pay Received**: $92,712, $96,300, $92,800, 3.9%, -3.6%
- **In-kind, Contributed Services**: $92,712, $96,300, $92,800, 3.9%, -3.6%
- **Bus Pass Program Revenue**: $92,712, $96,300, $92,800, 3.9%, -3.6%

Local Government:

- **District School Board**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%
- **City Cash**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%
- **City In-kind, Contributed Services**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%
- **Other Cash**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%
- **Other In-kind, Contributed Services**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%
- **Bus Pass Program Revenue**: $1,368,918, $1,225,253, $1,285,235, -11.8%, 4.9%

**CTD**

- **Non-Spons. Trip Program**: $897,508, $922,216, $934,010, -2.2%, 13.8%
- **Non-Spons. Capital Equipment**: $897,508, $922,216, $934,010, -2.2%, 13.8%
- **Rural Capital Equipment**: $138,168, $138,168, -100.0%
- **Other TD (specify in explanation)**: $138,168, $138,168, -100.0%
- **Bus Pass Program Revenue**: $138,168, $138,168, -100.0%

**USDOT & FDOT**

- **33 USC 5507**: $346,127, $351,000, -1.4%
- **33 USC 5511 (Operating)**: $722,732, $760,522, $770,718, -9.8%, 1.3%
- **State Grant**
- **Service Development**
- **Commuter Assistance**
- **Other DOT (specify in explanation)**
- **Bus Pass Program Revenue**: $722,732, $760,522, $770,718, -9.8%, 1.3%

**AHCA**

- **Medicaid**: $35,019, -100.0%
- **Other AHCA (specify in explanation)**: $567,742, $420,000, $420,000, -25.5%, 0.0%
- **Other TD (specify in explanation)**
- **Bus Pass Program Revenue**: $567,742, $420,000, $420,000, -25.5%, 0.0%

**DCF**

- **Aids, Drug & Mental Health**
- **Family Safety & Preservation**
- **Victim: Care for Aging & Adult Serv.**
- **Other DCF (specify in explanation)**
- **Bus Pass Program Revenue**:

**DOH**

- **Children Medical Services**
- **County Public Health**
- **Other DOH (specify in explanation)**
- **Bus Pass Program Revenue**:

**DOE (state)**

- **Carl Perkins**
- **WIV of Blind Services**
- **Vocational Rehabilitation**
- **Day Care Programs**
- **Other DOE (specify in explanation)**
- **Bus Pass Program Revenue**:

**AWI**

- **WAGES/Workforce Board**
- **Other AWI (specify in explanation)**
- **Bus Pass Program Revenue**:

**DOEA**

- **Vidar Americans Act**
- **Community Care for Elderly**
- **Other DOEA (specify in explanation)**: $2,304, $2,000, $2,355, -15.5%, 17.8%
- **Bus Pass Program Revenue**: $2,304, $2,000, $2,355, -15.5%, 17.8%

**DCA**

- **Community Services**
- **Other DCA (specify in explanation)**
- **Bus Pass Admin. Revenue**:

---

County cash is used as match for capital equipment and trips at the rates in this spreadsheet.

Two vans were purchased in 2015 with Shirley Conroy funds and budgeted in 2016.

5311 paid at a per mile trip rate.

FD/Medicaid Contract ended February 28, 2015. Other AHCA are funds received from Access2Care - Broker facilitating transportation for Medicaid beneficiaries.

Other includes OAA, CCE, and Managed Care contracts not at the prices calculated by this spreadsheet.
# Comprehensive Budget Worksheet

**Version 1.4**  
**CTC:** Marion Senior Services, Inc.  
**County:** Marion  

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

<table>
<thead>
<tr>
<th>Prior Year's ACTUALS from Jan 1st of Dec 31st of 2015</th>
<th>Current Year's APPROVED Budget, as amended from Jan 1st of Dec 31st of 2016 to 2017</th>
<th>Upcoming Year's PROPOSED Budget from Jan 1st of Dec 31st of 2017 to 2018</th>
<th>% Change from Prior Year to Current Year</th>
<th>% Change from Current Year to Upcoming Year</th>
</tr>
</thead>
</table>

- **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 > ±10% and Also > ±$50,000**

## 2. **APD**
- Office of Disability Determination
- Developmental Services
- Other APD (specify in explanation)
- Bus Pass Program Revenue

## 3. **DJJ**
- Specify in explanation
- Bus Pass Program Revenue

## 4. **Other Revenues**
- Interest Earnings
- From Tax Natural: Urban Loss Fixed Assets
- Bus Pass Program Revenue

## 5. **Balancing Revenue to Prevent Deficit**
- Actual or Planned Use of Cash Reserve

<table>
<thead>
<tr>
<th>Balancing Revenue is Short By</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenues = $4,311,780</td>
<td>$3,464,459</td>
</tr>
</tbody>
</table>

## EXPENDITURES (CTC/Operators ONLY / Do NOT include Coordination Contractors!)

### Operating Expenditures
- **Labor**  $1,197,959  $1,266,686  $1,322,980  5.7%  4.4%
- **Fringe Benefits**  $379,064  $487,840  $414,902  28.7%  -15.0%
- **Services**  $358,299  $306,707  $520,625  -14.4%  69.7%
- **Materials and Supplies**  $419,181  $612,048  $525,690  -46.0%  -14.2%
- **Utilities**  $26,108  $26,509  $26,108  2.7%  -1.5%
- **Casualty and Liability**  $137,654  $155,197  $161,535  12.7%  4.1%
- **Taxes**  $648  $1,470  $750  126.4%  -49.0%
- **Purchased Transportation:**
  - **Purchased Bus Pass Expenses**
  - **School Bus Utilization Expenses**
  - **Contracted Transportation Services**  $900  $9,210  $6,009  830.7%  -45.7%
  - **Other**  $18,517  $423,949  $15,967  2189.0%  -95.6%
- **Operating Debt Service - Principal & Interest**
- **Leases and Rentals**  $21,735  $21,420  $5,000  -1.5%  -42.8%
- **In-Kind, Contributed Services**
- **Allocated Indirect**

### Capital Expenditures
- **Equip. - Purchases with Grant Funds**  $484,295  $138,168  $351,000  -71.5%  154.0%
- **Equip. - Purchases with Local Revenue**  $94,618  $16,302  $30,000  -71.9%  154.0%
- **Equip. - Purchases with Rate generated Rev.**
- **Capital Debt Service - Principal & Interest**

<table>
<thead>
<tr>
<th>ACTUAL YEAR GAIN</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenditures = $3,058,773</td>
<td>$3,464,459</td>
</tr>
</tbody>
</table>

### See NOTES Below.

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**Once completed, proceed to the Worksheet entitled "Budgeted Rate Base"**

**ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.**
1. Complete applicable GREEN cells in columns 2, 3, 4, and 7

<table>
<thead>
<tr>
<th>Prior Year's ACTUALS from Jan 1st of 2015</th>
<th>Current Year's APPROVED Budget, as amended Jan 1st of 2016</th>
<th>Upcoming Year's PROPOSED Budget from Dec 31st of 2016</th>
<th>% Change from Prior Year to Current Year</th>
<th>% Change from Current Year to Upcoming Year</th>
<th>Explain Changes in Column 6 That Are &gt; ± 10% and Also &gt; ± $50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Confirms whether revenues are collected as a system subsidy VS a purchase of service at a unit price.</td>
</tr>
</tbody>
</table>
## Budgeted Rate Base Worksheet

**Version 1.4**

**County:** Marion

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3.

2. Complete applicable **GOLD** cells in columns and 5.

### Upcoming Year’s Budgeted Revenues

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan 1st of 2017</td>
<td>Dec 31st of 2017</td>
</tr>
</tbody>
</table>

### REVENUES (CTC/Operators ONLY)

**Local Non-Govt**

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare-Copy/Receivables</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Medicaid-Contributed</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Medicaid-Contributed Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare-Contributed Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

**Local Government**

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Citizen Board</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Benefits</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Other</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Profit, Trip Program</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Non-Profit, Capital Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Head Start, Contributed Services</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Medicare</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Medicaid-Contributed Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare-Contributed Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Blind Services</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Field of Blind Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Head Start, Contributed Services</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Blind Services</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Field of Blind Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Head Start, Contributed Services</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bus Pass Program Revenue</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

### Upcoming Year’s Budgeted Revenues

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan 1st of 2017</td>
<td>Dec 31st of 2017</td>
</tr>
</tbody>
</table>

### Budgeted Rate Subsidy Revenue

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Excluded from the Rate Base

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- **YELLOW** cells are NEVER Generated by Applying Authorized Rates.
- **BLUE** cells Should be funds generated by rates in this spreadsheet.
- **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.

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.
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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 Jan 1st of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 Dec 31st of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What amount of the Budgeted Revenue in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these types of revenues? **EX**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EXPENDITURES (CTC/Operators ONLY)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor</td>
<td>$1,322,980</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$414,902</td>
</tr>
<tr>
<td>Services</td>
<td>$410,979</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>$26,536</td>
</tr>
<tr>
<td>Utilities</td>
<td>$16,508</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>$26,508</td>
</tr>
<tr>
<td>Taxes</td>
<td>$791</td>
</tr>
<tr>
<td>Purchased Transportation</td>
<td>---</td>
</tr>
<tr>
<td>Purchased Bus Pass Expenses</td>
<td>$---</td>
</tr>
<tr>
<td>Subsidy 10401 Operating Expenses</td>
<td>$---</td>
</tr>
<tr>
<td>Subsidy 10401 Non-Operating Expenses</td>
<td>$---</td>
</tr>
<tr>
<td>Other</td>
<td>$---</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$18,381</td>
</tr>
<tr>
<td>Operating Debt Service - Principal and Interest</td>
<td>$1,477</td>
</tr>
<tr>
<td>Capital Debt Service - Principal and Interest</td>
<td>$---</td>
</tr>
</tbody>
</table>

### Capital Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts - Purchases with Grant Funds</td>
<td>$61,900</td>
</tr>
<tr>
<td>Gifts - Purchases with Local Revenue</td>
<td>$50,000</td>
</tr>
<tr>
<td>Gifts - Purchases with Rate Generated Rev.</td>
<td>$---</td>
</tr>
<tr>
<td>Operating Debt Service - Principal and Interest</td>
<td>$---</td>
</tr>
<tr>
<td>Capital Debt Service - Principal and Interest</td>
<td>$---</td>
</tr>
</tbody>
</table>

### Total Expenditures = $2,850,118

### Actual or Planned Use of Cash Reserve

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>$2,355</td>
</tr>
</tbody>
</table>

### Adjusted Expenditures Included in Rate Base

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate Base Adjustment</td>
<td>$2,954,737</td>
</tr>
</tbody>
</table>

---

**Rate Base Adjustment Cell**

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.

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**The Difference between Expenses and Revenues for Fiscal Year:**

### Program-wide Rates

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Once Completed, Proceed to the Worksheet entitled "Program-wide Rates"
Worksheet for Program-wide Rates

CTC: Marion Senior Serv
County: Marion

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

   Total Projected Passenger Miles = 804,144
   Rate Per Passenger Mile = $ 3.72
   Total Projected Passenger Trips = 95,500
   Rate Per Passenger Trip = $ 31.36

   Fiscal Year
   2017
   Avg. Passenger Trip Length = 8.4 Miles

   Rates If No Revenue Funds Were Identified As Subsidy Funds

   Rate Per Passenger Mile = $ 4.21
   Rate Per Passenger Trip = $ 35.47

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:** Marion Senior Services  
**County:** Marion

**Version 1.4**

1. Answer the questions by completing the GREEN cells starting in Section I for all services.
2. Follow the DARK RED prompts directing you to skip or go to certain 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?... 

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Wheelchair</th>
<th>Stretcher</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

   Go to Section II for Ambulatory Service  
   Go to Section II for Wheelchair Service  
   Go to Section II for Stretcher Service

STOP! Do NOT Complete Sections II - V for Group Service

### SECTION II: Contracted Services

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

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

   Skip #2, 3 & 4 and Go to Section III for Ambulatory Service  
   Skip #2, 3 & 4 and Go to Section III for Wheelchair Service  
   Answer #2 for Stretcher Service

Do NOT Complete Section II for Group Service

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

<table>
<thead>
<tr>
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<th>Stretcher</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

   Leave Blank  
   Leave Blank  
   Complete Cells Below  
   Leave Blank

   Effective Rate for Contracted Services:  
   per Passenger Mile = $10.00  
   per Passenger Trip = $125.00

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 relate to the contracted service?

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<tbody>
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<td>No</td>
<td>No</td>
</tr>
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</table>

   Leave Blank  
   Leave Blank  
   Complete Cells Below  
   Leave Blank

   Effective Rate for Contracted Services:  
   per Passenger Mile = $10.00  
   per Passenger Trip = $125.00

4. If you answered #3 & want a Combined Rate per Trip PLUS a per Mile add-on for 1 or more services, INPUT the Desired per Trip Rate (but must be less than per trip rate in #3 above = Rate per Passenger Mile for Balance)

<table>
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<td>No</td>
</tr>
</tbody>
</table>

   Leave Blank and Go to Section III for Ambulatory Service  
   Leave Blank and Go to Section III for Wheelchair Service  
   Leave Blank and Go to Section III for Stretcher Service

STOP! Do NOT Complete Sections III - V for Stretcher Service

Do NOT Complete Section II for Group Service

### SECTION III: Combination Trip and Mile Rate

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

<table>
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   Leave Blank and Go to Section III for Ambulatory Service  
   Leave Blank and Go to Section III for Wheelchair Service  
   Leave Blank and Go to Section III for Stretcher Service

STOP! Do NOT Complete Sections III - V for Group Service

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Marion 2016-17 Rate Model - Service Rates: Multiple Service Rates

Page 1 of 3
**Worksheet for Multiple Service Rates**

1. **Answer the questions by completing the GREEN cells starting in Section I for all services**
2. **Follow the DARK RED prompts directing you to skip or go to certain questions and sections based on previous answers**

---

**SECTION III: Escort Service**

1. **Do you want to charge all escorts a fee?**
   - Yes
   - No

2. **If you answered Yes to #1, do you want to charge the fee per passenger trip OR per passenger mile?**
   - Pass. Trip
   - Leave Blank
   - Pass. Mile

3. **If you answered Yes to #1 and completed #2, for how many of the projected Passenger Trips / Passenger Miles will a passenger be accompanied by an escort?**
   - Leave Blank

4. **How much will you charge each escort?**
   - Leave Blank

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**SECTION IV: Group Service Loading**

1. **If the message “You Must Complete This Section” appears to the right, what is the projected total number of Group Service Passenger Miles?**
   - Leave Blank

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**SECTION V: Rate Calculations for Multiple Services:**

1. **Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically**

   * Miles and Trips you input must sum to the total for all Services entered on the “Program-wide Rates” Worksheet, MINUS miles and trips for contracted services if the rates were calculated in the Section II above

   * Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

   **Projected Passenger Miles (excluding totally contracted services addressed in Section II) =**
   - Ambul: 803,644
   - Wheel Chair: 450,500
   - Stretcher: 153,144
   - Leave Blank: 0
   - Group: Leave Blank

   **Rate per Passenger Mile =**
   - $3.27 per passenger
   - $5.61 per group

   **Projected Passenger Trips (excluding totally contracted services addressed in Section II) =**
   - Ambul: 95,460
   - Wheel Chair: 72,300
   - Stretcher: 23,160
   - Leave Blank: 0
   - Group: Leave Blank

   **Rate per Passenger Trip =**
   - $26.69 per passenger
   - $46.76 per group

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2. **If you answered #1 above and want a COMBINED Rate per Trip PLUS a per Mile add-on for 1 or more services,**

   **Combination Trip and Mile Rate**

   **Rate per Passenger Mile for Balance =**
   - $2.39 per passenger
   - $3.12 per group

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**Rates If No Revenue Funds Were Identified As Subsidy Funds**

**Ambul**
- $3.71 per passenger
- $5.31 per group

**Wheel Chair**
- $6.50 per passenger
- $9.77 per group

**Stretcher**
- $11.22 per passenger
- $17.33 per group

**Group**
- $5.00 per passenger
- $5.00 per group

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Marion 2016-17 Rate Model - Service Rates: Multiple Service Rates
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Program These Rates Into Your Medicaid Encounter Data
MINUTES

Members Present:

Councilman James Hilty, Chairman
Tracey Alesiani (arrived 2:37 pm)
Jeffrey Askew
Susan Hanley (arrived 2:34 pm)
Benjamin Akinola
Sam Weekley

Members Not Present:

Meagan Crowley
Charmaine Richardson
Kathleen Woodring

Others Present:

Greg Slay, TPO Director
Ken Odom, TPO Staff
Kayleen Hamilton, TPO Staff
Donna Hersom, Marion Transit Services
Julie Poole, Marion Senior Services

Item 1. Call to Order and Roll Call

Chairman James Hilty called the meeting to order at 2:32 PM. Secretary Kayleen Hamilton called the roll of members; a quorum was present.
Item 2. Proof of Publication

Secretary Kayleen Hamilton announced the meeting was published online at the city of Ocala, Belleview, and Dunnellon websites and on the TPO’s website and Facebook page.

Item 3. Review and Approval of the Transportation Disadvantaged Trip and Equipment Grant Application

Mr. Odom presented the Transportation Disadvantaged Trip and Equipment Grant application from Marion Senior Services. The grant would cover non-sponsored trips and equipment purchases. Mr. Odom advised that Marion Senior Services did not plan to purchase additional buses.

*Mr. Askew made a motion to approve the grant application. Mr. Weekley seconded and the motion was unanimously approved.*

Item 4. Community Transportation Coordinator Contract

Mr. Odom reported that Marion Senior Services had been approved by the Commission for the Transportation Disadvantaged (CTD) to be the Community Transportation Coordinator (CTC) for Marion County. The CTC agreement outlined the responsibilities of the CTC and was executed between the Commission and the CTC.

Mr. Slay asked if the agreement had been taken to the Marion Senior Services board, and Ms. Poole advised that it would be presented at their next meeting. Mr. Askew asked about vehicle insurance, and Ms. Poole thought that it ran around $12,000-$13,000 per year. Marion Senior Services insured their vehicles locally through Brown and Brown Insurance.

Item 5. Community Transportation Coordinator Rate Schedule

Mr. Odom presented the CTC rate schedule. The CTD had made some policy changes to the rate structure. There would no longer be a charge for escorts riding with passengers. Ms. Hersom reported that Marion Transit used the CTD’s rate calculation worksheet to arrive at the rate schedule. There had previously been a base rate and a per mile charge; now the rate was only a per mile charge. Ms. Hersom said that the new rates were in line with the old rate that had included a base plus mileage.

*Mr. Askew moved for approval of the CTC rate schedule and Ms. Hanley seconded. The motion was unanimously approved.*
Item 6. Approval of Meeting Minutes – April 16, 2015 Meeting and Public Hearing

Mr. Weekley made a motion to approve the minutes from the April 16 public hearing and meeting. Mr. Askew seconded and the motion was unanimously approved.

Item 7. Comments by TDLCB Members

Mr. Hilty reported that he had been approached by quite a few people regarding transportation to The Centers. Mr. Slay mentioned that staff had previously been approached about providing a SunTran route to The Centers; however, because of the length of the route and lack of population density, it was not cost effective to provide fixed route service. Mr. Slay suggested that a subscription service could be discussed. Mr. Hersom mentioned that Marion Transit transported a number of clients to and from The Centers, and commented that one of the issues with transportation to service centers like that was that there was a high number of “no shows.” Mr. Hilty proposed a meeting to discuss commitments from and responsibilities of the various agencies. Ms. Alesiani asked about the satellite facilities, and Mr. Slay advised that those facilities did not offer the services that were needed by the clients going to the main site.

Mr. Hilty asked about the cost of a SunTran route, and Mr. Slay advised that it was about $300,000 per year. Mr. Askew wondered about a grant to cover the cost, and Mr. Slay said that initial startup could be funded by a three-year service development grant. After the initial period, the local municipalities would have to provide a fifty percent match.

Mr. Hilty said that he would work on coordinating a meeting between the agencies to discuss transportation to The Centers.

Item 8. Comments by CTC

There were no further comments by the CTC.

Item 9. Comments by TPO Staff

There were no further comments by TPO staff.

Item 10. Public Comment

There were no comments from the public.

Item 11. Adjournment

The meeting was adjourned at 2:55 p.m. by Chairman Hilty.