



TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

Ocala Citizens Service Center
201 SE 3rd Street, Ocala, FL 34471

April 16, 2015
2:00 PM

AGENDA

1. Call to Order and Roll Call
2. Proof of Publication
3. Review and Approval of the Community Transportation Coordinator Selection
4. Minutes – January 15, 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, July 16, 2015.

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.



April 15, 2015

TO: Transportation Disadvantaged Local Coordinating Board (TDLCB)
FROM: Kenneth Odom, Transportation Planner
RE: Selection of Community Transportation Coordinator

Every five years, it is the responsibility of the Local Planning Agency to arrange for a selection of the Community Transportation Coordinator (CTC) for their designated planning area. To complete this task, the Ocala/Marion County TPO staff issued a Request For Proposal (RFP), through the Florida Commission for the Transportation Disadvantaged (CTD), soliciting proposals from any and all interested professional firms to perform the functions of the CTC for Marion County. The RFP was issued on March 4, 2015 by the CTD. All proposals were to be received by 3:00 PM, Wednesday, April 1, 2015. Only one proposal was received by Ocala/Marion County TPO staff. The current CTC, Marion Senior Services Inc. submitted their proposal on March 27, 2015. With final TDLCB and TPO Board approval, Marion Senior Services Inc. will retain the function of operating as the CTC for Marion County.

The 'Fare Model' and 'Annual Budget/Cost Proposal' has been included in this packet for your review. Multiple copies of the entire proposal will be available at the April 16, 2015 meeting for your review and comment.

If you have any questions regarding this proposal please contact me in our office at (629-8297).

Preliminary Information Worksheet

Version 1.4

CTC Name:	Marion Senior Services, Inc.
County (Service Area):	Marion
Contact Person:	Donna Hersom/Julie Poole
Phone #	(352) 620-3519 or (352) 620-3501

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: Marion Senior Services, Inc.
County: Marion

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

	Prior Year's ACTUALS from Jan 1st of 2014 to Dec 31st of 2014	Current Year's APPROVED Budget, as amended from Jan 1st of 2015 to Dec 31st of 2015	Upcoming Year's PROPOSED Budget from Jan 1st of 2016 to Dec 31st of 2016	% Change from Prior 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 > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

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

Local Non-Govt

Farebox	\$ 96,285	\$ 96,300	\$ 96,300	0.0%	0.0%	
Medicaid Co-Pay Received	\$ 1,213	\$ -	\$ -	-100.0%		
Donations/ Contributions						
In-Kind, Contributed Services						
Other	\$ 10,708	\$ -	\$ -	-100.0%		
Bus Pass Program Revenue						

Local Government

District School Board						County cash is used as match for capital equipment and trips at the rates in this spreadsheet.
Compl. ADA Services						
County Cash	\$ 1,135,797	\$ 1,250,253	\$ 1,225,253	10.1%	-2.0%	
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-Spons. Trip Program	\$ 660,944	\$ 822,216	\$ 822,216	24.4%	0.0%	
Non-Spons. Capital Equipment	\$ 138,168	\$ 138,168	\$ 138,168	0.0%	0.0%	
Rural Capital Equipment	\$ -	\$ -	\$ -			
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						5311 paid at a per unit trip rate plus mileage.
49 USC 5310	\$ 329,521	\$ 571,126	\$ -	73.3%	-100.0%	
49 USC 5311 (Operating)	\$ 695,116	\$ 760,522	\$ 760,522	9.4%	0.0%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

AHCA

Medicaid	\$ 827,318	\$ 40,000	\$ -	-95.2%	-100.0%	TD/Medicaid Contract ended February 28, 2015. Other AHCA are funds received from Access2Care - Broker facilitating transportation for Medicaid beneficiaries.
Other AHCA (specify in explanation)	\$ 238,403	\$ 420,000	\$ 420,000	76.2%	0.0%	
Bus Pass Program Revenue						

DCF

Alcohol, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./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						
Div 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

Older Americans Act						Other includes OAA, CCE, and Med Waiver contracts not at the prices calculated by this spreadsheet.
Community Care for Elderly						
Other DOEA (specify in explanation)	\$ 1,748	\$ 1,550	\$ 2,000	-11.3%	29.0%	
Bus Pass Program Revenue						

DCA

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

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

	Prior Year's ACTUALS from Jan 1st of 2014 to Dec 31st of 2014	Current Year's APPROVED Budget, as amended from Jan 1st of 2015 to Dec 31st of 2015	Upcoming Year's PROPOSED Budget from Jan 1st of 2016 to Dec 31st of 2016	% Change from Prior 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 > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

Office of Disability Determination						
Developmental Services						
Other APD (specify in explanation)						
Bus Pass Program Revenue						

D.J.J

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
Insurance Loss Reimbursement	\$ 3,730	\$ -		-100.0%		
Fuel Tax Refund	\$ 55,595	\$ -		-100.0%		
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
---------------------------------------	--	--	--	--	--	--

Balancing Revenue is Short By =						
Total Revenues =	\$4,194,546	\$4,100,135	\$3,464,459	-2.3%	-15.5%	

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

Operating Expenditures

Labor	\$ 1,362,070	\$ 1,227,773	\$ 1,266,686	-9.9%	3.2%	Miscellaneous includes depreciation.
Fringe Benefits	\$ 467,907	\$ 482,690	\$ 487,840	3.2%	1.1%	
Services	\$ 305,898	\$ 304,905	\$ 306,707	-0.3%	0.6%	
Materials and Supplies	\$ 685,122	\$ 664,972	\$ 612,048	-2.9%	-8.0%	
Utilities	\$ 25,509	\$ 26,509	\$ 26,509	3.9%	0.0%	
Casualty and Liability	\$ 134,295	\$ 147,807	\$ 155,197	10.1%	5.0%	
Taxes	\$ 1,334	\$ 1,401	\$ 1,471	5.0%	5.0%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services	\$ 149,105	\$ 9,209	\$ 9,210	-93.8%	0.0%	
Other	\$ -	\$ -	\$ -			
Miscellaneous	\$ 425,802	\$ 425,343	\$ 423,849	-0.1%	-0.4%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 21,423	\$ 21,423	\$ 21,423	0.0%	0.0%	
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds	\$ 467,690	\$ 709,294	\$ 138,168	51.7%	-80.5%	
Equip. Purchases with Local Revenue	\$ 69,631	\$ 78,811	\$ 15,352	13.2%	-80.5%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						

ACTUAL YEAR GAIN	\$78,761					
Total Expenditures =	\$4,115,785	\$4,100,135	\$3,464,460	-0.4%	-15.5%	

See NOTES Below.

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.

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

1	2	3	4	5	6	7
	Prior Year's ACTUALS from Jan 1st of 2014 to Dec 31st of 2014	Current Year's APPROVED Budget, as amended from Jan 1st of 2015 to Dec 31st of 2015	Upcoming Year's PROPOSED Budget from Jan 1st of 2016 to Dec 31st of 2016	% Change from Prior 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 > ± 10% and Also > ± \$50,000

Budgeted Rate Base Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.

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 column and 5

	Upcoming Year's BUDGETED Revenues		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 type revenues?	Budgeted Rate Subsidy Revenue EXcluded from the Rate Base	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?
	from Jan 1st of 2016 to Dec 31st of 2016				
1	2		3	4	5

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$	96,300
Medicaid Co-Pay Received	\$	-
Donations/ Contributions	\$	-
In-Kind, Contributed Services	\$	-
Other	\$	-
Bus Pass Program Revenue	\$	-

Local Government

District School Board	\$	-
Compl. ADA Services	\$	-
County Cash	\$	1,225,253
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-Spons. Trip Program	\$	822,216
Non-Spons. Capital Equipment	\$	138,168
Rural Capital Equipment	\$	-
Other TD	\$	-
Bus Pass Program Revenue	\$	-

USDOT & FDOT

49 USC 5307	\$	-
49 USC 5310	\$	-
49 USC 5311 (Operating)	\$	760,522
49 USC 5311(Capital)	\$	-
Block Grant	\$	-
Service Development	\$	-
Commuter Assistance	\$	-
Other DOT	\$	-
Bus Pass Program Revenue	\$	-

AHCA

Medicaid	\$	-
Other AHCA	\$	420,000
Bus Pass Program Revenue	\$	-

DCF

Alcohol, Drug & Mental Health	\$	-
Family Safety & Preservation	\$	-
Comm. Care Dis./Aging & Adult Serv.	\$	-
Other DCF	\$	-
Bus Pass Program Revenue	\$	-

DOH

Children Medical Services	\$	-
County Public Health	\$	-
Other DOH	\$	-
Bus Pass Program Revenue	\$	-

DOE (state)

Carl Perkins	\$	-
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

Older Americans Act	\$	-
Community Care for Elderly	\$	-
Other DOEA	\$	2,000
Bus Pass Program Revenue	\$	-

DCA

Community Services	\$	-
Other DCA	\$	-
Bus Pass Program Revenue	\$	-

\$	96,300	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	1,071,733	\$	153,520	\$	15,352
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

\$	822,216	\$	-	\$	-
\$	-	\$	138,168	\$	138,168
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	760,522	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

\$	-	\$	-	\$	-
\$	420,000	\$	-	\$	-
\$	-	\$	-	\$	-

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\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	2,000	\$	-	\$	-
\$	-	\$	-	\$	-

\$	-	\$	-	\$	-
\$	-	\$	-	\$	-
\$	-	\$	-	\$	-

YELLOW cells
are **NEVER** Generated by Applying Authorized Rates

BLUE cells
Should be funds generated by rates in this spreadsheet

local match req.
\$ 91,357
\$ 15,352
\$ -
\$ -
\$ -

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: Marion Senior Services, Inc.

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 column and 5

	Upcoming Year's BUDGETED Revenues
	from
	Jan 1st of
	2016
	to
	Dec 31st of
	2016
1	2

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 type revenues?	Budgeted Rate Subsidy Revenue EXCLUDED from the Rate Base	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?
3	4	5

APD	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
Bus Pass Program Revenue	\$ -
DJJ	
DJJ	\$ -
Bus Pass Program Revenue	\$ -
Other Fed or State	
xxx	\$ -
xxx	\$ -
xxx	\$ -
Bus Pass Program Revenue	\$ -
Other Revenues	
Interest Earnings	\$ -
Insurance Loss Reimbursement	\$ -
Fuel Tax Refund	\$ -
Bus Pass Program Revenue	\$ -
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
Total Revenues =	\$ 3,464,459

\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
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\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ 3,170,771	\$ 293,688	\$ 153,520

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 1,266,686
Fringe Benefits	\$ 487,840
Services	\$ 306,707
Materials and Supplies	\$ 612,048
Utilities	\$ 26,509
Casualty and Liability	\$ 155,197
Taxes	\$ 1,471
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ 9,210
Other	\$ -
Miscellaneous	\$ 423,849
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ 21,423
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ -
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ 138,168
Equip. Purchases with Local Revenue	\$ 15,352
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ -
Total Expenditures =	\$ 3,464,460
minus EXCLUDED Subsidy Revenue =	\$ 293,688
Budgeted Total Expenditures INCLUDED in	Rate Base = \$ 3,170,772
Rate Base Adjustment ¹	= <input type="text"/>
Adjusted Expenditures Included in Rate	Base = \$ 3,170,772

\$ 140,168

Amount of
Budgeted
Operating Rate
Subsidy Revenue

¹ 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.

¹ The Difference between Expenses and Revenues for Fiscal Year:

2014 -

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

Worksheet for Program-wide Rates

CTC: Marion Senior Serv Version 1.4
 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 <u>Projected</u> Passenger Miles =	800,000
Rate Per Passenger Mile = \$	3.96
Total <u>Projected</u> Passenger Trips =	95,000
Rate Per Passenger Trip = \$	33.38

Fiscal Year

2016

Avg. Passenger Trip Length =	8.4 Miles
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Rates If No Revenue Funds Were Identified As Subsidy Funds	
Rate Per Passenger Mile = \$	4.33
Rate Per Passenger Trip = \$	36.47

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 (Version 1.4)
 County: Marion

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?.....

Ambulatory	Wheelchair	Stretcher	Group
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
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?....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
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?.....

Ambulatory	Wheelchair	Stretcher	Group
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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 relate to the contracted service?
 How many of the total projected passenger trips relate to the contracted service?

Ambulatory	Wheelchair	Stretcher	Group
Leave Blank	Leave Blank	Complete Cells Below	Do NOT Complete Section II for Group Service
		\$ 25,000	
		2,500	
		200	

Effective Rate for Contracted Services:
 per Passenger Mile =
 per Passenger Trip =

Ambulatory	Wheelchair	Stretcher	Group
		\$ 10.00	
		\$ 125.00	
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to # 4 below for Stretcher Service	Do NOT Complete Section II for Group Service

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 =

Combination Trip and Mile Rate			
		\$ 53.25	
		\$ 5.74	
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	STOP! Do NOT Complete Sections III - V for Stretcher Service	Do NOT Complete Section II for Group Service

The sum cannot exceed total contracted services on Comp. Budget Worksheet

Worksheet for Multiple Service Rates

CTC: Marion Senior St
 County: Marion

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

Answer # 2, 3 & 4

2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR
 per passenger mile?.....

Pass. Trip
 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? Passenger Trips

4. How much will you charge each escort?..... per Passenger Trip

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? (otherwise leave blank).....

Do NOT Complete Section IV

..... And what is the projected total number of Group Vehicle Revenue Miles? Loading Rate 0.00 to 1.00

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

		RATES FOR FY: 2016			
		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	797,500	= <input type="text" value="692,500"/>	+ <input type="text" value="105,000"/>	+ <input type="text" value="Leave Blank"/>	+ <input type="text" value="Leave Blank"/>
Rate per Passenger Mile =		\$3.59	\$6.15	\$10.00	\$0.00
					\$0.00
					per passenger per group

		Ambul	Wheel Chair	Stretcher	Group
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	94,800	= <input type="text" value="76,400"/>	+ <input type="text" value="18,400"/>	+ <input type="text" value="Leave Blank"/>	+ <input type="text" value="Leave Blank"/>
Rate per Passenger Trip =		\$28.99	\$49.69	\$125.00	\$0.00
					\$0.00
					per passenger per group

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			
		Ambul	Wheel Chair	Stretcher	Group
...INPUT the Desired Rate per Trip (but must be less than per trip rate above) =		<input type="text" value="\$8.00"/>	<input type="text" value="\$16.50"/>	<input type="text" value="Leave Blank"/>	<input type="text" value="Leave Blank"/>
Rate per Passenger Mile for Balance =		\$2.70	\$3.26	\$5.74	\$0.00
					\$0.00
					per passenger per group

Rates If No Revenue Funds Were Identified As Subsidy Funds

		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Mile =		\$3.97	\$6.81	\$11.07	\$0.00
					\$0.00
					per passenger per group
		Ambul	Wheel Chair	Stretcher	Group
Rate per Passenger Trip =		\$32.10	\$55.02	\$138.41	\$0.00
					\$0.00
					per passenger per group

Worksheet for Multiple Service Rates

CTC: Marion Senior St Version 1.4
County: Marion

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

Program These Rates Into Your Medicaid Encounter Data

3.3.3 FARE PROPOSAL

MARION COUNTY SENIOR SERVICES, INC.

- A. Provide fare proposal and fare structure based on fully allocated operating costs and describe the methodology used for developing this fare proposal.

The methodology used for calculating the current rates is the rate calculation model used for the Commission for the Transportation Disadvantaged contract. This calculation includes the rates charged by the subcontractor as well as MTS' expenses and calculates a combined rate that is then used for all transportation trips.

MTS rates: Marion Senior Services proposes a rate structure for MTS based on a trip rate plus mileage rate for each one-way passenger trip. Such a rate structure more equitably spreads costs across shorter and longer trips than a flat per trip charge. Rates proposed for 2015/2016 are:

Ambulatory	\$8.00 plus \$2.70 per mile
Wheelchair	\$16.50 plus \$3.26 per mile
Stretcher	\$53.25 plus \$5.74 per mile
Escorts	\$8.00 plus \$2.70 per mile

- B. Coordination fee: Costs associated with coordination of services are not material in comparison to the overall budget. Due to the demand for trips, even without coordination with subcontractor, expenses would be approximately equal to those budgeted.

Subcontractor rates:

Subcontractor rates were obtained through a competitive bid process. The current subcontractor is under contract through 2015 with an annual extension period available after the current contract expires.

Leopard Transport, Inc.:

Ambulatory	\$11.76 plus \$1.28 per mile
Wheelchair	\$25.05 plus \$1.80 per mile
Stretcher	\$50.94 plus \$1.80 per mile
Escort	\$ 8.50 (no mileage charge)

SunTran:

Monthly bus pass	\$40.00
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C. Other requested information

- a. Cost per passenger trip = \$33.38
- b. Cost per vehicle hour: MTS has not tracked vehicle hours as a cost basis for rates or management.
- c. Cost per revenue mile = \$3.96
- d. Cost per vehicle mile = \$4.33
- e. Rates according to type of service are listed above.
- f. Rates for all trip categories as listed are the same regardless of day of week or time of day.
- g. Minimum charges: None for subcontractors. Base plus one mile minimum for MTS.
- h. Rates for out-of-county are the same as above.
- i. Escort rates are the same as ambulatory rates for all providers.



**TRANSPORTATION DISADVANTAGED
LOCAL COORDINATING BOARD**

Ocala Citizens Service Center
201 SE 3rd Street, Ocala FL 34478

January 15, 2015

MINUTES

Members Present:

Councilman James Hilty, Chairman
Tracey Alesiani
Susan Hanley
Andrew Singer
Same Weekley

Members Not Present:

Jeffrey Askew
Meagan Crowley
Charmaine Richardson
Kathleen Woodring

Others Present:

Greg Slay, TPO Director
Ken Odom, TPO Staff
Kayleen Hamilton, TPO Staff
Sarah Stroh, Marion Senior Services

Item 1. Call to Order and Roll Call

Chairman James Hilty called the meeting to order at 2:01 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 Section 5311 Grant Application

Mr. Odom presented the Section 5311 grant applications. The grant covered operating expenses for the period of October 2015 through September 2016. The biggest costs were vehicle maintenance and personnel. The grant required a local match. Ms. Stroh mentioned that the match would come from a contribution by Marion County and from Marion Senior Service funds.

Mr. Odom asked about other revenue sources, and Ms. Stroh reported that these included fares and broker revenue from Access to Care for the PPAC program. Marion Senior Services was also going to continue to provide dialysis trips through a broker for AHCA.

Mr. Singer made a motion to approve the Section 5311 grant application. Ms. Hanley seconded and the motion was unanimously approved.

Item 4. Approval of Meeting Minutes – December 4, 2014

Mr. Singer moved for approval of the December 4, 2014, meeting minutes, and Ms. Hanley seconded. The motion passed unanimously.

Item 5. Comments by TDLCB Members

There were no further comments by TDLCB members.

Item 6. Comments by CTC

Ms. Stroh advised the board that since the Medicaid transition over the last year, Marion Transit had been able to expand transportation services through Section 5311 and the Transportation Disadvantaged program. Mr. Slay mentioned that the Transportation Disadvantaged Service Plan would need to be updated to reflect the changes.

Item 7. Comments by TPO Staff

Mr. Slay reported that the Community Transportation Coordinator (CTC) contract with Marion Senior Services was set to expire soon. The CTC contract was handled through a competitive selection process every five years. Mr. Slay advised that during the last selection process, staff

Approved –

had received two proposals. Staff was working on the Request for Proposals and hoped to have it out by the middle of February.

Mr. Odom stated that FDOT had awarded Section 5339 funds to Marion Transit for upgrading dispatch software in the coming fiscal year. Ms. Stroh mentioned that Marion Transit was not applying for Section 5310 funds this year because they did not have any vehicles that qualified for replacement.

Item 8. Public Comment

There were no comments from the public.

Item 9. Adjournment

The meeting was adjourned at 2:16 p.m. by Chairman Hilty.

Respectfully Submitted By:

Kayleen Hamilton, TPO Administrative Assistant