



## **Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**

Marion County Growth Services Bldg. – Training Room

2710 E. Silver Springs Blvd., Ocala, FL 34470

June 17, 2021 - 3:45pm

### **AGENDA**

- 1. CALL TO ORDER AND ROLL CALL**
- 2. PLEDGE OF ALLIGENCE**
- 3. PROOF OF PUBLICATION**
- 4. DISCUSSION ITEMS**
  - A. [Transportation Disadvantaged Survey Questions](#) -Page 2**
- 5. ACTION ITEMS**
  - A. [Rate Model Calculation Approval](#) -Page 4**
- 6. CONSENT AGENDA**
  - A. [Minutes of March Meeting](#) -Page 13**
- 7. COMMENTS BY TDLCB MEMBERS**
- 8. COMMENTS BY TPO STAFF**
- 9. COMMENTS BY TRANSPORTATION COORDINATOR (CTC)**
- 10. PUBLIC COMMENT (Limited to 2 minutes)**
- 11. ADJOURNMENT**

All meetings are open to the public, the TPO does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or family status. Anyone requiring special assistance under the Americans with Disabilities Act (ADA), or requiring language assistance (free of charge) should contact Liz Mitchell, Title VI/Nondiscrimination Coordinator at (352) 438-2634 or [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org) forty-eight (48) hours in advance, so proper accommodations can be made.

If any person wishes to appeal any decision made by the Board with respect to any matter considered at the above meeting, they will need a record of the proceedings, and that, for such purpose, they may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

*The next regular meeting of the Ocala/Marion TDLCB will be held on September 16<sup>th</sup>, 2021*

# What do you think?

Let your voice make a difference!

Do you have neighbors, friends or family that require assistance to get to the doctor, grocery store, etc.? We have a Paratransit system that provides transportation service “specialized” meaning it provides service to persons with disabilities comparable to that provided to persons without disabilities. Upon qualifying, that service is provided by “Marion Transit” available to help the disadvantaged that cannot physically, mentally, or economically, and lack access to ride the regular transit system. But “disadvantaged” doesn’t just mean blind, or person in a wheelchair, it also includes low income, person(s) that have no access to transportation, or person(s) dependent upon others for health care, education, employment, social activities, and groceries to name a few.

Take the survey below, 10 simple questions, give us your opinion, it will serve to capture real-world data and focus on areas of need within the Transportation Disadvantaged system. Whether it’s you or a loved one that rides, it will allow us to make the needed changes based on your answers.

Take this survey at the [OcalaMarionTPO.org](http://OcalaMarionTPO.org) website or submit this completed survey to [Liz.Mitchell@marionfl.org](mailto:Liz.Mitchell@marionfl.org).

1. How important is public transportation?
  - a. Very
  - b. Somewhat
  - c. Can live without
  - d. Not important
2. How important is Paratransit service “Marion Transit”
  - a. Very
  - b. Somewhat
  - c. Can live without
  - d. Not important
3. In your “Marion Transit” daily commute what do you see that functions well and not well?

Well:

---

---

---

Not Well:

---

---

---

4. What impact does Marion Transit have in the community?
- Provides a better quality of life
  - Provides equity in the community
  - Don't see a real difference
  - Other \_\_\_\_\_
5. What are the most important features of the Paratransit system "Marion Transit"?
- Enough capacity
  - Fare pricing
  - How accessible they are
  - Other \_\_\_\_\_
6. What is the one thing that should be a **long term** "Paratransit" transportation focus?
- Provide more buses more often
  - Customer Service
  - More advertising for public awareness
  - Other \_\_\_\_\_
7. What in Marion Transit's service do you think would make an **immediate** improvement?
- Faster pick up and return time
  - Friendly service
  - No improvement needed
  - Other \_\_\_\_\_
8. What if Marion Transit only ran in your area once a month, what would you do?
- This would be acceptable
  - Adjust my doctors, shopping, etc. to that time frame
  - This is unacceptable
  - Other \_\_\_\_\_
9. What if Marion Transit stopped service, what would you do?
- Try to ride the SunTran bus system
  - Trouble my family and friends for rides
  - Don't know-stay home
  - Other \_\_\_\_\_
10. If you were doing this survey for Paratransit Services what questions would you ask?  
What did we fail to ask you?

---

---

---

---

---

---

COMMENTS: \_\_\_\_\_

---

---

---

---



**TO: TDLCB Board Members**

**FROM: Liz Mitchell, Grants Coordinator/Fiscal Planner**

**RE: Proposed Trip Rates for FY 2021**

---

Each year, the TDLCB is required to approve Marion Transit's (MT) proposed trip rates. MT, as required, utilizes the Commission for Transportation Disadvantaged (CTD) Trip Rate Calculation process. This year, MT is proposing a slight increase in the charge for ambulatory and wheelchair patients.

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

	Current Rate	Proposed Rate
Ambulatory	\$ 28.13	\$ 30.01
Wheelchair	\$ 48.23	\$ 51.44

The Trip Rate Calculation is enclosed for your review. Staff is requesting approval of the rates as proposed.

If you have any questions, comments or suggestions please contact Liz Mitchell at (352) 438-2630 or [liz.mitchell@marioncountyfl.org](mailto:liz.mitchell@marioncountyfl.org).

## Preliminary Information Worksheet

Version 1.4

**CTC Name:** Marion Senior Services, Inc. d/b/a Marion Transit  
**County (Service Area):** Marion  
**Contact Person:** Tom Wilder/Tamara G-P. & Krutika M.  
**Phone #** 352.620.3519 / 352.620.3501

### 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"***

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc. d/b/a Marion Transit  
County: Marion

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

	Prior Year's ACTUALS from July 1st of  2019 to June 30th of 2020	Current Year's APPROVED Budget, as amended from July 1st of 2020 to June 30th of 2021	Upcoming Year's PROPOSED Budget from July 1st of 2021 to June 30th of 2022	% 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	\$ 72,285	\$ 102,500	\$ 87,393	41.8%	-14.7%	
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other						
Bus Pass Program Revenue						

Local Government

District School Board	\$ 21,015		\$ 31,000	-100.0%		
Compl. ADA Services	\$ 344,302	\$ 320,000	\$ 340,000	-7.1%	6.3%	
County Cash	\$ 720,698	\$ 973,283	\$ 969,909	35.0%	-0.3%	
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	\$ 854,171	\$ 784,181	\$ 778,311	-8.2%	-0.7%	
Non-Spons. Capital Equipment						
Rural Capital Equipment						
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						
49 USC 5310	\$ 360,833	\$ 374,000	\$ 353,758	3.6%	-5.4%	
49 USC 5311 (Operating)	\$ 847,057	\$ 837,419	\$ 847,858	-1.1%	1.2%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)	\$ 292,446		\$ 44,220	-100.0%		
Bus Pass Program Revenue						

AHCA

Medicaid						
Other AHCA (specify in explanation)	\$ 19,640	\$ 45,000	\$ -	129.1%	-100.0%	
Bus Pass Program Revenue						

DCF

Alcoh, 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						
Community Care for Elderly						
Other DOEA (specify in explanation)	\$ 5	\$ 850		16866.1%	-100.0%	
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. d/b/a Marion Transit  
County: Marion

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

	Prior Year's ACTUALS from July 1st of 2019 to June 30th of 2020	Current Year's APPROVED Budget, as amended from July 1st of 2020 to June 30th of 2021	Upcoming Year's PROPOSED Budget from July 1st of 2021 to June 30th of 2022	% 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						

DJJ

(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	\$ 6,182			-100.0%		
Sale of Vehicles	\$ 12,024			-100.0%		
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

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

Balancing Revenue is Short By =		None				
Total Revenues =	\$3,550,658	\$3,437,233	\$3,452,449	-3.2%	0.4%	

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

Operating Expenditures

Labor	\$ 1,530,912	\$ 1,415,000	\$ 1,647,546	-7.6%	16.4%	
Fringe Benefits	\$ 435,185	\$ 399,718	\$ 469,898	-8.1%	17.6%	
Services	\$ 66,710	\$ 298,995	\$ 389,763	348.2%	30.4%	
Materials and Supplies	\$ 582,197	\$ 373,499	\$ 308,890	-35.8%	-17.3%	
Utilities	\$ 47,894	\$ 26,274	\$ 42,757	-45.1%	62.7%	
Casualty and Liability	\$ 150,837	\$ 142,585	\$ 146,711	-5.5%	2.9%	
Taxes	\$ 184	\$ 1,100	\$ 142	496.4%	-87.1%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 11,124	\$ 14,007	\$ 3,722	25.9%	-73.4%	
Operating Debt Service - Principal & Interest						
Leases and Rentals		\$ 1,550	\$ 820		-47.1%	
Contrib. to Capital Equip. Replacement Fund		\$ 349,000			-100.0%	
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds	\$ 653,279	\$ 374,000	\$ 397,978	-42.8%	6.4%	
Equip. Purchases with Local Revenue	\$ 67,886	\$ 41,505	\$ 44,220	-38.9%	6.5%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						

ACTUAL YEAR GAIN	\$4,448					
Total Expenditures =	\$3,546,210	\$3,437,233	\$3,452,449	-3.1%	0.4%	

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.

Budgeted Rate Base Worksheet

Version 1.4

CTC: Marion Senior Services, Inc. d/b/a Marion Transit

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 <b>BUDGETED</b> Revenues
	from
	July 1st of
	<b>2021</b>
	to
	June 30th of
	<b>2022</b>
<b>1</b>	<b>2</b>

What amount of the <u>Budgeted Revenue</u> 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 <u>Subsidy Revenue</u> <b>EXcluded from</b> the Rate Base	What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
<b>3</b>	<b>4</b>	<b>5</b>

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$ 87,393
Medicaid Co-Pay Received	\$ -
Donations/ Contributions	\$ -
In-Kind, Contributed Services	\$ -
Other	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

Local Government

District School Board	\$ 31,000
Compl. ADA Services	\$ 340,000
County Cash	\$ 969,909
County In-Kind, Contributed Services	\$ -
City Cash	\$ -
City In-kind, Contributed Services	\$ -
Other Cash	\$ -
Other In-Kind, Contributed Services	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

CTD

Non-Spons. Trip Program	\$ 778,311
Non-Spons. Capital Equipment	\$ -
Rural Capital Equipment	\$ -
Other TD	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

USDOT & FDOT

49 USC 5307	\$ -
49 USC 5310	\$ 353,758
49 USC 5311 (Operating)	\$ 847,858
49 USC 5311(Capital)	\$ -
Block Grant	\$ -
Service Development	\$ -
Commuter Assistance	\$ -
Other DOT	\$ 44,220
<b>Bus Pass Program Revenue</b>	\$ -

AHCA

Medicaid	\$ -
Other AHCA	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

DCF

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

DOH

Children Medical Services	\$ -
County Public Health	\$ -
Other DOH	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

DOE (state)

Carl Perkins	\$ -
Div of Blind Services	\$ -
Vocational Rehabilitation	\$ -
Day Care Programs	\$ -
Other DOE	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

AWI

WAGES/Workforce Board	\$ -
AWI	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

DOEA

Older Americans Act	\$ -
Community Care for Elderly	\$ -
Other DOEA	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

DCA

Community Services	\$ -
Other DCA	\$ -
<b>Bus Pass Program Revenue</b>	\$ -

\$ 43,697	\$ 43,696	
	\$ -	
	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	

\$ 31,000	\$ -	
\$ -	\$ 340,000	
\$ 969,909	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	
	\$ -	
\$ -	\$ -	
\$ -	\$ -	

\$ 778,311	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
	\$ -	
\$ -	\$ -	

\$ -	\$ -	
\$ -	\$ 353,758	\$ 353,758
\$ 847,858	\$ -	
\$ -	\$ -	\$ -
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ 44,220	
\$ -	\$ -	

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

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

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

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

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

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

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

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.

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.





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 Projected Passenger Miles = 700,000

Rate Per Passenger Mile = \$ 3.82

Total Projected Passenger Trips = 70,000

Rate Per Passenger Trip = \$ 38.15

Fiscal Year

2021 - 2022

Avg. Passenger Trip Length = 10.0 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ 4.93

Rate Per Passenger Trip = \$ 49.32

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 S  
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?.....

Ambulatory	Wheelchair	Stretcher	Group
<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
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
<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
Answer # 2 for Ambulatory Service	Answer # 2 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?.....

<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
---	---	---	---

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?

Leave Blank	Leave Blank	Leave Blank	Do NOT Complete Section II for Group Service

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

Ambulatory	Wheelchair	Stretcher	Group
Go to Section III for Ambulatory Service	Go to Section III for Wheelchair Service	Go to Section III 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			
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	Do NOT Complete Section II for Group Service

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

CTC: Marion Senior S Version 1.4  
County: Marion

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....
- ☐ Yes

☒ No
- Skip #2 - 4 and Section IV and Go to Section V
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
- Leave Blank
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

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: 2021 - 2022				
		Ambul	Wheel Chair	Stretcher	Group	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) =	700,000 =	<input type="text" value="434,000"/>	<input type="text" value="266,000"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Leave Blank
	Rate per Passenger Mile =	\$3.00	\$5.14	\$0.00	\$0.00	\$0.00
				per passenger	per group	

		Ambul	Wheel Chair	Stretcher	Group	
Projected Passenger Trips (excluding totally contracted services addressed in Section II) =	70,000 =	<input type="text" value="43,400"/>	<input type="text" value="26,600"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	Leave Blank
	Rate per Passenger Trip =	\$30.01	\$51.44	\$0.00	\$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 <u>less</u> than per trip rate above) =		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0.00
	Rate per Passenger Mile for Balance =	\$3.00	\$5.14	\$0.00	\$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 =		\$3.88	\$6.65	\$0.00	\$0.00	\$0.00
				per passenger	per group	
Rate per Passenger Trip =		\$38.79	\$66.50	\$0.00	\$0.00	\$0.00
				per passenger	per group	

Program These Rates Into Your Medicaid Encounter Data



**Transportation Disadvantaged Local Coordinating Board (TDLCB) Meeting**

Marion County Public Library Meeting Room C  
2720 E. Silver Springs Blvd., Ocala, FL 34470  
Cisco WebEx  
March 18, 2021  
10:00 AM

**MINUTES**

**Members Present:**

Michelle Stone  
Jeffrey Askew (*joined at 10:05am via WebEx*)  
Tamyika Young (*via WebEx*)  
Mark Mulligan (*via WebEx on behalf of Susan Hanley*)  
Carlos Colon (*via WebEx*)  
Tracey Alesiani (*via WebEx*)  
Andrea Melvin  
Anissa Pieriboni (*via WebEx*)

**Members Not Present:**

Charmaine Anderson  
Tracey Sapp  
Iris Pozo  
Carissa Hutchinson  
Steven Neal  
Jeff Aboumrad  
James Haynes

**Others Present:**

Rob Balmes, TPO  
Shakayla Irby, TPO  
Elizabeth Mitchell, TPO  
Tom Wilder, Marion Transit  
Karen Williams, Marion Transit  
Herman Schulz, Marion Transit  
Ken McKelvy, Marion Transit

**Item 1. Call to Order and Roll Call**

Chairwoman Stone called the meeting to order at 10:00am. Secretary Shakayla Irby called the roll and a quorum was present.

**Item 2. Pledge of Allegiance**

Chairwoman Stone lead the board members in the Pledge of Allegiance.

**Item 3. Proof of Publication**

Secretary Shakayla Irby stated that the meeting had been published March 11, 2021 online on the TPO website and Facebook and Twitter pages, the City of Ocala, Belleview, and Dunnellon websites. The meeting was also published to the March 12, 2021 edition of the Star Banner.

**Item 4A. Presentation: Ms. Tameka Young- Agency for Health Care Administration (AHCA) presentation on Medicaid**

Ms. Young gave the presentation and said that Medicaid was a medical assistance program that provided health coverage to low-income families and individuals. That included children, parents, pregnant women, seniors and people with disabilities.

Ms. Young explained the key components

- Department of Children and Families- Determines Medicaid eligibility through the ACCESS program
- Social Security Administration- Determines eligibility through the Supplemental Security Income (SSI) program
- Agency for Health Care Administration- Agency for Health Care Administration is the State agency that manages the Florida Medicaid Program
- Gainwell Technologies- The fiscal agent for Medicaid
  - Manages Florida Medicaid Management Information System (FMMIS)
  - Process Medicaid claims for fee-for-service providers and services

- Assist with billing questions & provider enrollment

Ms. Young explained the Richest Benefit Package

- SMMC plans offered many extra benefits (“expanded benefits”) to their enrollees at no cost to the state.
- Examples:
  - MMA planned to offer extra adult preventive services, substance abuse and mental health treatment, alternative pain management services.
  - LTC planned to offer support for caregivers and extra help transitioning from nursing homes to the community.
  - Dental planned to offer adult preventive and restorative dental services and extra assistance for enrollees with special needs.

Ms. Young also explained Medicaid Transportation Services

- Medicaid covered non-emergency transportation services for Medicaid eligible recipients.
- Medicaid covered medically necessary emergency ground or air ambulance transportation.
- Medicaid transportation was covered by all health plans serving Medicaid enrollees.
- Individuals enrolled in a health plan should contact their plan for transportation assistance.
- Individuals not enrolled in a health plan should contact our Medicaid Helpline at 1-877-254-1055 for transportation assistance.

To file a complaint

If there was a complaint about a transportation trip, the transportation provider should be contacted first.

If the transportation provider is not able to resolve the problem, a complaint can be filed:

Via the online complaint form at <http://ahca.myflorida.com/Medicaid/complaints/index.shtml> or  
Contact a Medicaid representative by phone toll-free at 1-877-254-1055

Ms. Young concluded her presentation by supplying the board with the following resource information:

- Agency website <http://ahca.myflorida.com/Medicaid>
- Provider alerts

\*Emails sent to your mailbox when Medicaid policy clarifications or other health care information is available

\*Sign up online at <http://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>

- Agency webinars

### **Item 5A. Public Workshop**

Ms. Stone said that the upcoming June 17, 2021 TDLCB meeting would require a Public Workshop and asked if any of the board members had suggestions on what to discuss.

Board members inquired about upcoming changes in the SunTran bus routes and offered that the route changes be a discussion item for the Public Workshop.

### **Item 6A. Approval of Bylaws**

Ms. Mitchell said that it was incumbent upon TPO staff to regularly review and/or amend the TDLCB bylaws to remain concurrent with State of Florida regulations and code as they related to the operations of the local Community Transportation Coordinator and the Florida CTD. TPO staff had reviewed the TDLCB bylaws and made adjustments to the language. Staff respectfully requested the TDLCB Board review and recommend any changes or approval to the said bylaws.

Ms. Mitchell provided a copy of bylaws with the tracked changes to the board.

All elements included in the TDLCB bylaws were pursuant to Chapter 427 Florida Statutes(FS); Rule 41-2, Florida Administrative Code (FAC); and subsequent laws setting forth requirements for the coordination of transportation services to the TD.

Mr. Colon made a motion to approve the Bylaws. Mr. Askew seconded, and the motion was passed unanimously.

### **Item 6B. Approval of CTC Review and Evaluation**

Ms. Mitchell presented and said pursuant to Chapter 427 Florida Statutes 427.015(2), the performance of the Community Transportation Coordinator (CTC) had to be evaluated annually based on the Commission for the Transportation Disadvantaged's (CTD) approved evaluation criteria.

TPO staff conducted the evaluation during the month of January and February. The evaluation included an analysis of all relevant elements within the operations of Marion Transit Services. Examples included:

- Policies & Procedures
- Vehicle Operations & Maintenance



- Grievance Procedures
- Budget
- Contracts and Contract Management
- Driver Certification & Training
- Performance Standards
- Safety Standards
- Quality Assurance

Ms. Mitchell provided a brief and summarized slideshow presentation of the results of the evaluation.

The CTC Evaluation is was submitted to the Board for review and approval.

Ms. Melvin made a motion to approve the CTC Review and Evaluation. Mr. Colon seconded, and the motion passed unanimously.

#### **Item 7. Consent Agenda**

Mr. Colon made a motion to approve the Consent Agenda. Ms. Melvin seconded, and the motion passed unanimously.

#### **Item 8. Comments by TDLCB Board Members**

Mr. Askew complimented TPO staff on the detailed CTC Review Report.

Mr. Mulligan attended on behalf of Susan Hanley and complimented Marion Transit on great rider and driver reviews of Marion Transit.

Mr. Colon thanked Marion Transit for a job well done on reviews and said that Marion Transit was always compliant and did a great job.

Ms. Melvin complimented Marion Transit for great reviews.

The Centers for Independent Living in conjunction with the Department of Health were providing vaccines for individuals with disabilities. Individuals could come to the office or someone could come to the home. Kevin was the contact at 352-368-3788 ext. 1017.

Ms. Stone said that Marion County through the Community Services Department received 10.8 million dollars to help the community with assistance for rent only for individuals who had been affected by Covid-19 and has a need for help with rent and utilities. Funds would be available beginning April 1, 2021.

**Item 9. Comments by TPO Staff**

Ms. Mitchell said that TPO Annual Report had been completed for 2020 and provided the board with the State of the TPO Report.

Mr. Balmes told the board that he would be making contact with Steven Neal for timeline of route changes and would invite him to meet with the TDLCB board.

**Item 10. Comments by Transportation Coordinator (CTC)**

Mr. Wilder provided the board with a Marion Transit CTC Report that noted a 26% decrease in trips from 2019 vs. 2020, a Snapshot of Weekly Trips by Appointment Times, and also some highlights of Marion Transit. A file copy of the report was provided.

Mr. Wilder also mentioned “Transportation Awareness Day” it was being held virtually on March 29, 2021 from 1:30pm to 3:00pm via ZOOM.

**Item 11. Public Comment**

There was no public comment.

**Item 12. Adjournment**

Chairwoman Stone adjourned the meeting at 11:10am.

Respectfully Submitted By:

---

Shakayla Irby, TPO Administrative Assistant