CTC EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING RI	EVIEWED:	Mid Florida Co	ommunity Service	ces DBA	Trans Hernando
COUNTY (IES)	:	Н	ernando County	/	
ADDRESS:	1122	Ponce De Leor	n Blvd., Brooksv	ille, FL	34601
CONTACT:	Miranda Mald	lonado	PHONE:	352	-799-1510
REVIEW PERI	OD: SFY	2024	REVIEW DA	ATES:	2/28/24-5/2/24
PERSON CONI	OUCTING T	——— THE REVIEW	Robert Es	- sposito a	nd Mary Elwin
CONTACT INF	ORMATIO	ON:	352-754	4-4082	

LCB EVALUATION WORKBOOK

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REVIEW CHECKLIST & SCHEDULE

COLLECT FOR REVIEW:

- APR Data Pages
- ☑ QA Section of TDSP
- \blacksquare Last Review (Date: $\frac{4/9/22}{}$)
- List of Omb. Calls
- QA Evaluation
- Status Report (from last review)
- ☑ AOR Submittal Date
- **▼** TD Clients to Verify
- ▼ TDTF Invoices
- Audit Report Submittal Date

ITEMS TO REVIEW ON-SITE:

- **⊠** SSPP
- ☑ Policy/Procedure Manual
- ☑ Drug & Alcohol Policy (see certification)
- ☑ Grievance Procedure
- ☑ Driver Training Records (see certification)
- Contracts
- **■** Budget
- □ Performance Standards

ITEMS TO REQUEST:

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

EVALUATION INFORMATION

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

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

Notes to remember:

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

ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

7		ibe the evaluation process (LCB evaluates the CTC and forwards a copy of the ation to the CTD).						
7		CB reviews the C		nce every year to evaluate the operations and the dinator.				
	The L	CB will be review	ving tl	ne following areas:				
	7	Chapter 427, Ru	ıles 41	1-2 and 14-90, CTD Standards, and Local Standards				
	7	Following up or Ombudsman pro		Status Report from last year and calls received from the				
	$\overline{\checkmark}$	Monitoring of co	ontrac	etors.				
		Surveying riders	s/bene	eficiaries, purchasers of service, and contractors				
7				Report with the findings and recommendations to the CTG after the review has concluded.				
7		the CTC has received: CB within 30 world		ne Review Report, the CTC will submit a Status Report to lays.				
7		an update of Comi	missio	on level activities (last meeting update and next meeting				
Using	тне А	PR, COMPILE TH	IIS INF	CORMATION:				
1. OI	PERAT	ING ENVIRONM	/IENT	:				
	7	RURAL [✓	URBAN				
2. OI	RGANI	ZATION TYPE:						
		PRIVATE-FOR	-PRO	FIT				
		PRIVATE NON	V-PRC	PFIT				
		GOVERNMEN	T					
		TRANSPORTA	TION	AGENCY				

3.	NETWOR	ETWORK TYPE:						
	×	SOLE PROVIDER						
		PARTIAL BROKERAGE						
		COMPLETE BROKERAGE						
4.	NAME	E THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH:						
No	ot Applicat	ole						

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH:

	Coordin	ation Contract Age	encies	
Name of Agency	Address	City, State, Zip	Telephone Number	Contact
N/A				

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

Name of Agency	% of Trips	Name of Contact	Telephone Number
Mid Florida Senior Serv	14%	Melanie Martinez	352-796-1426

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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

GENERAL QUESTIONS

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

1.	DESIC	SNATIC	N DA	ΓE OF C	TC: JUN	E 20, 2023	(Rene	ewed as	CTC	since 2003)
2.	WHAT IS THE COMPLAINT PROCESS? The complaint process was updated and adopted on February 8, 2024,							024,		
				N WRIT lude in f	TEN FOR	LM?	×	Yes		No
	`	process 1			,		×	Yes		No
3.				VE A Co lude in f		NT FORM?	×	Yes		No
4.						ORPORATI UIDEBOOK		ELEME	ENTS C	OF THE CTD'S
5.	DOES	THE FO	ORM H	IAVE A No	SECTION	N FOR RES	OLUTI	ON OF	THE C	COMPLAINT?
			_	_		ms to ens				section is
6.	IS A S	UMMA	RY OF	COMP	LAINTS (GIVEN TO	THE LO	CB ON .	A REG	ULAR BASIS?
	×	Yes		No	No compl	aints have b	een rec	eived to	forwar	rd to TDLCB.
7.	Issue	s that c	annot	be addr	essed at	Y REFERR the local le procedure	vel wil			PLINE? o the TD Helpline or
8.	OMBU	JDSMA	N PRC		IS THE C	DED TO YO COMPLAIN				ГНЕ THE LOCAL
	×	Yes		No		No complaints processed acco			however	, they would be
	If no, v	what is c	lone wi	th the co	mplaint?					

9.	DOLD	TILL	10110	O TIDE WIGHT	TEN RIDER/BENEFICIARY INFORMATION OR RS/ BENEFICIARIES ABOUT TD SERVICES?
	×	Yes		No	If yes, what type?
		n inforr ndo we		is contained	in brochures, on vehicles, and also on the Trans
10.	OMBU			BENEFICIAR MBER?	Y INFORMATION OR BROCHURE LIST THE
		Yes		No	
11.				BENEFICIAR CEDURE?	LY INFORMATION OR BROCHURE LIST THE
		Yes		No	
12.	WHAT	Γ IS YO	UR EI	LIGIBILITY P	ROCESS FOR TD RIDERS/ BENEFICIARIES?
					service and upon approval is valid for a two-year period. A current application is is on file in the Planning Agency to support this review.
Please	Verify :	These P	asseng	ers Have an E	ligibility Application on File:

T	D Eligibility Verification	1	
Name of Client	Address of client	Date of Ride	Application on File?
Pearl Mitchell	9405 Belvedere St., Spring Hill 34608	2/21/24	Yes
Matilda Santos	1321 Galt Lane, Spring Hill 3460		Yes
Marie Oyola	11435 Long Hill Ct, Spring Hill	34609 7/17/23	Yes
Kristin Feldpausch	301 Killinger Ave, Spring Hill 3	34606 9/12/23	Yes
Irene Fetcher	11284 Musgrove Mill Rd Spring	Hill 34609 1/17/24	Yes
Brian E. Ahern	27465 Old Trilby Rd, Brooksvil	le 34602 5/9/23	Yes
Anita Cuthbert	1060 Abbott Ave, Spring Hill 3	4609 11/20/23	Yes

13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?

Trans-Hernando provided trips to the Veteran's Administration hospital in Tampa.

15.	WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM? There are no known barriers to the system. However, vehicle repairs are impacted by the ability to get necessary parts from manufacturers on a timely basis or fashion.
16.	ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
	The CTD is responsive to questions and with assistance when needed. A regular meeting call to touch base would be helpful.
17.	WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM? The CTC works with the CTD, FDOT, and the MPO effectively to operate its system.
18.	HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR? The donation of \$1.00 for TD is mentioned on the website and in brochures.

ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?

14.

The CTC and MPO coordinate effectively.

	GENERAL QUESTIONS
Findings:	
There are no findings.	
Recommendations:	
There are no recommendations.	

deview the CTC contract Execute uniform contract acludes performance stat	acts for serv	vice using	* * *	ntract, which
RE YOUR CONTRACTS UNII	FORM? TY	es 🛮 N	This section is n	ot applicable; no operator con
THE CTD'S STANDARD CO	NTRACT UTILIZ	ZED?	☐ Yes ☐	No
O THE CONTRACTS INCLUI PERATORS AND COORDINA			RDS FOR THE TRAI	NSPORTATION
]	Yes [No		
THE CTC IN COMPLIANCE	Yes [Yes 🔲 No	
Operator Name	Exp. Date	SSPP	AOR Reporting	Insurance

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

REPORTING TIMELINESS Were the following items submitted on time? $|\mathbf{x}|$ П Yes No a. Annual Operating Report \Box Yes \times Any issues that need clarification? No Any problem areas on AOR that have been re-occurring? List: N/A \boxtimes Yes No b. Memorandum of Agreement c. Transportation Disadvantaged Service Plan Yes No \boxtimes d. Grant Applications to TD Trust Fund Yes No П \boxtimes e. All other grant application (_____%) Yes No IS THE CTC IN COMPLIANCE WITH THIS SECTION? ■ Yes No Comments: No comments.

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

"Review all transportation operator contracts annually."

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

Not applicable.

Not applicable.
Is a written report issued to the operator?
If NO , how are the contractors notified of the results of the monitoring?
WHAT TYPE OF MONITORING DOES THE CTC PERFORM ON ITS COORDINATION CONTRACTORS AND HOW OFTEN IS IT CONDUCTED?
Not applicable.
Is a written report issued?
If NO , how are the contractors notified of the results of the monitoring?
WHAT ACTION IS TAKEN IF A CONTRACTOR RECEIVES AN UNFAVORABLE REPORT?
IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No
ASK TO SEE DOCUMENTATION OF MONITORING REPORTS

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

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

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

School buses are not used in the system.

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

SYSTEM?
⊠ N/A
IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT? Yes No
If YES, what is the goal? 100%, TDSP page 29
Is the CTC accomplishing the goal? \square Yes \square No
IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No
Comments: The use of the fixed-route public transit system is encouraged and promoted in the TDSP and service brochures. The goal of 100% will be reviewed in the update of the next TDSP.

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

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

IS THE CTC INVOLVED WITH THE REVIEW OF APPLICATIONS FOR TD FUNDS, IN CONJUNCTION WITH THE LCB? (TD Funds include <u>all</u> funding for transportation disadvantaged services, i.e. Section 5310 [formerly Sec.16] applications for FDOT funding to buy vehicles granted to agencies who are/are not coordinated) Yes
If Yes, describe the application review process. The CTC is also doing business as Trans Hernando which utilizes TD funding (Section 5310) in its operations.
If no, is the LCB currently reviewing applications for TD funds (any federal, state, and local funding)? Yes No
If no, is the planning agency currently reviewing applications for TD funds? \[\subseteq \text{Yes} \sqrt{\subseteq} \text{No} \]
IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No
Comments: None

Review priorities listed in the TDSP, according to Chapter 427.0155(7). "Establish priorities with regard to the recipients of non-sponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust monies."
REVIEW THE QA SECTION OF THE TDSP (ask CTC to explain):
WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?
Prioritized services are medical, nutritional, grocery shopping, educational, employment, and social activities, respectively.
HOW ARE THESE PRIORITIES CARRIED OUT?
All riders must have a Transportation Disadvantaged application on file prior to their first ride. Transportation for Disadvantaged services are provided through a geographical assignment of vehicles based on current trip demand history. Scheduling requires twenty four hour advanced notice and vehicles multi-load medical, nutritional, shopping, education and other riders in a time certain pickup and drop off system. All vehicles begin picking up riders county wide Monday through Friday 6:00am with guaranteed appointment arrival times. Cross county services require return trip by 2:00 p.m. The last or latest return available for local traffic, city to same city, is 3:00 p.m.
IS THE CTC IN COMPLIANCE WITH THIS SECTION? ☑ Yes ☐ No
Comments: No comments.

Ensure CTC compliance with the delivery of transportation services 427.0155(8).
"Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2)."
transportation aisaavamagea as outtinea in s. 427.013(2).
Review the Operational section of the TDSP
1. Hours of Service:
6:00 AM to 4:00 PM
2. Hours of Intake:
7:30 am to 3:00 pm
3. Provisions for After Hours Reservations/Cancellations?
An answering machine may be utilized for cancellations.
4. What is the minimum required notice for reservations?
24-hour notice by noon of the prior day.
5. How far in advance can reservations be place (number of days)?
14 days/2 weeks
IS THE CTC IN COMPLIANCE WITH THIS SECTION? ✓ Yes ✓ No
Comments: None

COMPLIANCE	WITH	CHAPTER	427 .	, F.S.
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Review the cooperative agreement with the local WAGES coalitions according to Chapter 427.0155(9).

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

WAGES participants."
WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE LOCAL WAGES COALITION?
N/A
HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?
N/A
IS THE CTC IN COMPLIANCE WITH THIS SECTION? ✓ Yes ✓ No
IS THE CTC IN COMI LIANCE WITH THIS SECTION: L. 163 L. 140
Comments:
None

CHAPTER 427
Findings:
No findings.
Recommendations:
Address goal setting in next update of TDSP for conversion of riders from paratransit to
fixed-route.

COMPLIANCE WITH 41-2, F.A.C.		
Compliance with 41-2.006(1), Minimum Insurance Compliance "ensure compliance with the minimum liability insurance requirement \$100,000 per person and \$200,000 per incident"		
WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?		
The CTC maintains \$200,000 per person and \$300,000 per occurrence.		
WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS IN THE OPERATOR AND COORDINATION CONTRACTS? N/A		
HOW MUCH DOES THE INSURANCE COST (per operator)?		
Operator Insurance Cost		
DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT? Yes No		
If yes, was this approved by the Commission? \Box Yes \Box No		
IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No		
Comments: None		

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

Compliance with 41-2.006(2), Safety Standards.

"...shall ensure the purchaser that their operations and services are in compliance with the safety requirements as specified in Section 341.061(2)(a), F.S. and 14-90, F.A.C."

Date of last SSPP Compliance Review	2023	_, Obtain a copy of this review.
Review the last FDOT SSPP Compliance Revier records. If the CTC has not monitored the operation		•

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

IS THE CTC IN COMPLIANCE WITH THIS SECTION? lacktriangle Yes lacktriangle

☐ Yes ☐ No Not Applicable

DRIVER REQUIREMENT CHART

Driver Last Name Driver License Check Last Physical Physical CPR/1st CPR Not Red/d, Basic Driving Def. Driving ADA Training Kaye 863-0 (10/11/23) 8/18/22 First Aid 3/5/24 3/31/23 October 6, 2023 Louis-Jean 469-0 (10/12/23) 10/10/22 3/5/24 2/16/23 October 6, 2023 Mendez 005-0 (10/11/23) 5/7/23 3/5/24 2/24/23 October 6, 2023 Snyder 631-0 (10/10/23) 10/5/22 3/5/24 4/6/23 October 6, 2023 Bohn 648-0 (10/13/23) 8/18/22 5/3/23 4/6/23 October 6, 2023 Wheeler 106-0 (10/10/23) 12/2/22 4/26/23 1/20/23 October 6, 2023	DRIVER REQUIREMENT CHART						
Louis-Jean 469-0 (10/12/23) 10/10/22 3/5/24 2/16/23 October 6, 2023 Mendez 005-0 (10/11/23) 5/7/23 3/5/24 2/24/23 October 6, 2023 Snyder 631-0 (10/10/23) 10/5/22 3/5/24 4/6/23 October 6, 2023 Bohn 648-0 (10/13/23) 8/18/22 5/3/23 4/6/23 October 6, 2023	Other-			CPR/1st Aid CPR Not Req'd, Basic		License	
Mendez 005-0 (10/11/23) 5/7/23 3/5/24 2/24/23 October 6, 2023 Snyder 631-0 (10/10/23) 10/5/22 3/5/24 4/6/23 October 6, 2023 Bohn 648-0 (10/13/23) 8/18/22 5/3/23 4/6/23 October 6, 2023		October 6, 2023	3/31/23	3/5/24	8/18/22	863-0 (10/11/23)	Kaye
Snyder 631-0 (10/10/23) 10/5/22 3/5/24 4/6/23 October 6, 2023 Bohn 648-0 (10/13/23) 8/18/22 5/3/23 4/6/23 October 6, 2023		October 6, 2023	2/16/23	3/5/24	10/10/22	469-0 (10/12/23)	Louis-Jean
Bohn 648-0 (10/13/23) 8/18/22 5/3/23 4/6/23 October 6, 2023		October 6, 2023	2/24/23	3/5/24	5/7/23	005-0 (10/11/23)	Mendez
		October 6, 2023	4/6/23	3/5/24	10/5/22	631-0 (10/10/23)	Snyder
Wheeler 106-0 (10/10/23) 12/2/22 4/26/23 1/20/23 October 6, 2023		October 6, 2023	4/6/23	5/3/23	8/18/22	648-0 (10/13/23)	Bohn
		October 6, 2023	1/20/23	4/26/23	12/2/22	106-0 (10/10/23)	Wheeler
Guerrieri 371-0 (10/13/23) 12/11/23 3/5/24 7/15/23 October 6, 2023		October 6, 2023	7/15/23	3/5/24	12/11/23	371-0 (10/13/23)	Guerrieri
Vazquez 828-0 (10/10/23 6/25/22 4/26/23 10/26/23 October 6, 2023		October 6, 2023	10/26/23	4/26/23	6/25/22	828-0 (10/10/23	Vazquez

Sample Size: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

Driver Last Name	Driver License	Last Physical	CPR/1st Aid	Def. Driving	ADA Training	Other-

<u>Sample Size</u>: 1-20 Drivers – 50-100% 21-100 Drivers – 20-50% 100+ Drivers – 5-10%

COMPLIANCE WITH 41-2, F.A.C. Compliance with 41-2.006(3), Drug and Alcohol Testing "shall assure the purchaser of their continuing compliance with the applicable state or federal laws relating to drug testing"		
FTA (Receive Sect. 5307, 5309, or 5311 funding) Receives 5310 and 5311 Funding FHWA (Drivers required to hold a CDL) Neither		
REQUEST A COPY OF THE DRUG & ALCOHOL POLICY AND LATEST COMPLIANCE REVIEW.		
DATE OF LAST DRUG & ALCOHOL POLICY REVIEW:		
IS THE CTC IN COMPLIANCE WITH THIS SECTION? ✓ Yes No		
Comments: CTC performs random drug and alcohol testing per FTA for Section 5311 grant funding requirements. The Drug-Free Work Place Policy is on file.		

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

No coordination contracts; section is not applicable.

CTC	CC #1	CC #2	CC #3	CC #4
nfluence co	sts?			
		CTC CC #1		

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip) Cost [CTC and Transportation Alternative (Alt.)]					
	CTC	Alt. #1	Alt. #2	Alt. #3	Alt. #4
Flat contract rate (s) (\$ amount / unit)	CIC	Ait. #1	AIL. #2	Ait. #3	AII. #4
Detail other rates as needed: (e.g. ambulatory, wheelchair, stretcher, out-of-county, group)					
Special or unique considerations that influence costs?					
Explanation:					
IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No					

RULE 41-2
Findings:
None
Recommendations:
The TDSP will be updated during its next annual review for applicable coordination
contracts.

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

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

Review the TDSP for the Commission standards.

Commission Standards	Comments
Local toll free phone number must be posted in all vehicles.	Yes, and per TDSP Page 27 (Item 2), and observation.
Vehicle Cleanliness	Yes, and per TDSP Page 27 (Item 5), and observation.
Passenger/Trip Database	Yes, CTS Software is utilized, and per TDSP Page 17 (Goal 4)

Adequate seating	Yes, and per TDSP (Page 27, Item 6)
Driver Identification	Yes, and per TDSP (Page 27, Item 9) and observation.
Passenger Assistance	Yes, as per TDSP Page 26, Item 2
Smoking, Eating and Drinking	No smoking, eating and drinking are allowed, and addressed per TDSP (Page 27, Item 10)

Two-way Communications	Yes, and per TDSP Page 27 (Item 7)
Air Conditioning/Heating	Yes, and per TDSP Page 27 (Item 7)
Billing Requirements	N/A

Com	IMISSION STANDARDS
Findings:	
No findings.	
Recommendations:	
No recommendations.	

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

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

Review the TDSP for the Local standards.

Local Standards	Comments
Transport of Escorts and dependent children policy	TDSP Page 25
Use, Responsibility, and cost of child restraint devices	TDSP Page 26
Out-of-Service Area trips	TDSP Page 27
CPR/1st Aid	TDSP Page 28
Driver Criminal Background Screening	TDSP Page 28
Rider Personal Property	TDSP Page 27
Advance reservation requirements	TDSP Pages 28 and 29
Pick-up Window	TDSP Page 28

Measurable	Standard/Goal	Latest Figures	Is the
Standards/Goals		Period of Review 7/1/23-3/31/24	CTC/Operator meeting the Standard?
Public Transit Ridership	CTC 100%	CTC _{0%}	No, see comments section.
	Operator A	Operator A	
	Operator B	Operator B	
TDSP, Page 29, Item 8	Operator C	Operator C	
On-time performance	CTC 90%	CTC 98.3%	YES
1	Operator A	Operator A	
TDSP, Page 28, Item 14	Operator B	Operator B	
	Operator C	Operator C	
Passenger No-shows	CTC 1%	CTC 3%	No, see comments section.
	Operator A	Operator A	
TDSP, Page 27, Item 7	Operator B	Operator B	
	Operator C	Operator C	
Accidents	CTC 5 per 100,000 miles	CTC 0	YES
TDSP, Page 28, Item 15	Operator A	Operator A	
	Operator B	Operator B	
	Operator C	Operator C	
Roadcalls TDSP, Page 28, Item 15	CTC 20 per year	CTC 4	YES
	Operator A	Operator A	
Average age of fleet: 8 Years	Operator B	Operator B	
	Operator C	Operator C	
Complaints Per TDSP and Policy Adopted in February of 2024	CTC ₀	CTC ₀	YES
	Operator A	Operator A	
Number filed: 0	Operator B	Operator B	
ivanivei jiiea.	Operator C	Operator C	
Call-Hold Time	CTC _{2 Minutes}	CTC 2 Minutes	YES
TDOD D. AN T.	Operator A	Operator A	
TDSP, Page 28, Item 5	Operator B	Operator B	
	Operator C	Operator C	

LOCAL STANDARDS
Findings:
No findings.
Recommendations:
The next TDSP update should examine the goal setting for statistics including public transit ridership and percentage of passenger no-shows.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.
DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST? Yes No CTC has spanish speaking employees on staff.
ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No
IF NOT, WHAT ARRANGEMENTS ARE IN PLACE TO HAVE MATERIAL PRODUCED IN A TIMELY FASHION UPON REQUEST?
DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM? Yes No
IS THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH THE OFFICE PHONE NUMBER? Yes No
Florida Relay System:
Voice- 1-800-955-8770

TTY- 1-800-955-8771

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

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

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

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

IS A RAMP PROVIDED?	×	Yes	No
ARE THE BATHROOMS ACCESSIBLE?	×	Yes	No

Bus and Van Specification Checklist

Name	of Provider:						
Vehicl	e Number (eit	her V	IN or provider fleet n	umber)):		
Туре	of Vehicle:		Minivan		Van		Bus (>22')
			Minibus (<= 22')		Minibus (>	22')	
Persor	Conducting	Reviev	v:				
Date:							
Reviev	v the owner's	manua	al, check the stickers,	or ask	the driver th	e follow	ing:
	The lift must l	have a	weight limit of at leas	t 600 po	ounds.		
	The lift must vehicle). Is the		ipped with an emerger present?	ncy bacl	x-up system (in case o	f loss of power to
			terlocked" with the brinterlock is engaged.				
Have 1	the driver low	er the	lift to the ground:				
	Controls to op	erate t	he lift must require co	nstant p	ressure.		
	Controls must stow" while		the up/down cycle ted.	o be rev	versed withou	ıt causin	g the platform to
	illuminate the	street	hall be provided in the surface around the lift ight switch on, to ensu	t, the lig	hting should	activate v	when the door/lift
Once 1	the lift is on th	e grou	nd, review the follow	ving:			
			barrier to prevent the platform is fully raised		aid from rol	ling off t	he side closest to
	Side barriers i	nust b	e at least 1 ½ inches hi	igh.			
	The outer barn	rier mu	st be sufficient to prev	ent a w	heelchair fror	n riding	over it.
	The platform	must b	e slip-resistant.				
	Gaps between	the pl	atform and any barrier	must b	e no more tha	n 5/8 of	an inch.
	The lift must l	have tv	vo handrails.				
	The handrails	must b	be 30-38 inches above	the plat	form surface.		
			have a useable graspi e sufficient knuckle cl	_		and mus	st be at least 1 ½
			pe at least 28 1/2 inch 48 inches long measur				

	If the ramp is not flush with the ground, for each inch off the ground the ramp must be 8 inches long.
	Lifts may be marked to identify the preferred standing position (suggested, not required)
Have t	he driver bring the lift up to the fully raised position (but not stowed):
	When in the fully raised position, the platform surface must be horizontally within $5/8$ inch of the floor of the vehicle.
	The platform must not deflect more than 3 degrees in any direction. To test this, stand on the edge of the platform and carefully jump up and down to see how far the lift sways.
	The lift must be designed to allow boarding in either direction.
While	inside the vehicle:
	Each securement system must have a clear floor area of 30 inches wide by 48 inches long.
	The securement system must accommodate all common wheelchairs and mobility aids.
	The securement system must keep mobility aids from moving no more than 2 inches in any direction.
	A seat belt and shoulder harness must be provided for each securement position, and must be separate from the security system of the mobility aid.
Vehicl	es under 22 feet must have:
	One securement system that can be either forward or rear-facing.
	Overhead clearance must be at least 56 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
Vehicl	es over 22 feet must have:
	Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
	Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
	Aisles, steps, and floor areas must be slip resistant.
	Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

Name of Service Provider/ Contractor	Total # of Vehicles Available for CTC Service	# of ADA Accessible Vehicles	Areas/Sub areas Served by Provider/Contractor
стс	13	13	Hernando County and Tampa Veterans Admin

BASE	ED O	N	THE	INFOR	RMATION	IN	TABLE	1,	DOES	IT	APPEAR	THAT	INDIVIDUALS
REQU	JIRIN	IG]	THE U	JSE OF	ACCESSI	BLE	VEHICL	ES I	HAVE E	QU	AL SERVI	CE?	
×	Yes			No									

	ADA COMPLIANCE
Findings:	
No findings.	
Recommendations:	
No recommendations.	
No recommendations.	

FY 2023 /2024	GRANT (DUESTIONS
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T&E Grant, and FY 2024

Yes No

ARE ALL ACCIDENTS THAT HAVE RESULTED IN A FATALITY REPORTED TO THE COMMISSION WITHIN 24 HOURS AFTER YOU HAVE RECEIVED NOTICE? (Section 14.80: Accidents, T/E Grant, and FY 2024

Yes No Not Applicable; no accidents during period!

ARE ALL ACCIDENTS THAT HAVE RESULTED IN \$1,000 WORTH OF DAMAGE

REPORTED TO THE COMMISSION WITHIN 72 HOURS AFTER YOU HAVE RECEIVED NOTICE OF THE ACCIDENT? (Section 14.80: Accidents, T/E Grant, and FY 2024)

□ Yes □ No

Not Applicable; no accidents during period!

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

N/A

2022

DATE OF LAST REVIEW: 2022	STATUS REPORT DATED:	N/A
CTD RECOMMENDATION:		
CTC Response:		
Cumant Status		
Current Status:		
CTD RECOMMENDATION:		
CTC Response:		
Current Status:		
CTD RECOMMENDATION:		
CTC Response:		
Current Status:		

CTD RECOMMENDATION:
CTC Response:
CTC Response.
Current Status:
CTD RECOMMENDATION:
CTC Response:
Current Status:
Current Status.
own n
CTD RECOMMENDATION:
CTC Response:
Current Status:

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:				
Please list any special guests that were present:				
Location:				
Number of Passengers picked up/dropped off:				
Ambulatory				
Non-Ambulatory				
Was the driver on time? ☐ Yes ☐ No - How many minute	s late	e/early?		
Did the driver provide any passenger assistance? \Box Yes \Box No	o			
Was the driver wearing any identification? ☐ Yes: ☐ Unif		□N	ame	Гад
Did the driver render an appropriate greeting? Yes Driver regularly transports the rider, not	neces	ssary		
If CTC has a policy on seat belts, did the driver ensure the passengers were	re pro	operly b Yes	elted?) No
Was the vehicle neat and clean, and free from dirt, torn upholstery, damage protruding metal or other objects?		r brokei Yes		
Is there a sign posted on the interior of the vehicle with both a local phone Helpline for comments/complaints/commendations?	e nun	nber and Yes	d the T	ΓD No
Does the vehicle have working heat and air conditioning?		Yes		No
Does the vehicle have two-way communications in good working order?		Yes		No
If used, was the lift in good working order?		Yes		No

Was there safe and appropriate seating for all passengers?		Yes	No	
Did the driver properly use the lift and secure the passenger?		Yes	No	
If No, please explain:				
CTC:	County: _		 	-
Date of Ride:				

Funding Source	No. of Trips	No. of Riders/Beneficiaries	No. of Calls to Make	No. of Calls Made
CTD	or man	Triacis, Deficileratios	to want	
Medicaid				
Other				
Other				
Other)				
Other				
Totals				

Number of Round Trips	Number of Riders/Beneficiaries to Survey
0 - 200	30%
201 – 1200	10%
1201 +	5%

Note: Attach the manifest

RIDER/BENEFICIARY SURVEY

Staff making call: M Elwin	County: Hernando
Date of Call: 05/02/2024	Funding Source: TD
1) Did you receive transportation serv	vice on Regular ? ⊠ Yes or □ No
2) Where you charged an amount in a	addition to the co-payment? Yes or No
If so, how much?	
	transportation? <i>Rider noted that the service has been used for years.</i> 1-2 Times/Week 3-5 Times/Week
4) Have you ever been denied transpo	ortation services?
ĭ Yes Result: Rescheduled App	pointment
☐ No. If no, skip to question # 4	
_	t 6 months have you been refused transportation services?
□ None	☑ 3-5 Times
1-2 Times	6-10 Times
If none, skip to question #B. What was the reason given	for refusing you transportation services?
☐ Ineligible	Space not available Rider noted the bus is full; it happens but not
☐ Lack of funds	Often. Destination outside service area
Other	
5) What do you normally use the serv	rice for?
☑ Medical	☐ Education/Training/Day Care
☐ Employment	☐ Life-Sustaining/Other
☐ Nutritional	
6) Did you have a problem with your	trip on?
☐ Yes. If yes, please state of	r choose problem from below
No. If no, skip to question What type of problem did	
☐ Advance notice	☐ Cost
☐ Pick up times not conv	renient
☐ Assistance	☐ Accessibility
☐ Service Area Limits	☐ Late return pick up - length of wait

☐ Drivers - specify	☐ Reservations - specify length of w	vait
☐ Vehicle condition	☐ Other	
7) On a scale of 1 to 10 (10 being most satisfied)	rate the transportation you have been rec	ceiving.
8) What does transportation mean to you? (Perm use in publications.)	ission granted by	_ for
Additional Comments:		
Rider was complimentary on service and fe	. •	
complimented the employees she talks to on	the phone noting they are 'so polite.'	

Contractor Survey

__County

Contracto	r name (optional)
1. Do the ride	ers/beneficiaries call your facility directly to cancel a trip?
	ers/beneficiaries call your facility directly to issue a complaint?
Yes	No
	ve a toll-free phone number for a rider/beneficiary to issue commendations and/or ts posted on the interior of all vehicles that are used to transport TD riders? No
If yes, is ☐ Yes	the phone number posted the CTC's? \[\sum \text{No} \]
4. Are the inv	voices you send to the CTC paid in a timely manner?
☐ Yes	□ No
5. Does the C	CTC give your facility adequate time to report statistics? \[\Boxed{\subset} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6. Have you	experienced any problems with the CTC?
☐ Yes	□ No
If yes, wh	nat type of problems?
Comments	S:

PURCHASING AGENCY SURVEY

Staff making call:		
Purchasing Agency name:		
Representative of Purchasing Agency:		
1) Do you purchase transportation from the coordinated system?☐ YES		
□ NO If no, why?		
2) Which transportation operator provides services to your clients?		
3) What is the primary purpose of purchasing transportation for your clients?		
☐ Medical		
☐ Employment		
☐ Education/Training/Day Care		
☐ Nutritional		
☐ Life Sustaining/Other		
4) On average, how often do your clients use the transportation system?		
☐ 7 Days/Week		
☐ 1-3 Times/Month		
☐ 1-2 Times/Week		
☐ Less than 1 Time/Month		
☐ 3-5 Times/Week		

5) Have you had any unresolved problems with the coordinated transportation system?
☐ Yes
☐ No If no, skip to question 7
6) What type of problems have you had with the coordinated system?
☐ Advance notice requirement [specify operator (s)]
☐ Cost [specify operator (s)]
☐ Service area limits [specify operator (s)]
☐ Pick up times not convenient [specify operator (s)]
☐ Vehicle condition [specify operator (s)]
☐ Lack of passenger assistance [specify operator (s)]
☐ Accessibility concerns [specify operator (s)]
☐ Complaints about drivers [specify operator (s)]
☐ Complaints about timeliness [specify operator (s)]
☐ Length of wait for reservations [specify operator (s)]
Other [specify operator (s)]
7) Overall, are you satisfied with the transportation you have purchased for your clients?
☐ Yes
☐ No If no, why?

Level of Cost Worksheet 1

Insert Cost page from the AOR.

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

		Column A Operators Available	Column B Operators Contracted in the System.	Column C Include Trips	Column D % of all Trips
Priva	nte Non-Profit		System.		
Priva	ate For-Profit				
Gove	ernment				
Agen	-				
Total	1				
2.	How many o	f the operators are	coordination contracte	ors?	
3.	3. Of the operators included in the local coordinated system, how many have the capability of expanding capacity? Does the CTC have the ability to expand?			ve the capability	
4.	Indicate the date the latest transportation operator was brought into the system.				ystem.
5.	Does the CTC have a competitive procurement process?				
6.		ve (5) years, how the transportation of	many times have the for operators?	ollowing methods b	een used in
	Low	bid		Requests for propo	osals
	Requ	ests for qualificati	ons	Requests for interes	
	Nego	tiation only			
	Which of the operators?	methods listed or	the previous page was	s used to select the	current

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

С	apabilities of operator
	ge of company
Pı	revious experience
M	Ianagement
Q	rualifications of staff
R	esources
E	conomies of Scale
	ontract Monitoring
	eporting Capabilities
	inancial Strength
Pe	erformance Bond
R	esponsiveness to Solicitation

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

	operators, to how many poten recently completed process?	tial operators was t	the request	distributed	in the	most
	How many responded?					
	The request for bids/proposals w	as distributed:				
	Locally	Statewide	e	N	ationall	У
9.	Has the CTC reviewed the post	-	•	~ .	ervices	other

If a competitive bid or request for proposals has been used to select the transportation

8.

Level of Availability (Coordination) Worksheet 3

Planning – What are the coordinated plans for transporting the TD population?
Public Information – How is public information distributed about transportation services in
the community?
Certification – How are individual certifications and registrations coordinated for local TD transportation services?
Eligibility Records - What system is used to coordinate which individuals are eligible for
special transportation services in the community?

Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?
Reservations – What is the reservation process? How is the duplication of a reservation prevented?
Trip Allocation – How is the allocation of trip requests to providers coordinated?
Scheduling – How is the trip assignment to vehicles coordinated?
Scheduling – How is the trip assignment to vehicles coordinated:

Transport – coordinated?	How	are the	e actual	transportati	ion services	s and	modes	of tran	sportation
Dispatching -	- How i	s the re	al time co	ommunicatio	on and direct	ion of c	drivers c	oordinat	ed?
General Ser coordinated?	vice N	Monito	oring –	How is t	he oversee	ing of	transpo	ortation	operators
Daily Service	: Moni	itoring	; – How a	re real-time	resolutions t	o trip p	roblems	coordin	ated?

Billing – How is the process for requesting and processing fares, payments, and reimbursement coordinated?	ts
Reporting – How is operating information reported, compiled, and examined?	
Cost Resources – How are costs shared between the coordinator and the operators (s) in ord to reduce the overall costs of the coordinated program?	er
Cost Resources – How are costs shared between the coordinator and the operators (s) in ord to reduce the overall costs of the coordinated program?	er
	er

Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?
Overall – What type of formal agreement does the CTC have with organizations, which provide transportation in the community?