

# ***CTC***

## ***EVALUATION WORKBOOK***

Florida Commission for the



## **Transportation Disadvantaged**

**CTC BEING REVIEWED:** \_\_\_\_\_

**COUNTY (IES):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**REVIEW PERIOD:** \_\_\_\_\_ **REVIEW DATES:** \_\_\_\_\_

**PERSON CONDUCTING THE REVIEW:** \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_

# ***LCB EVALUATION WORKBOOK***

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# REVIEW CHECKLIST & SCHEDULE

## **COLLECT FOR REVIEW:**

- ☐ APR Data Pages
- ☐ QA Section of TDSP
- ☐ Last Review (Date:\_\_\_\_\_)
- ☐ 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
- ☐ Complaint Procedure
- ☐ Drug & Alcohol Policy (see certification)
- ☐ Grievance Procedure
- ☐ Driver Training Records (see certification)
- ☐ Contracts
- ☐ Other Agency Review Reports
- ☐ Budget
- ☐ Performance Standards
- ☐ Medicaid Documents

### **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).

### **INFORMATION OR MATERIAL TO TAKE WITH YOU:**

- ☐ Measuring Tape
- ☐ Stop Watch

## EVALUATION INFORMATION

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

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

**Notes to remember:**

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

## ENTRANCE INTERVIEW QUESTIONS

### INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

### USING THE APR, COMPILE THIS INFORMATION:

#### 1. OPERATING ENVIRONMENT:

- ☐ RURAL      ☐ URBAN

#### 2. ORGANIZATION TYPE:

- ☐ PRIVATE-FOR-PROFIT
- ☐ PRIVATE NON-PROFIT
- ☐ GOVERNMENT
- ☐ TRANSPORTATION AGENCY

3. NETWORK TYPE:

- ☐ SOLE PROVIDER
- ☐ PARTIAL BROKERAGE
- ☐ COMPLETE BROKERAGE

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

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

| Coordination Contract Agencies |         |                  |                  |         |
|--------------------------------|---------|------------------|------------------|---------|
| Name of Agency                 | Address | City, State, Zip | Telephone Number | Contact |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |
|                                |         |                  |                  |         |

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 |
|----------------|------------|-----------------|------------------|
|                |            |                 |                  |
|                |            |                 |                  |
|                |            |                 |                  |
|                |            |                 |                  |
|                |            |                 |                  |

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

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



## GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC:
2. WHAT IS THE COMPLAINT PROCESS?

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

Is the process being used? ☐ Yes ☐ No

3. DOES THE CTC HAVE A COMPLAINT FORM? ☐ Yes ☐ No  
(Make a copy and include in folder)
4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S  
UNIFORM SERVICE REPORTING GUIDEBOOK?

☐ Yes ☐ No

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

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

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

7. WHEN IS THE DISSATISFIED PARTY REFERRED TO THE TD HELPLINE?

8. WHEN A COMPLAINT IS FORWARDED TO YOUR OFFICE FROM THE  
OMBUDSMAN PROGRAM, IS THE COMPLAINT ENTERED INTO THE LOCAL  
COMPLAINT FILE/PROCESS?

☐ Yes ☐ No

If no, what is done with the complaint?

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?  
☐ Yes    ☐ No                      If yes, what type?
10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?  
☐ Yes    ☐ No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?  
☐ Yes    ☐ No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES?

*Please Verify These Passengers Have an Eligibility Application on File:*

| TD Eligibility Verification |                   |              |                      |
|-----------------------------|-------------------|--------------|----------------------|
| Name of Client              | Address of client | Date of Ride | Application on File? |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |
|                             |                   |              |                      |

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

14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

## GENERAL QUESTIONS

Findings:

Recommendations:

## COMPLIANCE WITH CHAPTER 427, F.S.

**Review the CTC contracts for compliance with 427.0155(1), F.S.**

***“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”***

ARE YOUR CONTRACTS UNIFORM? ☐ Yes ☐ No

IS THE CTD’S STANDARD CONTRACT UTILIZED? ☐ Yes ☐ No

DO THE CONTRACTS INCLUDE PERFORMANCE STANDARDS FOR THE TRANSPORTATION OPERATORS AND COORDINATION CONTRACTORS?

☐ Yes ☐ No

DO THE CONTRACTS INCLUDE THE PROPER LANGUAGE CONCERNING PAYMENT TO SUBCONTRACTORS? (Section 21.20: Payment to Subcontractors, T&E Grant, and FY)

☐ Yes ☐ No

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

| Operator Name | Exp. Date | SSPP | AOR Reporting | Insurance |
|---------------|-----------|------|---------------|-----------|
|               |           |      |               |           |
|               |           |      |               |           |
|               |           |      |               |           |
|               |           |      |               |           |
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|               |           |      |               |           |
|               |           |      |               |           |
|               |           |      |               |           |

## COMPLIANCE WITH CHAPTER 427, F.S.

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

### REPORTING TIMELINESS

Were the following items submitted on time?

a. Annual Operating Report ☐ Yes ☐ No

Any issues that need clarification? ☐ Yes ☐ No

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

List:

b. Memorandum of Agreement ☐ Yes ☐ No

c. Transportation Disadvantaged Service Plan ☐ Yes ☐ No

d. Grant Applications to TD Trust Fund ☐ Yes ☐ No

e. All other grant application (\_\_\_\_%) ☐ Yes ☐ No

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

***“Review all transportation operator contracts annually.”***

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

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

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

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

Is a written report issued? ☐ Yes ☐ No

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

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

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

**ASK TO SEE DOCUMENTATION OF MONITORING REPORTS.**

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

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

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

☐ N/A

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

☐ Yes ☐ No

If YES, what is the goal?

Is the CTC accomplishing the goal? ☐ Yes ☐ No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? ☐ Yes ☐ No

Comments:



## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

☐ Yes ☐ No

If Yes, describe the application review process.

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

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

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

HOW ARE THESE PRIORITIES CARRIED OUT?

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

Review the Operational section of the TDSP

1. Hours of Service:
2. Hours of Intake:
3. Provisions for After Hours Reservations/Cancellations?
4. What is the minimum required notice for reservations?
5. How far in advance can reservations be place (number of days)?

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

Comments:

## COMPLIANCE WITH CHAPTER 427, F.S.

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

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

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

HAVE ANY INNOVATIVE WAGES TRANSPORTATION SERVICES BEEN DEVELOPED?

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

Comments:

## CHAPTER 427

Findings:

Recommendations:

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

### Compliance with 41-2.006(1), Minimum Insurance Compliance

*“...ensure compliance with the minimum liability insurance requirement of \$100,000 per person and \$200,000 per incident...”*

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

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

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? ☐ Yes ☐ No

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

Comments:

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

*“...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.”*

Review the last FDOT SSPP Compliance Review, if completed in over a year, check drivers' records. If the CTC has not monitored the operators, check drivers' files at the operator's site.

ARE THE CTC CONTRACTED OPERATORS IN COMPLIANCE WITH THIS SECTION?

☐ Yes    ☐ No

[illegible]

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

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

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

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: \_\_\_\_\_

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

Comments:

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

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

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

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

Cost [CTC and Coordination Contractor (CC)]

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

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? ☐ Yes ☐ No  
 (Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

Cost [CTC and Transportation Alternative (Alt.)]

|  | <b>CTC</b> | <b>Alt. #1</b> | <b>Alt. #2</b> | <b>Alt. #3</b> | <b>Alt. #4</b> |
|--|------------|----------------|----------------|----------------|----------------|
| Flat contract rate (s) (\$ amount / unit)  |            |                |                |                |                |
| 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:

Recommendations:

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

### Compliance with Commission Standards

*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Commission standards.

| Commission Standards   | Comments |
|--|----------|
| Local toll free phone number must be posted in all vehicles. |          |
| Vehicle Cleanliness  |          |
| Passenger/Trip Database                                      |          |

|                              |  |
|------------------------------|--|
| Adequate seating             |  |
| Driver Identification        |  |
| Passenger Assistance         |  |
| Smoking, Eating and Drinking |  |

|                          |  |
|--------------------------|--|
| Two-way Communications   |  |
| Air Conditioning/Heating |  |
| Billing Requirements     |  |

## COMMISSION STANDARDS

Findings:

Recommendations:



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

### Compliance with Local Standards

*“...shall adhere to Commission approved standards...”*

Review the TDSP for the Local standards.

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

| <i>Measurable Standards/Goals</i>         | <i>Standard/Goal</i> | <i>Latest Figures</i> | <i>Is the CTC/Operator meeting the Standard?</i> |
|---|----------------------|-----------------------|--|
| Public Transit Ridership                  | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| On-time performance                       | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| Passenger No-shows                        | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| Accidents                                 | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| Roadcalls<br><i>Average age of fleet:</i> | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| Complaints<br><i>Number filed:</i>        | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |
| Call-Hold Time                            | CTC                  | CTC                   |  |
|   | Operator A           | Operator A            |  |
|   | Operator B           | Operator B            |  |
|   | Operator C           | Operator C            |  |

## LOCAL STANDARDS

Findings:

Recommendations:

## COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

### REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE  
AVAILABLE UPON REQUEST? ☐ Yes ☐ No

ARE ACCESSIBLE FORMATS ON THE SHELF? ☐ Yes ☐ No

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

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?  
☐ Yes ☐ No

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:**

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

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:**

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

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

**Person Conducting Review:**

**Date:**

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

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

**Have the driver lower the lift to the ground:**

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

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

- ☐ Must have an inner barrier to prevent the mobility aid from rolling off the side closest to the vehicle until the platform is fully raised.
- ☐ Side barriers must be at least 1 ½ inches high.
- ☐ The outer barrier must be sufficient to prevent a wheelchair from riding over it.
- ☐ The platform must be slip-resistant.
- ☐ Gaps between the platform and any barrier must be no more than 5/8 of an inch.
- ☐ The lift must have two handrails.
- ☐ The handrails must be 30-38 inches above the platform surface.
- ☐ The handrails must have a useable grasping area of 8 inches, and must be at least 1 ½ inches wide and have sufficient knuckle clearance.
- ☐ The platform must be at least 28 1/2 inches wide measured at the platform surface, and 30 inches wide and 48 inches long measured 2 inches above the platform surface.

- ☐ 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 the 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.

**Vehicles 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.

**Vehicles over 22 feet must have:**

- ☐ Must have 2 securement systems, and one must be forward-facing, the other can be either forward or rear-facing.
- ☐ Overhead clearance must be at least 68 inches. This includes the height of doors, the interior height along the path of travel, and the platform of the lift to the top of the door.
- ☐ Aisles, steps, and floor areas must be slip resistant.
- ☐ Steps or boarding edges of lift platforms must have a band of color which contrasts with the step/floor surface.

## COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

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

| <b>Name of Service Provider/ Contractor</b> | <b>Total # of Vehicles Available for CTC Service</b> | <b># of ADA Accessible Vehicles</b> | <b>Areas/Sub areas Served by Provider/Contractor</b> |
|---|--|-------------------------------------|--|
|   |  |                                     |  |
|   |  |                                     |  |
|   |  |                                     |  |
|   |  |                                     |  |
|   |  |                                     |  |
|   |  |                                     |  |
|   |  |                                     |  |

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

☐ Yes ☐ No



## **ADA COMPLIANCE**

Findings:

Recommendations:

**FY \_\_\_\_/\_\_\_\_ GRANT QUESTIONS**

**The following questions relate to items specifically addressed in the FY \_  
\_\_\_\_/\_\_\_\_ Trip and Equipment Grant.**

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

☐ 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 \_\_\_\_\_)

☐ Yes ☐ No

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

☐ Yes ☐ No

## **STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)**

DATE OF LAST REVIEW:\_\_\_\_\_

STATUS REPORT DATED:\_\_\_\_\_

### **CTD RECOMMENDATION:**

CTC Response:

Current Status:

### **CTD RECOMMENDATION:**

CTC Response:

Current Status:

### **CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

**CTD RECOMMENDATION:**

CTC Response:

Current Status:

## ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

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 minutes late/early?

Did the driver provide any passenger assistance? ☐ Yes ☐ No

Was the driver wearing any identification? ☐ Yes: ☐ Uniform ☐ Name Tag  
☐ ID Badge ☐ No

Did the driver render an appropriate greeting?

☐ Yes ☐ No ☐ Driver regularly transports the rider, not necessary

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Does the vehicle have working heat and air conditioning?

☐ Yes ☐ No

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

☐ Yes ☐ No

If used, was the lift in good working order?

☐ Yes ☐ No

Was there safe and appropriate seating for all passengers?

☐ Yes ☐ No

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

☐ Yes ☐ No

If No, please explain:

CTC: \_\_\_\_\_ County: \_\_\_\_\_

Date of Ride: \_\_\_\_\_

| <b>Funding Source</b> | <b>No. of Trips</b> | <b>No. of Riders/Beneficiaries</b> | <b>No. of Calls to Make</b> | <b>No. of Calls Made</b> |
|-----------------------|---------------------|------------------------------------|-----------------------------|--------------------------|
| CTD                   |                     |                                    |                             |                          |
| Medicaid              |                     |                                    |                             |                          |
| Other                 |                     |                                    |                             |                          |
| Other                 |                     |                                    |                             |                          |
| Other)                |                     |                                    |                             |                          |
| Other                 |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
|                       |                     |                                    |                             |                          |
| Totals                |                     |                                    |                             |                          |

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

**Note: Attach the manifest**

# RIDER/BENEFICIARY SURVEY

Staff making call: \_\_\_\_\_

County: \_\_\_\_\_

Date of Call:     /     /

Funding Source: \_\_\_\_\_

1) Did you receive transportation service on \_\_\_\_\_?     ☐ Yes or ☐ No

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

If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

☐ Yes

☐ No. If no, skip to question # 4

A. How many times in the last 6 months have you been refused transportation services?

☐ None

☐ 3-5 Times

☐ 1-2 Times

☐ 6-10 Times

If none, skip to question # 4.

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

☐ Ineligible

☐ Space not available

☐ Lack of funds

☐ Destination outside service area

☐ Other \_\_\_\_\_

5) What do you normally use the service for?

☐ Medical

☐ Education/Training/Day Care

☐ Employment

☐ Life-Sustaining/Other

☐ Nutritional

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

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

☐ No. If no, skip to question # 6

What type of problem did you have with your trip?

☐ Advance notice

☐ Cost

☐ Pick up times not convenient

☐ Late pick up-specify time of wait

☐ Assistance

☐ Accessibility

☐ Service Area Limits

☐ Late return pick up - length of wait

☐ Drivers - specify

☐ Reservations - specify length of wait

☐ Vehicle condition

☐ Other

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

\_\_\_\_\_

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

**Additional Comments:**

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# Contractor Survey

## \_\_\_\_\_County

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**Contractor name** (optional)

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

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

☐ Yes    ☐ No

6. Have you experienced any problems with the CTC?

☐ Yes    ☐ No

If yes, what type of problems?

**Comments:**

# 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? \_\_\_\_\_

|                                      |
|--------------------------------------|
| <b>Level of Cost<br/>Worksheet 1</b> |
|--------------------------------------|

**Insert Cost page from the AOR.**

County: Lake  
 CTC: Lake County Board of County Commissioners  
 Contact: Jill Brown  
 PO Box 7800  
 Tavares, FL 327787800  
 352-323-5733

Demographics  
 Total County Population 346,017  
 Unduplicated Head Count 1,140



Email: jmbrown@lakecountyfl.gov

| Trips By Type of Service  |  | 2017           | 2018           | 2019           | Vehicle Data  |  | 2017      | 2018      | 2019      |
|---------------------------|--|----------------|----------------|----------------|---------------|--|-----------|-----------|-----------|
| Fixed Route (FR)          |  | 0              | 0              | 0              | Vehicle Miles |  | 1,525,992 | 1,520,198 | 1,698,369 |
| Deviated FR               |  | 531            | 522            | 479            | Roadcalls     |  | 9         | 41        | 51        |
| Complementary ADA         |  | 0              | 0              | 17,495         | Accidents     |  | 9         | 7         | 11        |
| Paratransit               |  | 139,742        | 152,695        | 174,163        | Vehicles      |  | 70        | 75        | 85        |
| TNC                       |  | 0              | 0              | 0              | Drivers       |  | 115       | 183       | 200       |
| Taxi                      |  | 0              | 0              | 0              |               |  |           |           |           |
| School Board (School Bus) |  | 23,243         | 0              | 0              |               |  |           |           |           |
| Volunteers                |  | 0              | 0              | 0              |               |  |           |           |           |
| <b>TOTAL TRIPS</b>        |  | <b>163,516</b> | <b>153,217</b> | <b>192,137</b> |               |  |           |           |           |

#### Passenger Trips By Trip Purpose

|                       |                |                |                |
|-----------------------|----------------|----------------|----------------|
| Medical               | 45,074         | 50,625         | 60,621         |
| Employment            | 18,431         | 9,462          | 9,831          |
| Ed/Train/DayCare      | 64,484         | 46,421         | 63,199         |
| Nutritional           | 16,880         | 18,743         | 18,170         |
| Life-Sustaining/Other | 18,647         | 27,966         | 40,316         |
| <b>TOTAL TRIPS</b>    | <b>163,516</b> | <b>153,217</b> | <b>192,137</b> |

#### Financial and General Data

|                     |             |             |             |
|---------------------|-------------|-------------|-------------|
| Expenses            | \$3,594,889 | \$4,992,834 | \$5,439,174 |
| Revenues            | \$4,799,675 | \$5,767,299 | \$5,576,668 |
| Commendations       | 9           | 16          | 44          |
| Complaints          | 28          | 21          | 14          |
| Passenger No-Shows  | 2,842       | 2,612       | 2,890       |
| Unmet Trip Requests | 572         | 0           | 0           |

#### Passenger Trips By Revenue Source

|                    |                |                |                |
|--------------------|----------------|----------------|----------------|
| CTD                | 29,590         | 28,364         | 29,864         |
| AHCA               | 1,129          | 1,213          | 30,880         |
| APD                | 51,492         | 54,319         | 47,000         |
| DOEA               | 11,231         | 11,570         | 13,081         |
| DOE                | 0              | 0              | 0              |
| Other              | 70,074         | 57,751         | 71,312         |
| <b>TOTAL TRIPS</b> | <b>163,516</b> | <b>153,217</b> | <b>192,137</b> |

#### Performance Measures

|                             |         |         |         |
|-----------------------------|---------|---------|---------|
| Accidents per 100,000 Miles | 0.59    | 0.46    | 0.65    |
| Miles between Roadcalls     | 169,555 | 37,078  | 33,301  |
| Avg. Trips per Passenger    | 95.46   | 85.12   | 168.54  |
| Cost per Trip               | \$21.98 | \$32.59 | \$28.31 |
| Cost per Paratransit Trip   | \$25.63 | \$32.59 | \$28.31 |
| Cost per Total Mile         | \$2.36  | \$3.28  | \$3.20  |
| Cost per Paratransit Mile   | \$2.36  | \$3.28  | \$3.20  |

#### Trips by Provider Type

|                         |                |                |                |
|-------------------------|----------------|----------------|----------------|
| CTC                     | 0              | 0              | 0              |
| Transportation Operator | 107,565        | 84,938         | 97,601         |
| Coordination Contractor | 55,951         | 68,279         | 94,536         |
| <b>TOTAL TRIPS</b>      | <b>163,516</b> | <b>153,217</b> | <b>192,137</b> |

## Level of Competition Worksheet 2

### 1. Inventory of Transportation Operators in the Service Area

|                          | Column A<br>Operators<br>Available | Column B<br>Operators<br>Contracted in the<br>System. | Column C<br>Include Trips | Column D<br>% of all Trips |
|--------------------------|------------------------------------|---|---------------------------|----------------------------|
| Private Non-Profit       |                                    |   |                           |                            |
| Private For-Profit       |                                    |   |                           |                            |
| Government               |                                    |   |                           |                            |
| Public Transit<br>Agency |                                    |   |                           |                            |
| <b>Total</b>             |                                    |   |                           |                            |

2. How many of the operators are coordination contractors? \_\_\_\_\_

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? \_\_\_\_\_

4. Indicate the date the latest transportation operator was brought into the system. \_\_\_\_\_

5. Does the CTC have a competitive procurement process? \_\_\_\_\_

6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

|  |                             |
|--|-----------------------------|
|  | Low bid                     |
|  | Requests for qualifications |
|  | Negotiation only            |

|  |                                 |
|--|---------------------------------|
|  | Requests for proposals          |
|  | Requests for interested parties |
|  |                                 |

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

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

|  |                                |
|--|--------------------------------|
|  | Capabilities of operator       |
|  | Age of company                 |
|  | Previous experience            |
|  | Management                     |
|  | Qualifications of staff        |
|  | Resources                      |
|  | Economies of Scale             |
|  | Contract Monitoring            |
|  | Reporting Capabilities         |
|  | Financial Strength             |
|  | Performance Bond               |
|  | Responsiveness 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)                   |

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

How many responded? \_\_\_\_\_

The request for bids/proposals was distributed:

\_\_\_\_\_ Locally      \_\_\_\_\_ Statewide      \_\_\_\_\_ Nationally

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

## **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?

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

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

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

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

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

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

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

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

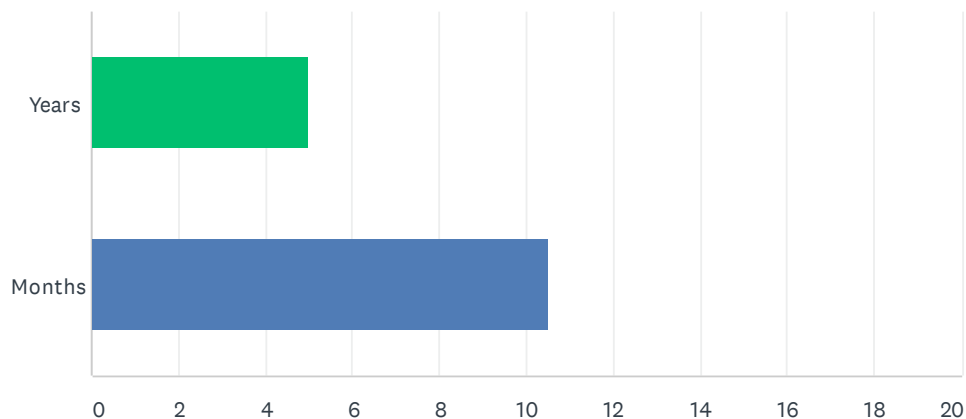
Information Resources – How is information shared with other organizations to ensure smooth service provision and increased service provision?

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

- Findings:
  - No findings concerning compliance with Chapter 427.0115 (3)(4), Insurance Regulations, Rule 41-1.011(2), or Commission and Local Standards.
- Recommendations:
  - Encourage Lake County Transit to continue to adhere to their current COVID-19 Transit Response and adapt to the next phase of the county reopening process and prepare for an increase in ridership from the current reduced levels.
  - The Lake County TDCB is ready to help the CTC as needed during this countrywide crisis, including communication with the public, riders, and the state.

## Q1 1. How long have you been a Lake County Connection rider?

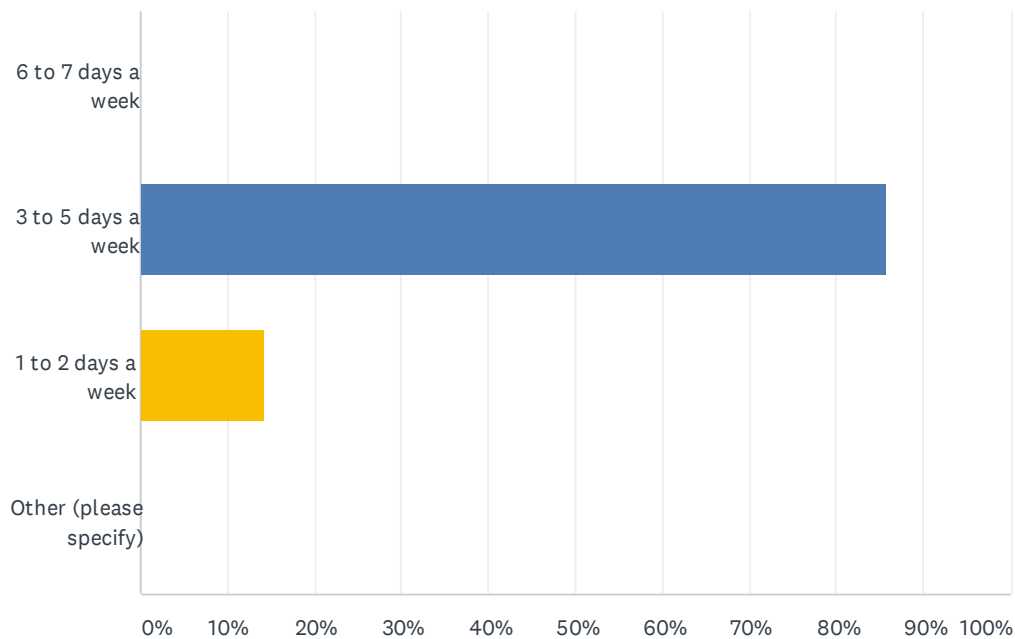
Answered: 7 Skipped: 0



| ANSWER CHOICES       | AVERAGE NUMBER | TOTAL NUMBER | RESPONSES |
|----------------------|----------------|--------------|-----------|
| Years                | 5              | 30           | 6         |
| Months               | 11             | 21           | 2         |
| Total Respondents: 7 |                |              |           |

## Q2 2. How often do you use Lake County Connection?

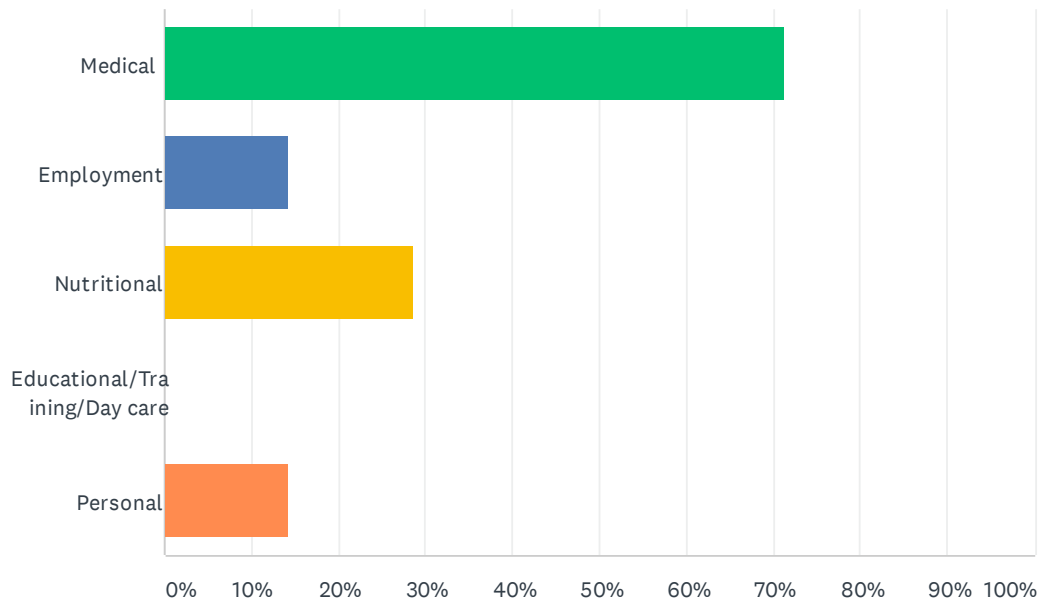
Answered: 7 Skipped: 0



| ANSWER CHOICES         | RESPONSES |   |
|------------------------|-----------|---|
| 6 to 7 days a week     | 0.00%     | 0 |
| 3 to 5 days a week     | 85.71%    | 6 |
| 1 to 2 days a week     | 14.29%    | 1 |
| Other (please specify) | 0.00%     | 0 |
| Total Respondents: 7   |           |   |

### Q3 3. What type of trips do you normally take?

Answered: 7 Skipped: 0

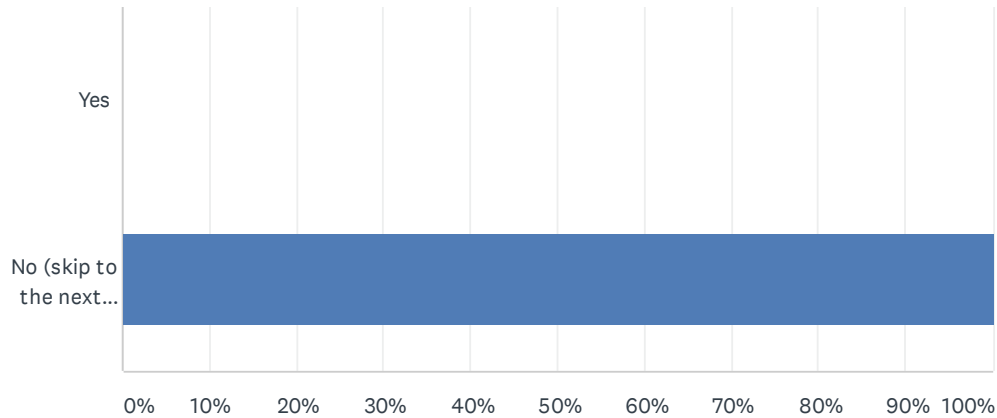


| ANSWER CHOICES                | RESPONSES |   |
|-------------------------------|-----------|---|
| Medical                       | 71.43%    | 5 |
| Employment                    | 14.29%    | 1 |
| Nutritional                   | 28.57%    | 2 |
| Educational/Training/Day care | 0.00%     | 0 |
| Personal                      | 14.29%    | 1 |
| Total Respondents: 7          |           |   |

### Q4 4. Have you ever been refused transportation services?

Answered: 6 Skipped: 1

# Copy of 2020 Lake County Connection - Rider Survey



| ANSWER CHOICES                   | RESPONSES |
|----------------------------------|-----------|
| Yes                              | 0.00% 0   |
| No (skip to the next question 5) | 100.00% 6 |
| Total Respondents: 6             |           |

## Q5 A. How many times in the last 6 months have you been refused transportation services?

Answered: 0 Skipped: 7

⚠ No matching responses.

| ANSWER CHOICES       | RESPONSES |
|----------------------|-----------|
| None                 | 0.00% 0   |
| 1 or 2 times         | 0.00% 0   |
| 3 to 5 times         | 0.00% 0   |
| 6 to 10 times        | 0.00% 0   |
| More than 10 times   | 0.00% 0   |
| Total Respondents: 0 |           |

## Q6 B. What was the reason given for refusing you transportation services?

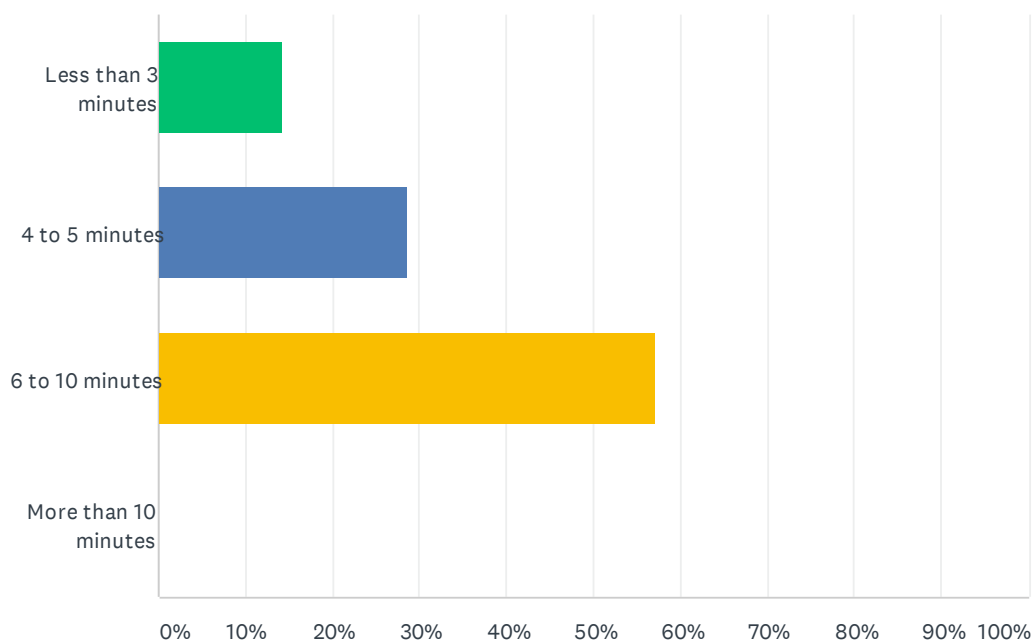
Answered: 0 Skipped: 7

⚠ No matching responses.

| ANSWER CHOICES                      | RESPONSES |   |
|-------------------------------------|-----------|---|
| Ineligible                          | 0.00%     | 0 |
| Lack of funds                       | 0.00%     | 0 |
| Space not available                 | 0.00%     | 0 |
| Destination outside of service area | 0.00%     | 0 |
| Other                               | 0.00%     | 0 |
| Total Respondents: 0                |           |   |

## Q7 5. What is your average call hold time?

Answered: 7 Skipped: 0



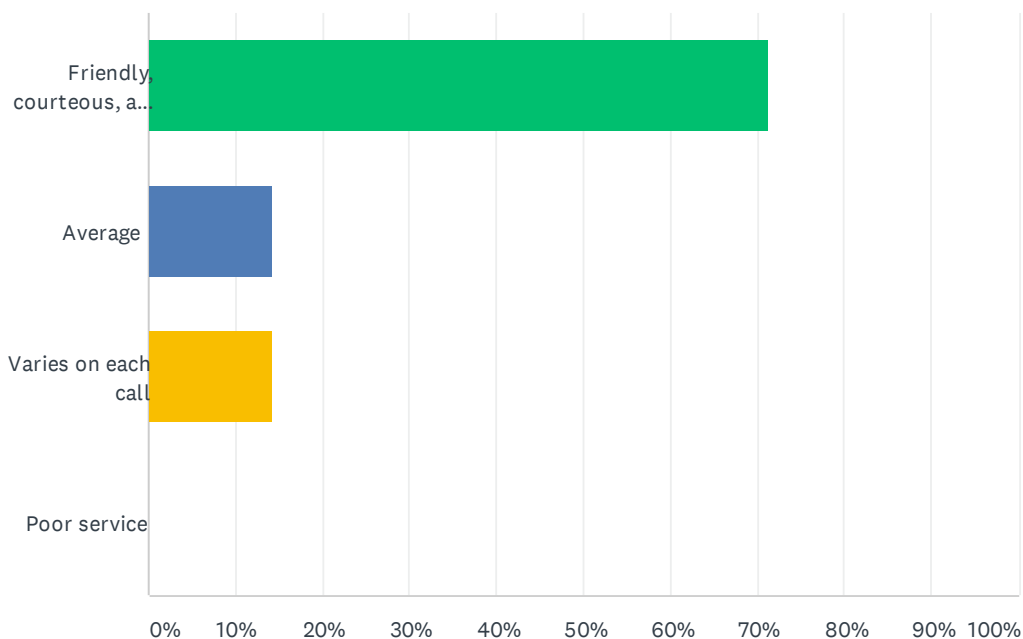
| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| Less than 3 minutes  | 14.29%    | 1 |
| 4 to 5 minutes       | 28.57%    | 2 |
| 6 to 10 minutes      | 57.14%    | 4 |
| More than 10 minutes | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q8 6. How would you rate reservation agents?



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Answered: 7 Skipped: 0

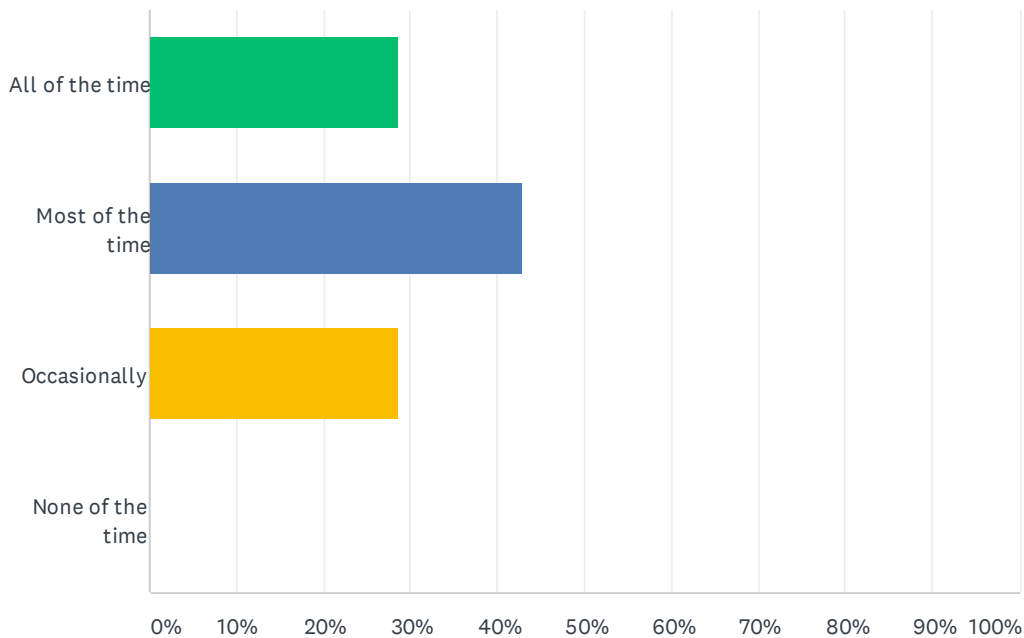


| ANSWER CHOICES                   | RESPONSES |   |
|----------------------------------|-----------|---|
| Friendly, courteous, and helpful | 71.43%    | 5 |
| Average                          | 14.29%    | 1 |
| Varies on each call              | 14.29%    | 1 |
| Poor service                     | 0.00%     | 0 |
| Total Respondents: 7             |           |   |

## Q9 7. Are problems solved quickly?

Answered: 7 Skipped: 0

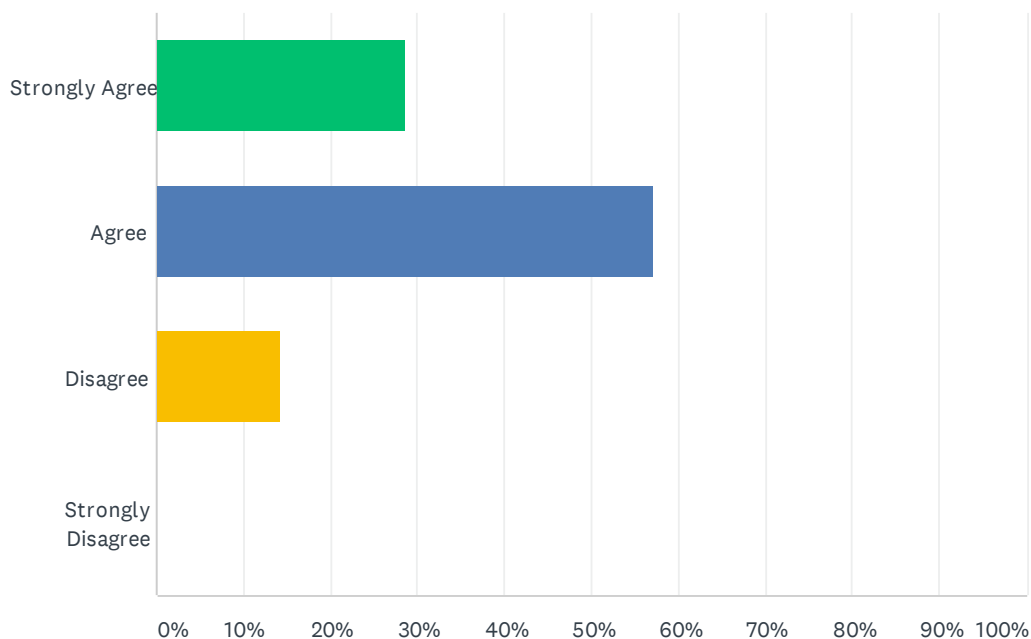
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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 28.57%    | 2 |
| Most of the time     | 42.86%    | 3 |
| Occasionally         | 28.57%    | 2 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q10 8. Are complaints handled in a satisfactory manner?

Answered: 7 Skipped: 0

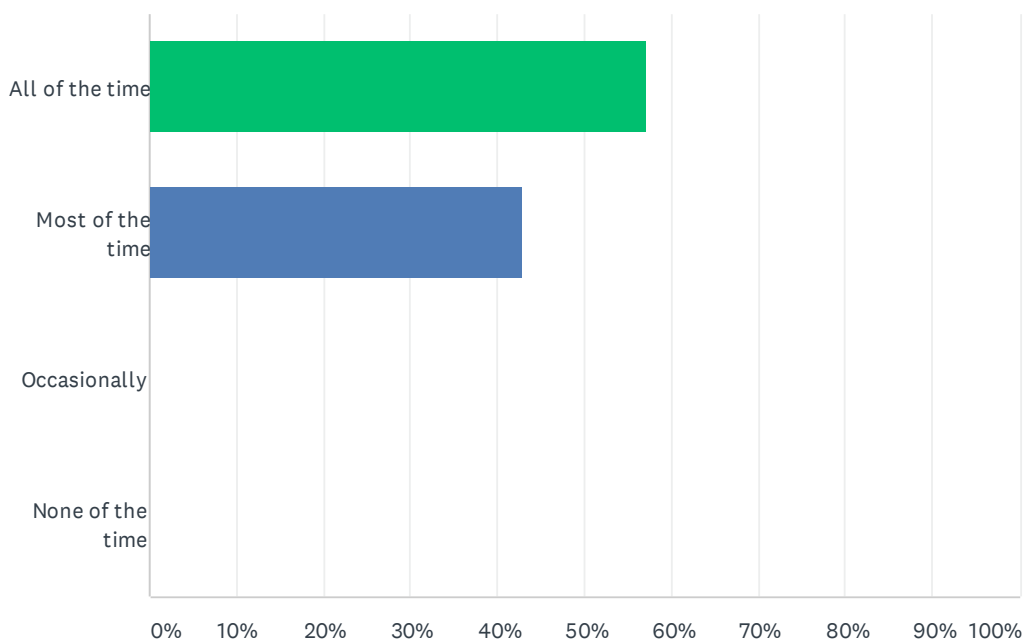


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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| Strongly Agree       | 28.57%    | 2 |
| Agree                | 57.14%    | 4 |
| Disagree             | 14.29%    | 1 |
| Strongly Disagree    | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q11 9. Drivers are courteous:

Answered: 7 Skipped: 0

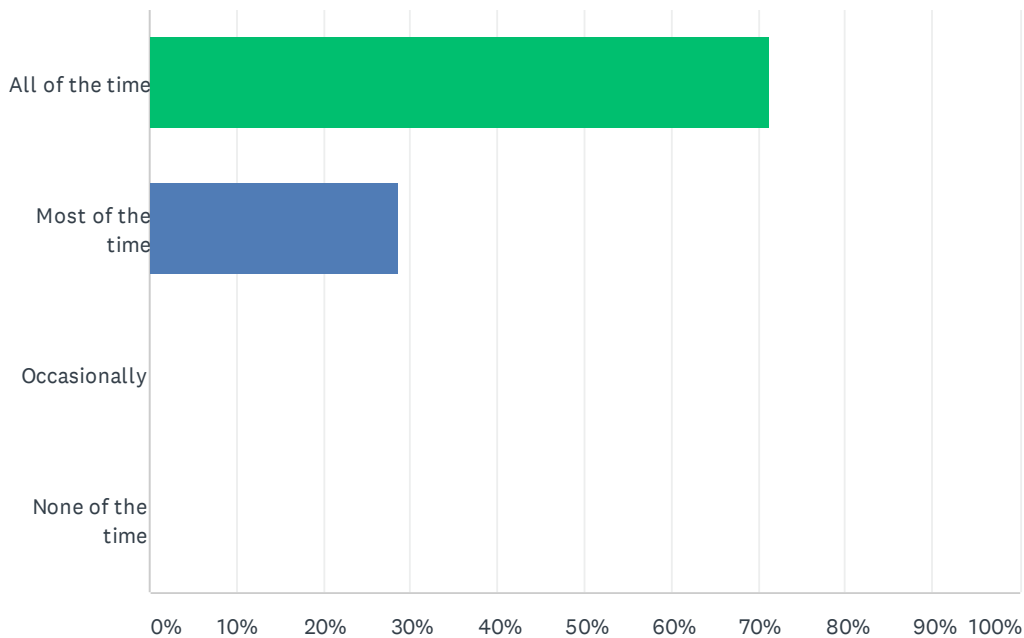


| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 57.14%    | 4 |
| Most of the time     | 42.86%    | 3 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q12 10. Drivers practice safe driving:

Answered: 7 Skipped: 0

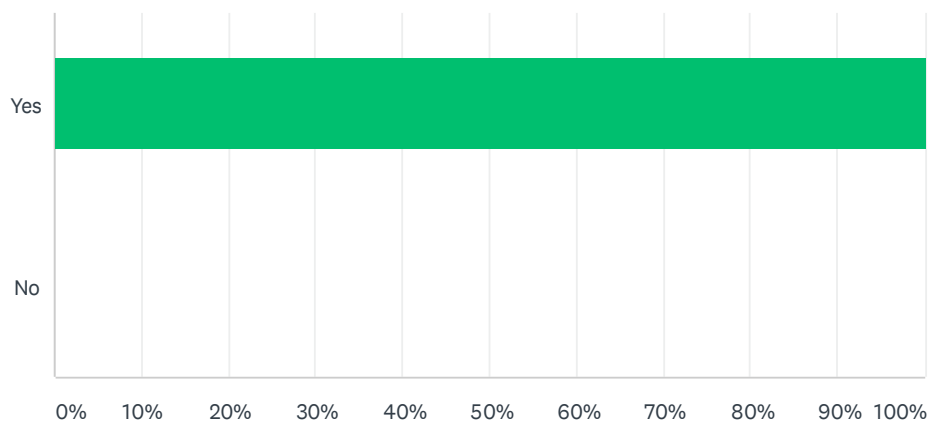
### Copy of 2020 Lake County Connection - Rider Survey



| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 71.43%    | 5 |
| Most of the time     | 28.57%    | 2 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q13 11. Do drivers generally know how to use the vehicle equipment?

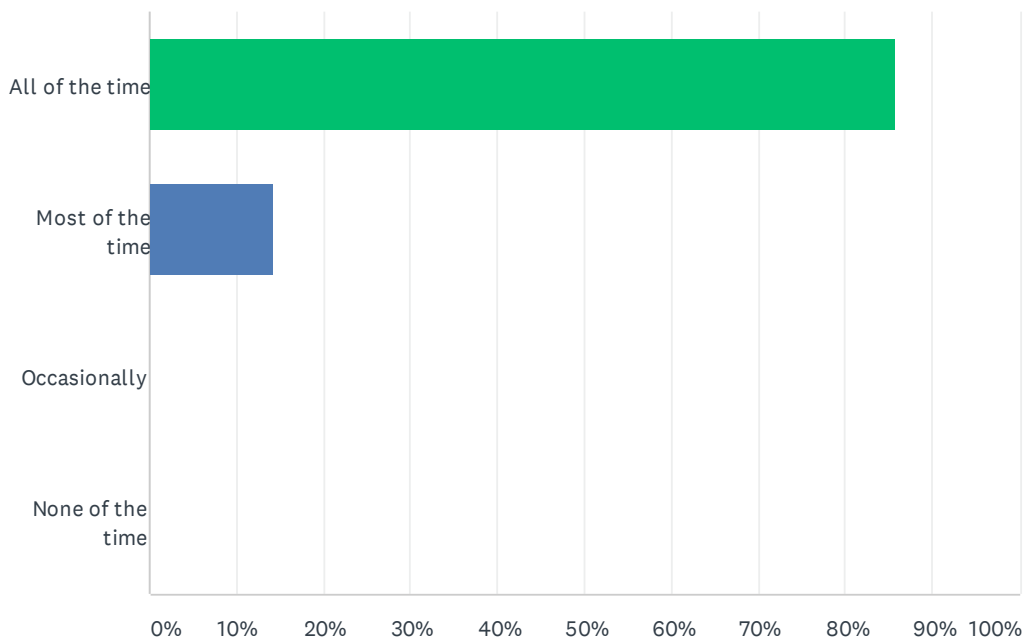
Answered: 7 Skipped: 0



| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| Yes                  | 100.00%   | 7 |
| No                   | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q14 12. Drivers provide assistance to passengers:

Answered: 7   Skipped: 0

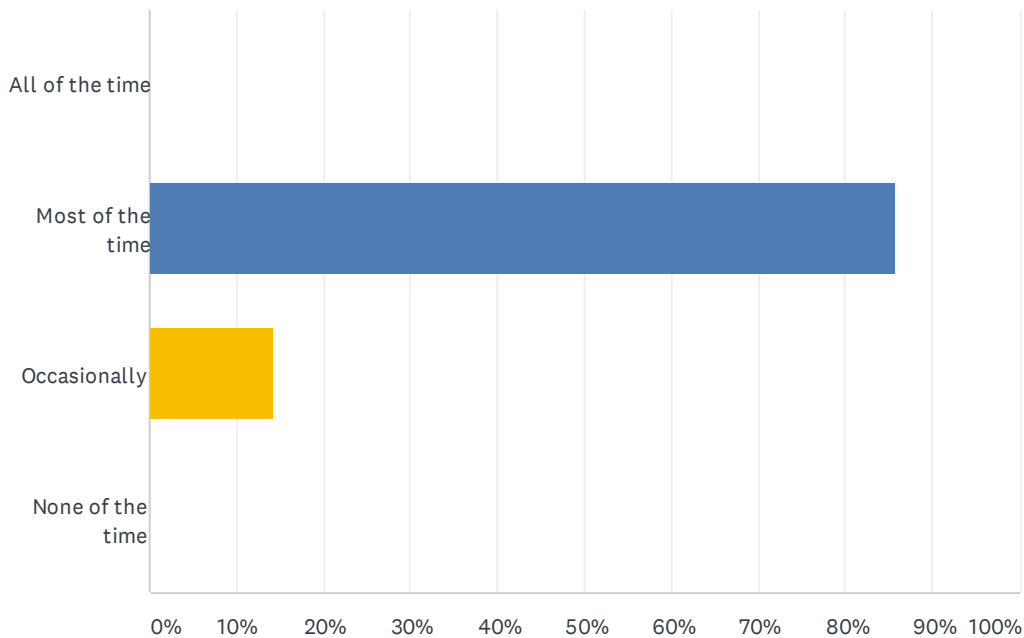


| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 85.71%    | 6 |
| Most of the time     | 14.29%    | 1 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q15 13. I am picked up on time:

Answered: 7   Skipped: 0

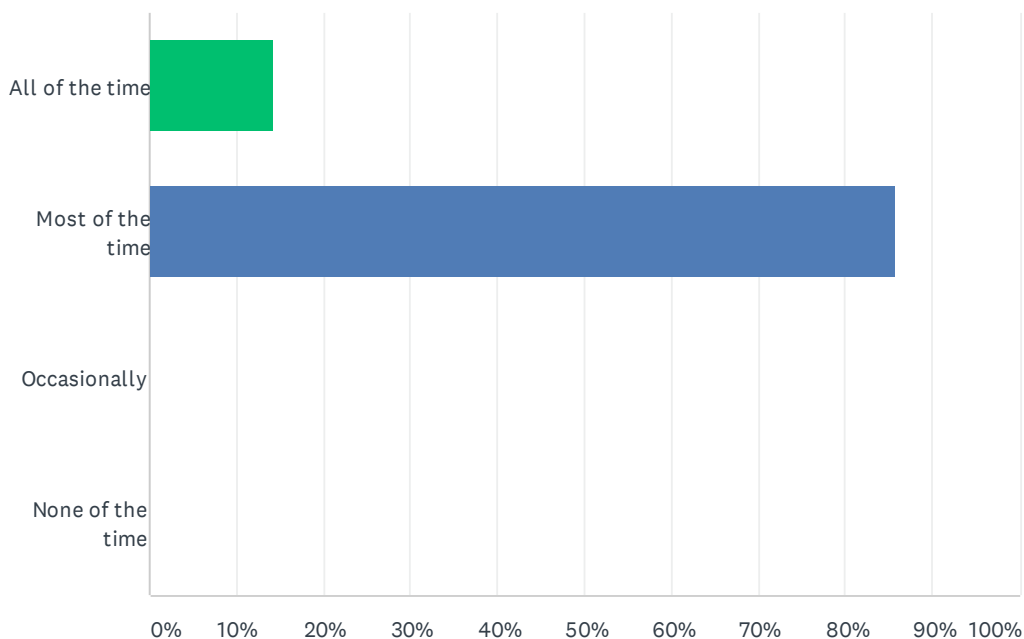
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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 0.00%     | 0 |
| Most of the time     | 85.71%    | 6 |
| Occasionally         | 14.29%    | 1 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q16 14. I am dropped off on time:

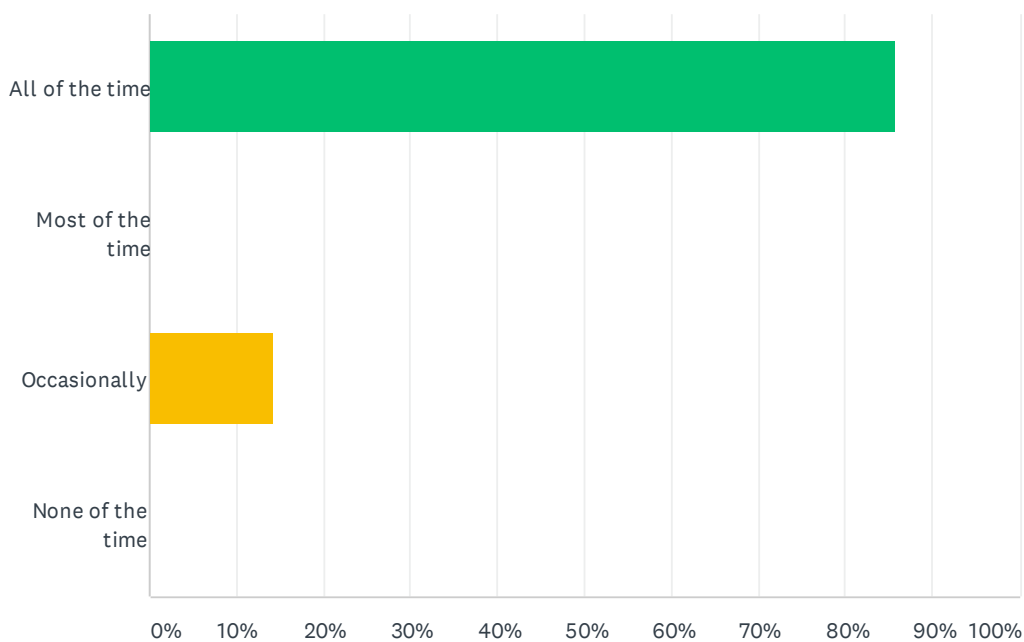
Answered: 7 Skipped: 0



| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 14.29%    | 1 |
| Most of the time     | 85.71%    | 6 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q17 15. I am dropped off at the correct location:

Answered: 7 Skipped: 0

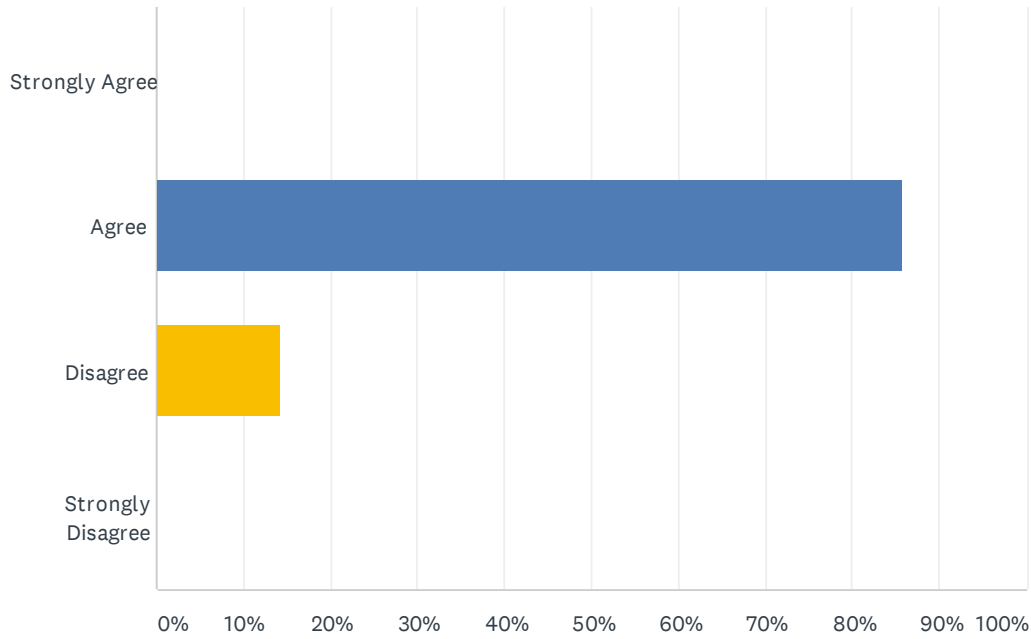


| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 85.71%    | 6 |
| Most of the time     | 0.00%     | 0 |
| Occasionally         | 14.29%    | 1 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q18 16. Travel time meets your expectations:

Answered: 7 Skipped: 0

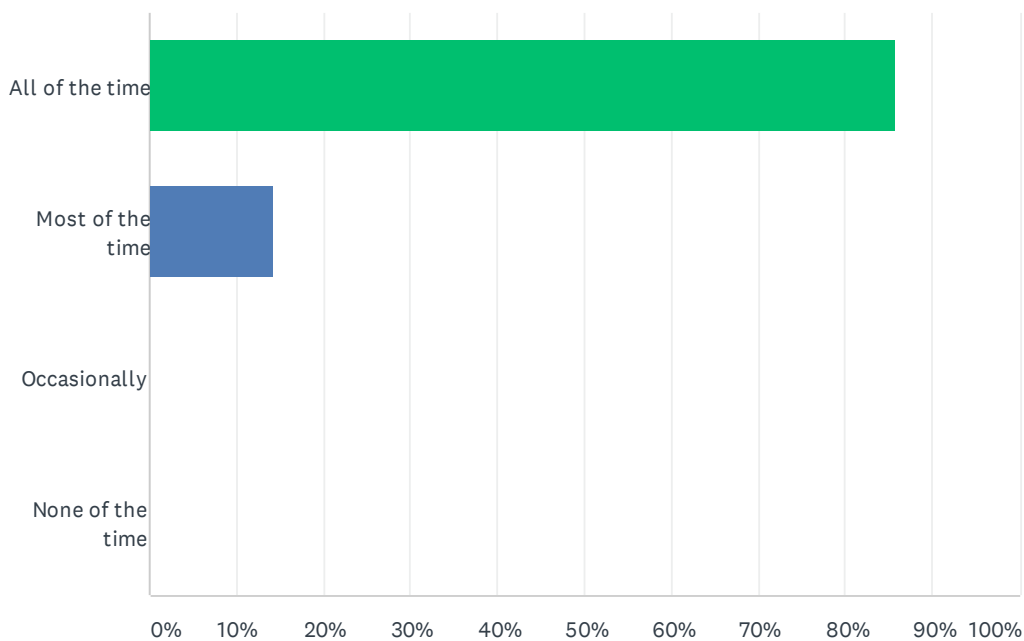
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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| Strongly Agree       | 0.00%     | 0 |
| Agree                | 85.71%    | 6 |
| Disagree             | 14.29%    | 1 |
| Strongly Disagree    | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q19 17. Vehicles are clean:

Answered: 7 Skipped: 0



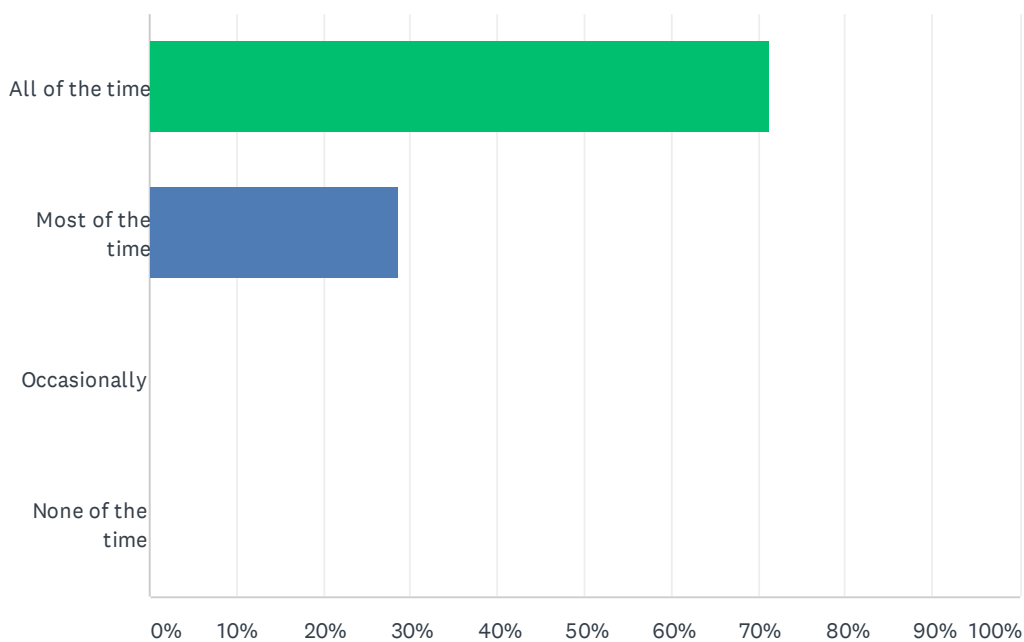


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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 85.71%    | 6 |
| Most of the time     | 14.29%    | 1 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q20 18. Vehicle equipment works well:

Answered: 7 Skipped: 0

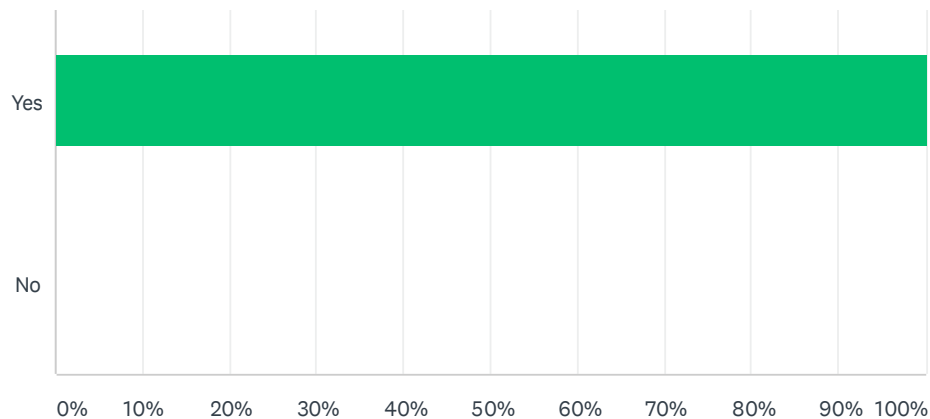


| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| All of the time      | 71.43%    | 5 |
| Most of the time     | 28.57%    | 2 |
| Occasionally         | 0.00%     | 0 |
| None of the time     | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

### Q21 19. Vehicles are comfortable:

Answered: 7 Skipped: 0

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| ANSWER CHOICES       | RESPONSES |   |
|----------------------|-----------|---|
| Yes                  | 100.00%   | 7 |
| No                   | 0.00%     | 0 |
| Total Respondents: 7 |           |   |

## Q22 Comments/Suggestions

Answered: 7   Skipped: 0