

TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD

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

**April 20, 2017
2:30 PM**



MEETING AGENDA

- 1. Call to Order and Roll Call**
- 2. Proof of Publication**
- 3. Transportation Disadvantaged Service Plan Update**
- 4. FY 2017 Proposed Trip Rate for Marion Transit Services**
- 5. Comments by TDLCB Members**
- 6. Comments by Community Transportation Coordinator (CTC)**
- 7. Comments by TPO Staff**
- 8. Public Comment**
- 9. Adjournment**

*The next meeting of the TDLCB will be held on **Thursday, July 20, 2017.***

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



Ocala/Marion County TDSP

Transportation Disadvantaged Service
Plan

April 2017



Tindale
X Oliver



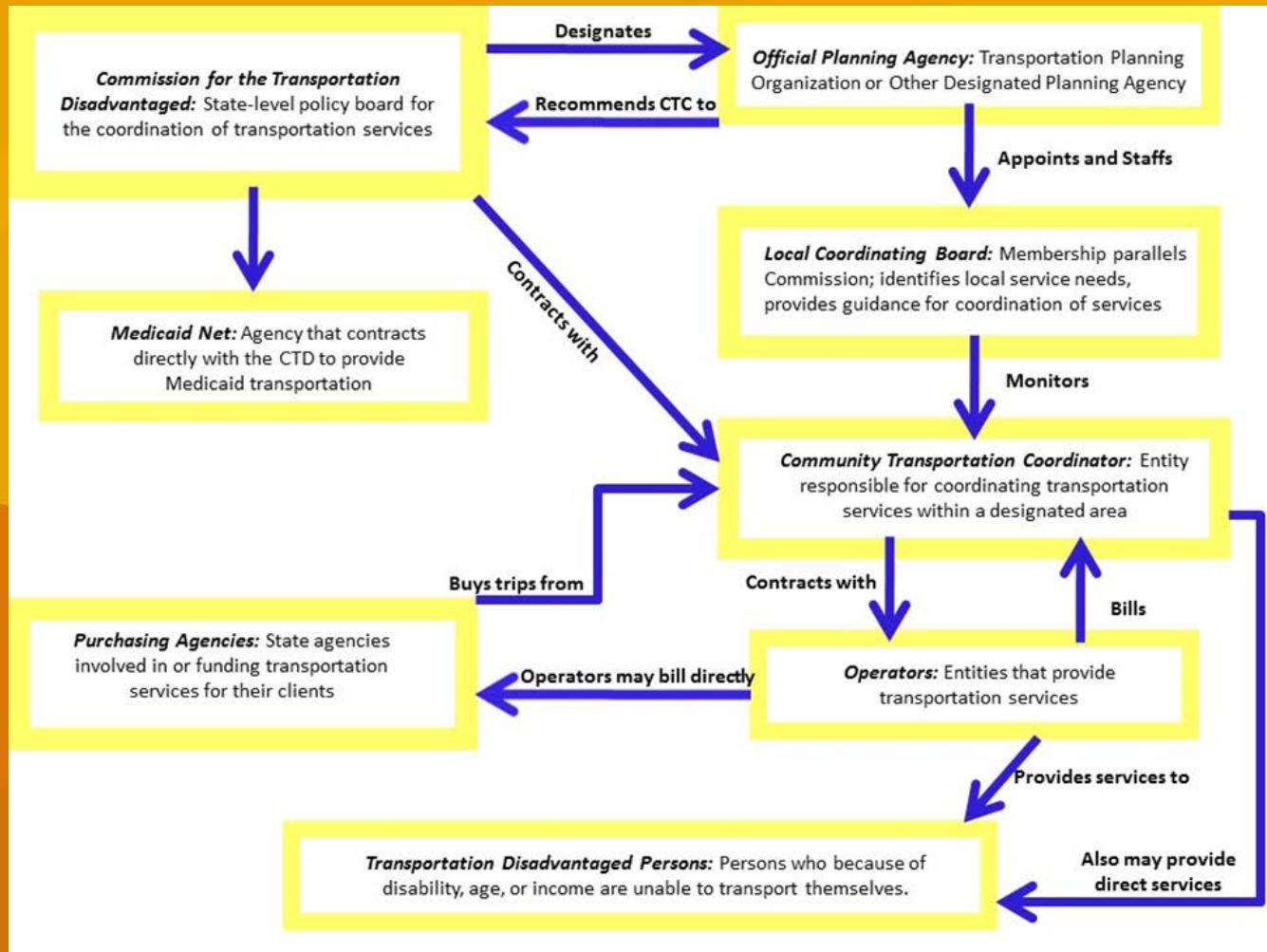


TDSP Overview

- Last Major Update in 2012
- Strategic Plan
 - Development Plan
 - Service Plan
 - Quality Assurance
 - Cost/Revenue Allocations and Fare Justifications
- Updates
 - Annual and every 5 years
- Developed by Ocala/Marion TPO
- Reviewed and approved by TDLCB

TDSP Overview

Florida's Coordinated Transportation System Organization Chart





TDSP Overview

- **Development Plan**
 - Review of Existing Plans and Documents
 - Service Area Profile and Review of Demographics
 - TD Trends and Service Analysis
 - TD Demand Projections
 - CTC Trend Analysis
 - Needs Assessment
 - Identify TD needs
 - Public Involvement
 - Barriers to Coordination
 - Goals, Objectives and Strategies
 - Implementation Plan
 - Five-Year TD Program

Background

- **Marion Transit Services (MTS) providing service since 1976**
- **Serves**
 - **Medical**
 - **Life-Sustaining Activities**
 - **Education**
 - **Work**
 - **Business**
 - **Recreational**

Trip Prioritization

1. Medical

- a. Kidney Dialysis
- b. Cancer Treatments
- c. Doctor Appointments
- d. Therapy

2. Life-Sustaining Activities

- a. Food/Food Stamps
- b. Prescriptions
- c. Medicaid Recertification
- d. Shopping

3. Education

- a. Life Skills Training
- b. Day Treatment Programs

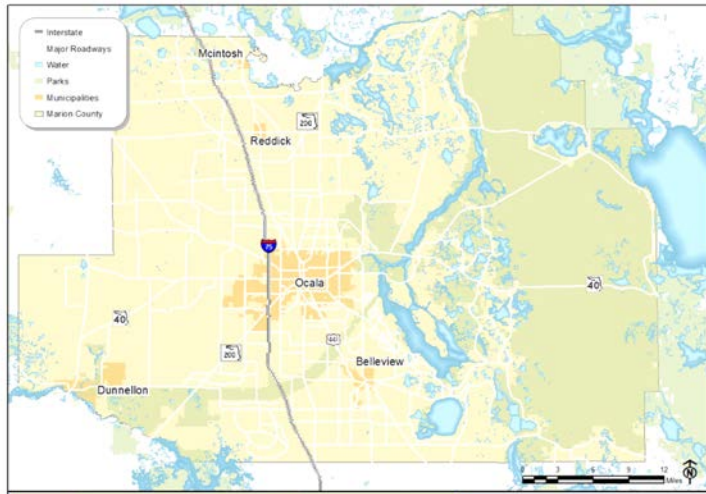
4. Work

5. Business

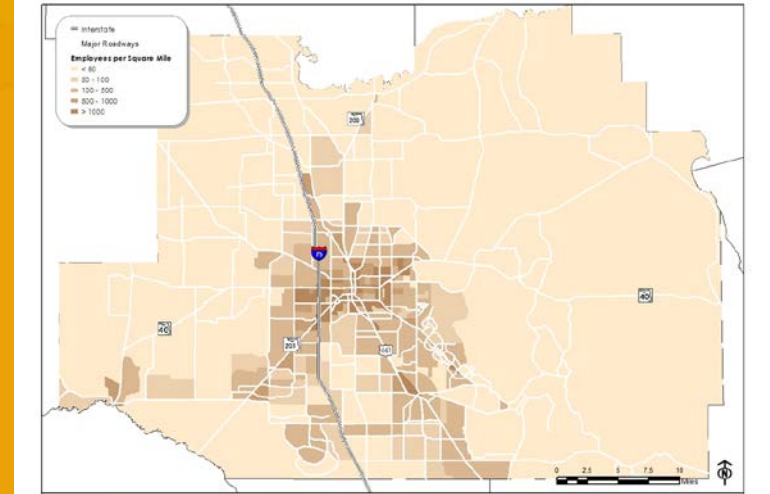
- a. Banking
- b. Social Security
- c. Visits to Hospitals/Nursing Homes

6. Recreational Trips

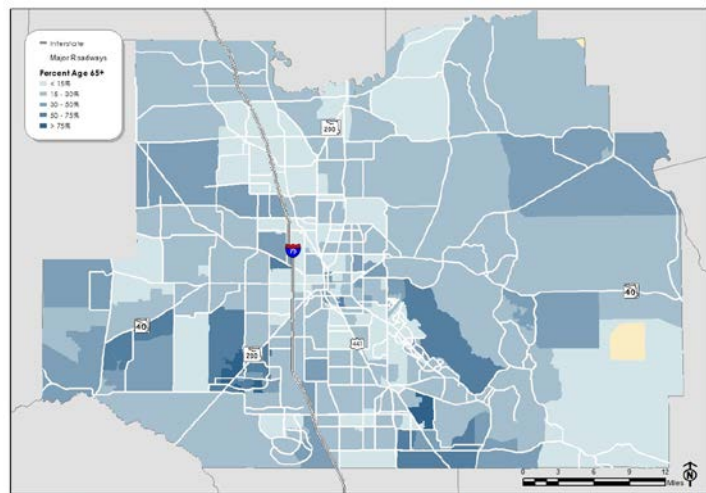
Service Area Demographics



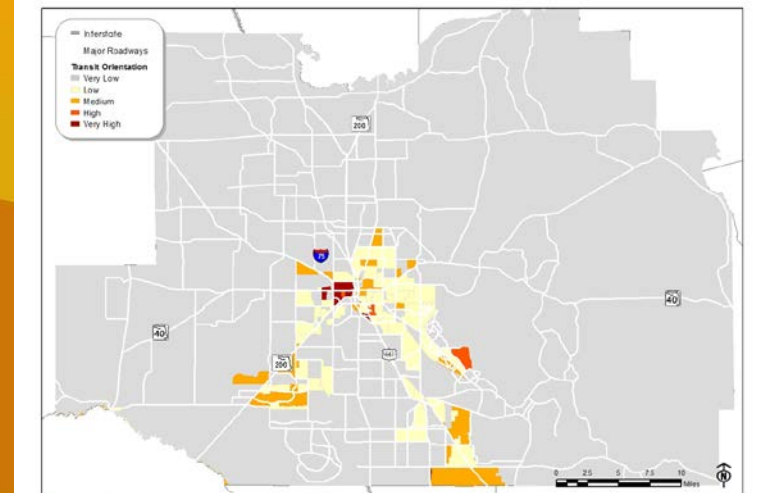
Study Area



Existing Employment Density

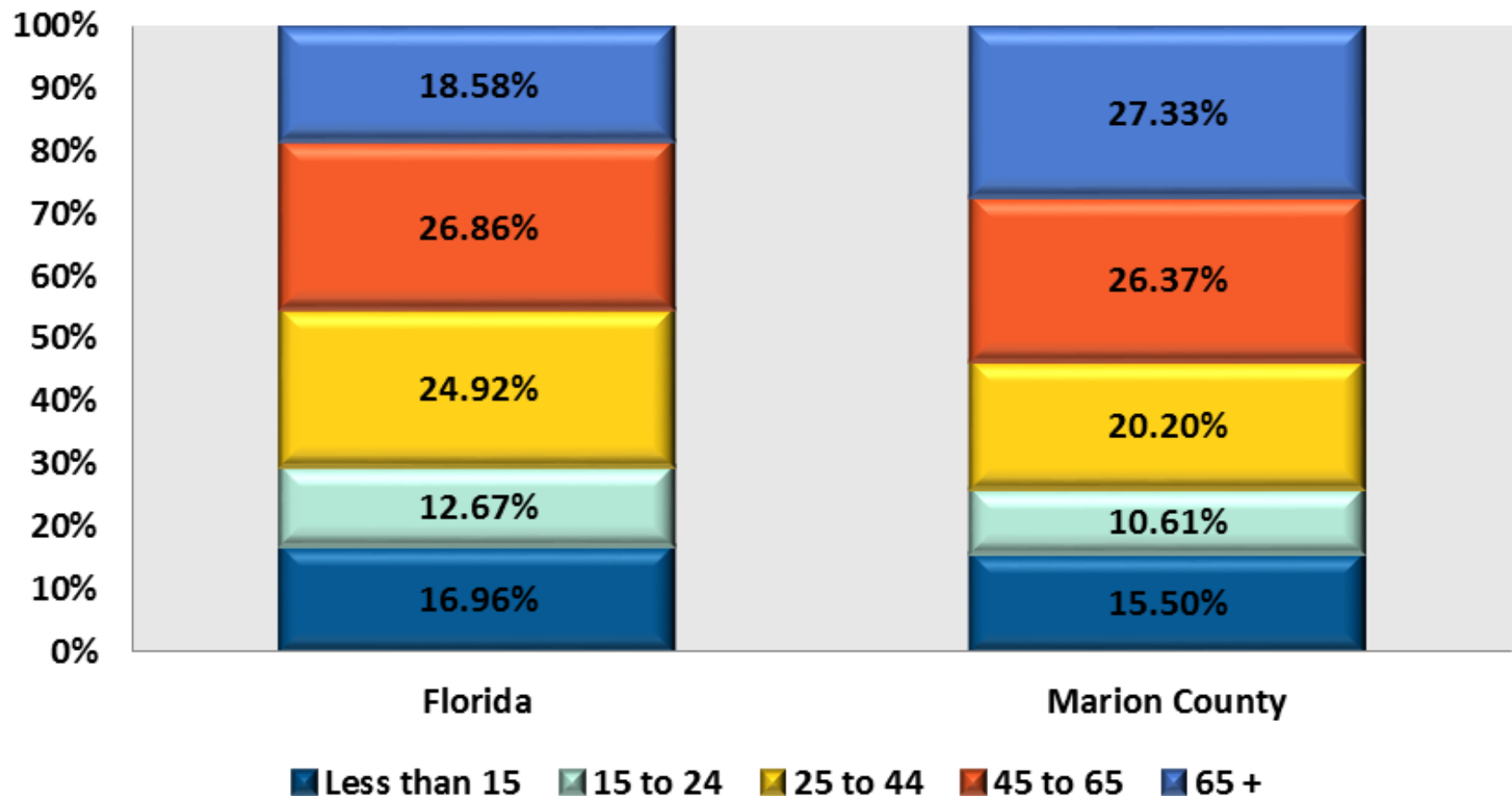


2014 Older Adults

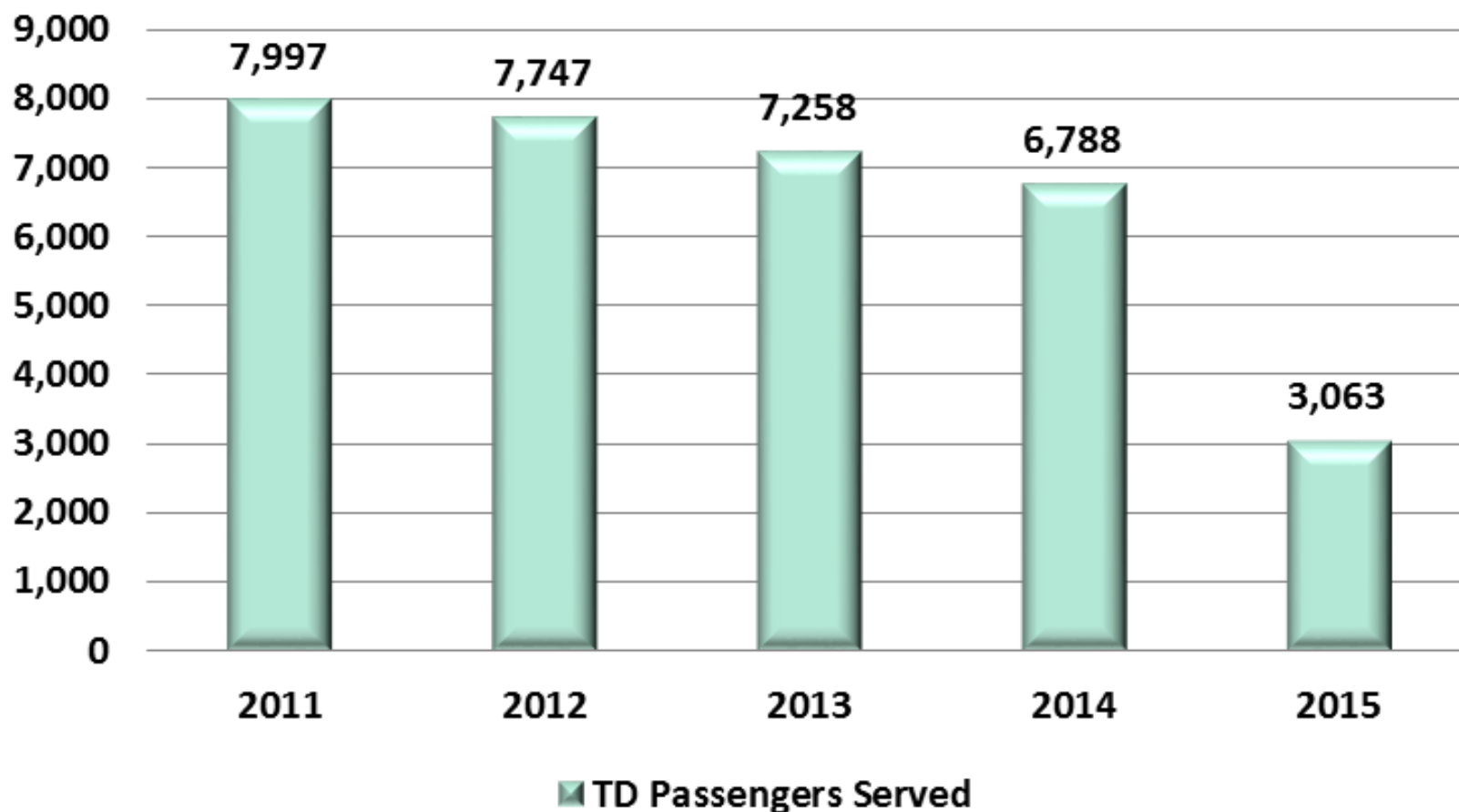


Transit Orientation Index

Age Distribution



TD Passengers Served

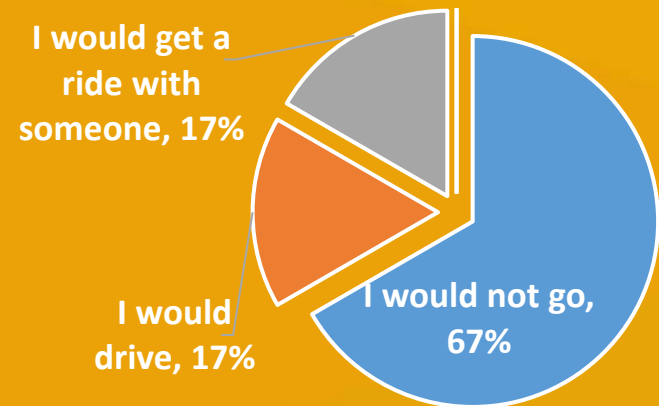


Public Involvement

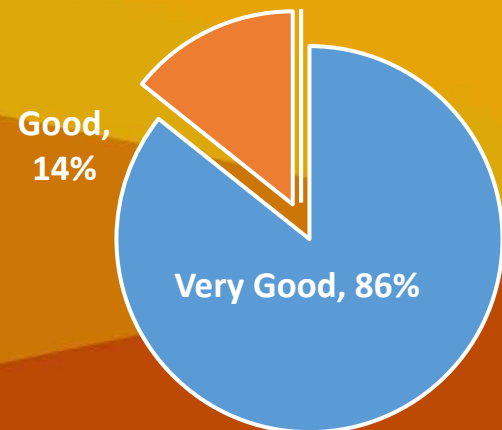
• Paratransit Survey

- Robocall for TD customers
- Service:
 - Most use service for medical purposes and grocery visits
 - Use service 3 or more days a week
 - Highly dependent on service
- Satisfaction:
 - Respondents felt service was dependable (88%)
 - Satisfied with total waiting time (86%)

If not by MTS, how would you make this trip?



Overall satisfaction of services





Service Plan

- **Operations Element**
 - MCSS (MTS) is the CTC
 - Monday – Friday, 5 AM to 6 PM or until all passenger trips completed
 - Service available 24 hrs a day, 7 days a week, through contract operators
- **Service Standards**
- **Local Grievance Procedures/Process**



Quality Assurance and Cost/Revenue Allocation

- **Monitoring and Evaluation Process**
 - CTC Evaluation Process
- **Cost/Revenue Allocation and Justification**
 - Reviews calculated rates and fare structure

FCTD Calculated Rates
Ambulatory (and Escort)
Base Charge: \$3.27
Wheelchair
Base Charge: \$5.61
Stretcher (Contracted)*
Base Charge: \$10.00

Questions/Comments





MEMORANDUM

APRIL 18, 2017

TO: TDLCB MEMBERS

FROM: KENNETH ODOM, TRANSPORTATION PLANNER

SUBJECT: FY 2018 PROPOSED TRIP RATE FOR MARION TRANSIT SERVICES

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

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

	<u>Current Rate</u>	<u>Proposed Rate</u>
Ambulatory		
Per Mile	\$3.27	\$3.37 (0.03%)
Wheelchair		
Per Mile	\$5.61	\$5.78 (0.03%)

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

Preliminary Information Worksheet

Version 1.4

CTC Name: Marion Senior Services, Inc.

County (Service Area): Marion

Contact Person: Tom Wilder/Julie Poole

Phone # (352)620-3519 / (352)620-3501

Throughout this version you will find yellow triangles that include explanatory comments for your review. To view a comment, hover your cursor over the triangle.

Check Applicable Characteristic:

ORGANIZATIONAL TYPE:

- ☐ Governmental
- ☒ Private Non-Profit
- ☐ Private For Profit

NETWORK TYPE:

- ☐ Fully Brokered
- ☒ Partially Brokered
- ☐ Sole Source

Once completed, proceed to the Worksheet entitled "Comprehensive Budget"

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.
County: Marion

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

	Prior Year's ACTUALS from Jan 1st of 2016 to Dec 31st of 2016	Current Year's APPROVED Budget, as amended from Jan 1st of 2017 to Dec 31st of 2017	Upcoming Year's PROPOSED Budget from	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
			Jan 1st of			
			2018 to Dec 31st of 2018			
1	2	3	4	5	6	7

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

Local Non-Govt

Farebox	\$ 91,734	\$ 92,800	\$ 92,800	1.2%	0.0%	
Medicaid Co-Pay Received						
Donations/ Contributions						
In-Kind, Contributed Services						
Other		\$ -	\$ -			
Bus Pass Program Revenue						

Local Government

District School Board						County cash is used as a match for capital equipment and trips.
Compl. ADA Services						
County Cash	\$ 1,129,246	\$ 850,735	\$ 825,735	-24.7%	-2.9%	
County In-Kind, Contributed Services						
City Cash		\$ 434,500	\$ 434,500		0.0%	
City In-kind, Contributed Services						
Other Cash						
Other In-Kind, Contributed Services						
Bus Pass Program Revenue						

CTD

Non-Spons. Trip Program	\$ 878,159	\$ 934,010	\$ 822,169	6.4%	-12.0%	2017 One time Capital purchase of cameras for buses not equipped from Shirley Conroy Grant.
Non-Spons. Capital Equipment						
Rural Capital Equipment		\$ 63,088			-100.0%	
Other TD (specify in explanation)						
Bus Pass Program Revenue						

USDOT & FDOT

49 USC 5307						2016 Schedueling Software one time purchase. 2017 - 2018 budget for 5 replacement buses purchases with negotiated rate increase by state.
49 USC 5310	\$ 220,131	\$ 351,000	\$ 409,145	59.5%	16.6%	
49 USC 5311 (Operating)	\$ 689,650	\$ 770,718	\$ 770,718	11.8%	0.0%	
49 USC 5311(Capital)						
Block Grant						
Service Development						
Commuter Assistance						
Other DOT (specify in explanation)						
Bus Pass Program Revenue						

AHCA

Medicaid						Funds received from Access2Care - Broker facilitating transportation for Medicaid beneficiaries. Less trips requested.
Other AHCA (specify in explanation)	\$ 377,819	\$ 420,000	\$ 375,000	11.2%	-10.7%	
Bus Pass Program Revenue						

DCF

Alcoh, Drug & Mental Health						
Family Safety & Preservation						
Comm. Care Dis./Aging & Adult Serv.						
Other DCF (specify in explanation)						
Bus Pass Program Revenue						

DOH

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

DOE (state)

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

AWI

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

DOEA

Older Americans Act						Other includes OAA,CCE and Managed Care contracts not at the prices calculated by this spreadsheet.
Community Care for Elderly						
Other DOEA (specify in explanation)	\$ 2,537	\$ 2,355	\$ 2,355	-7.2%	0.0%	
Bus Pass Program Revenue						

DCA

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

Comprehensive Budget Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.
County: Marion

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

	Prior Year's ACTUALS from Jan 1st of 2016 to Dec 31st of 2016	Current Year's APPROVED Budget, as amended from Jan 1st of 2017 to Dec 31st of 2017	Upcoming Year's PROPOSED Budget from Jan 1st of 2018 to Dec 31st of 2018	% Change from Prior Year to Current Year	Proposed % Change from Current Year to Upcoming Year	Confirm whether revenues are collected as a system subsidy VS a purchase of service at a unit price. Explain Changes in Column 6 That Are > ± 10% and Also > ± \$50,000
1	2	3	4	5	6	7

APD

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

DJJ

(specify in explanation)						
Bus Pass Program Revenue						

Other Fed or State

xxx						
xxx						
xxx						
Bus Pass Program Revenue						

Other Revenues

Interest Earnings						
Insurance Loss Reimbursement	\$ 1,745			-100.0%		
Fuel Tax Refund/Gain loss fixed asset/misc	\$ 46,245			-100.0%		
Bus Pass Program Revenue						

Balancing Revenue to Prevent Deficit

Actual or Planned Use of Cash Reserve						
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Balancing Revenue is Short By =						
Total Revenues =	\$3,437,265	\$3,919,206	\$3,732,422	14.0%	-4.8%	

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

Operating Expenditures

Labor	\$ 1,255,867	\$ 1,322,980	\$ 1,272,230	5.3%	-3.8%	\$117,000 of 2016 gain will be used in 2018 as a Rate Base Adjustment.
Fringe Benefits	\$ 365,558	\$ 414,902	\$ 363,675	13.5%	-12.3%	
Services	\$ 376,733	\$ 525,625	\$ 433,785	39.5%	-17.5%	
Materials and Supplies	\$ 363,657	\$ 525,080	\$ 522,518	44.4%	-0.5%	
Utilities	\$ 25,716	\$ 26,108	\$ 26,108	1.5%	0.0%	
Casualty and Liability	\$ 154,051	\$ 161,535	\$ 169,612	4.9%	5.0%	
Taxes	\$ 1,224	\$ 750	\$ 750	-38.7%	0.0%	
Purchased Transportation:						
Purchased Bus Pass Expenses						
School Bus Utilization Expenses						
Contracted Transportation Services						
Other						
Miscellaneous	\$ 49,971	\$ 18,561	\$ 18,561	-62.9%	0.0%	
Operating Debt Service - Principal & Interest						
Leases and Rentals	\$ 1,310	\$ 1,550	\$ 1,550	18.4%	0.0%	
Contrib. to Capital Equip. Replacement Fund						
In-Kind, Contributed Services	\$ -	\$ -	\$ -			
Allocated Indirect						
Capital Expenditures						
Equip. Purchases with Grant Funds	\$ 220,131	\$ 407,779	\$ 409,145	85.2%	0.3%	
Equip. Purchases with Local Revenue	\$ 24,459	\$ 45,309	\$ 45,461	85.2%	0.3%	
Equip. Purchases with Rate Generated Rev.						
Capital Debt Service - Principal & Interest						
	\$ 381,561	\$ 469,026	\$ 469,026	22.9%	0.0%	
ACTUAL YEAR GAIN	\$217,027					
Total Expenditures =	\$3,220,238	\$3,919,206	\$3,732,422	21.7%	-4.8%	

See NOTES Below.

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

ACTUAL year GAIN (program revenue) MUST be reinvested as a trip or system subsidy. Adjustments must be Identified and explained in a following year, or applied as a Rate Base Adjustment to proposed year's rates on the next sheet.

Budgeted Rate Base Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.

County: Marion

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
2. Complete applicable **GOLD** cells in column and 5

	Upcoming Year's BUDGETED Revenues
	from
	Jan 1st of
	2018
	to
	Dec 31st of
	2018
1	2

What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	Budgeted Rate <u>Subsidy Revenue</u> EXcluded from the Rate Base	What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
3	4	5

REVENUES (CTC/Operators ONLY)

Local Non-Govt

Farebox	\$ 92,800
Medicaid Co-Pay Received	\$ -
Donations/ Contributions	\$ -
In-Kind, Contributed Services	\$ -
Other	\$ -
Bus Pass Program Revenue	\$ -

Local Government

District School Board	\$ -
Compl. ADA Services	\$ -
County Cash	\$ 825,735
County In-Kind, Contributed Services	\$ -
City Cash	\$ 434,500
City In-kind, Contributed Services	\$ -
Other Cash	\$ -
Other In-Kind, Contributed Services	\$ -
Bus Pass Program Revenue	\$ -

CTD

Non-Spons. Trip Program	\$ 822,169
Non-Spons. Capital Equipment	\$ -
Rural Capital Equipment	\$ -
Other TD	\$ -
Bus Pass Program Revenue	\$ -

USDOT & FDOT

49 USC 5307	\$ -
49 USC 5310	\$ 409,145
49 USC 5311 (Operating)	\$ 770,718
49 USC 5311(Capital)	\$ -
Block Grant	\$ -
Service Development	\$ -
Commuter Assistance	\$ -
Other DOT	\$ -
Bus Pass Program Revenue	\$ -

AHCA

Medicaid	\$ -
Other AHCA	\$ 375,000
Bus Pass Program Revenue	\$ -

DCF

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

DOH

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

DOE (state)

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

AWI

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

DOEA

Older Americans Act	\$ -
Community Care for Elderly	\$ -
Other DOEA	\$ 2,355
Bus Pass Program Revenue	\$ -

DCA

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

\$ 36,335	\$ 56,465	\$ 45,461
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	

\$ -	\$ -	
\$ -	\$ -	
\$ 825,735	\$ (0)	
\$ -	\$ -	
\$ 434,500	\$ -	
\$ -	\$ -	
\$ -	\$ -	
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\$ 822,169	\$ -	\$ -
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\$ -	\$ -	

\$ -	\$ -	
\$ -	\$ 409,145	\$ 409,145
\$ 770,718	\$ -	
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\$ -	\$ -	
\$ 375,000	\$ -	
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\$ -	\$ -	
\$ -	\$ -	
\$ 2,355	\$ -	
\$ -	\$ -	

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

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

BLUE cells
Should be funds generated by rates in this spreadsheet

GREEN cells
MAY BE Revenue Generated by Applying
Authorized Rate per Mile/Trip Charges

Fill in that portion of budgeted revenue in Column 2 that will be **GENERATED** through the application of authorized per mile, per trip, or combination per trip plus per mile rates. Also, include the amount of funds that are Earmarked as local match for Transportation Services and **NOT** Capital Equipment purchases.

If the Farebox Revenues are used as a source of Local Match Dollars, then identify the appropriate amount of Farebox Revenue that represents the portion of Local Match required on any state or federal grants. This does not mean that Farebox is the only source for Local Match.

Please review all Grant Applications and Agreements containing State and/or Federal funds for the proper Match Requirement levels and allowed sources.

GOLD cells

Fill in that portion of Budgeted Rate Subsidy Revenue in Column 4 that will come from Funds Earmarked by the Funding Source for Purchasing Capital Equipment. Also include the portion of Local Funds earmarked as Match related to the **Purchase of Capital Equipment** if a match amount is required by the Funding Source.

Budgeted Rate Base Worksheet

Version 1.4

CTC: Marion Senior Services, Inc.

County: Marion

1. Complete applicable **GREEN** cells in column 3; **YELLOW** and **BLUE** cells are automatically completed in column 3
2. Complete applicable **GOLD** cells in column and 5

	Upcoming Year's BUDGETED Revenues
	from
	Jan 1st of
	2018
	to
	Dec 31st of
	2018
1	2

What amount of the <u>Budgeted Revenue</u> in col. 2 will be generated at the rate per unit determined by this spreadsheet, OR used as local match for these type revenues?	Budgeted Rate <u>Subsidy Revenue</u> EXcluded from the Rate Base	What amount of the <u>Subsidy Revenue</u> in col. 4 will come from funds to purchase equipment, OR will be used as match for the purchase of equipment?
3	4	5

APD	
Office of Disability Determination	\$ -
Developmental Services	\$ -
Other APD	\$ -
Bus Pass Program Revenue	\$ -
DJJ	
DJJ	\$ -
Bus Pass Program Revenue	\$ -
Other Fed or State	
xxx	\$ -
xxx	\$ -
xxx	\$ -
Bus Pass Program Revenue	\$ -
Other Revenues	
Interest Earnings	\$ -
Insurance Loss Reimbursement	\$ -
Fuel Tax Refund/Gain loss fixed asset/misc	\$ -
Bus Pass Program Revenue	\$ -
Balancing Revenue to Prevent Deficit	
Actual or Planned Use of Cash Reserve	\$ -
Total Revenues =	\$ 3,732,422

\$ -	\$ -	
\$ -	\$ -	
\$ -	\$ -	
	\$ -	
	\$ -	
	\$ -	
\$ -	\$ -	
\$ -	\$ -	
	\$ -	
	\$ -	
\$ -	\$ -	
\$ -	\$ -	
\$ 3,266,812	\$ 465,610	\$ 454,606

EXPENDITURES (CTC/Operators ONLY)	
Operating Expenditures	
Labor	\$ 1,272,230
Fringe Benefits	\$ 363,675
Services	\$ 433,785
Materials and Supplies	\$ 522,518
Utilities	\$ 26,108
Casualty and Liability	\$ 169,612
Taxes	\$ 750
Purchased Transportation:	
Purchased Bus Pass Expenses	\$ -
School Bus Utilization Expenses	\$ -
Contracted Transportation Services	\$ -
Other	\$ -
Miscellaneous	\$ 18,561
Operating Debt Service - Principal & Interest	\$ -
Leases and Rentals	\$ 1,550
Contrib. to Capital Equip. Replacement Fund	\$ -
In-Kind, Contributed Services	\$ -
Allocated Indirect	\$ -
Capital Expenditures	
Equip. Purchases with Grant Funds	\$ 409,145
Equip. Purchases with Local Revenue	\$ 45,461
Equip. Purchases with Rate Generated Rev.	\$ -
Capital Debt Service - Principal & Interest	\$ -
	\$ 469,026
Total Expenditures =	\$ 3,732,422
minus EXCLUDED Subsidy Revenue =	\$ 465,610
Budgeted Total Expenditures INCLUDED in	
Rate Base =	\$ 3,266,812
Rate Base Adjustment ¹ =	\$ (586,026)
Adjusted Expenditures Included in Rate	
Base =	\$ 2,680,786

\$ 11,004

Amount of Budgeted
Operating Rate
Subsidy Revenue

¹ Rate Base Adjustment Cell

If necessary and justified, this cell is where you could optionally adjust proposed service rates up or down to adjust for program revenue (or unapproved profit), or losses from the Actual period shown at the bottom of the Comprehensive Budget Sheet. This is not the only acceptable location or method of reconciling for excess gains or losses. If allowed by the respective funding sources, excess gains may also be adjusted by providing system subsidy revenue or by the purchase of additional trips in a period following the Actual period. If such an adjustment has been made, provide notation in the respective exlanation area of the Comprehensive Budget tab.

¹ The Difference between Expenses and Revenues for Fiscal Year:

2016 -

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

Worksheet for Program-wide Rates

CTC: Marion Senior Serv Version 1.4
County: Marion

1. Complete Total Projected Passenger Miles and ONE-WAY Passenger Trips (GREEN cells) below

- Do NOT include trips or miles related to Coordination Contractors!
- Do NOT include School Board trips or miles UNLESS.....
- INCLUDE all ONE-WAY passenger trips and passenger miles related to services you purchased from your transportation operators!
- Do NOT include trips or miles for services provided to the general public/private pay UNLESS..
- Do NOT include escort activity as passenger trips or passenger miles unless charged the full rate for service!
- Do NOT include fixed route bus program trips or passenger miles!

PROGRAM-WIDE RATES

Total Projected Passenger Miles = 734,500

Rate Per Passenger Mile = \$ 3.65

Total Projected Passenger Trips = 83,000

Rate Per Passenger Trip = \$ 32.30

Fiscal Year

2018

Avg. Passenger Trip Length = 8.8 Miles

Rates If No Revenue Funds Were Identified As Subsidy Funds

Rate Per Passenger Mile = \$ 4.28

Rate Per Passenger Trip = \$ 37.91

Once Completed, Proceed to the Worksheet entitled "Multiple Service Rates"

Vehicle Miles
The miles that a vehicle is scheduled to or actually travels from the time it pulls out from its garage to go into revenue service to the time it pulls in from revenue service.

Vehicle Revenue Miles (VRM)
The miles that vehicles are scheduled to or actually travel while in revenue service. Vehicle revenue miles exclude:

- Deadhead
- Operator training, and
- Vehicle maintenance testing, as well as
- School bus and charter services.

Passenger Miles (PM)
The cumulative sum of the distances ridden by each passenger.

Worksheet for Multiple Service Rates

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

CTC: Marion Senior S Version 1.4

County: Marion

SECTION I: Services Provided

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

Ambulatory	Wheelchair	Stretcher	Group
<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
Go to Section II for Ambulatory Service	Go to Section II for Wheelchair Service	STOP! Do NOT Complete Sections II - V for Stretcher Service	STOP! Do NOT Complete Sections II - V for Group Service

SECTION II: Contracted Services

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

Ambulatory	Wheelchair	Stretcher	Group
<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
Skip # 2, 3 & 4 and Go to Section III for Ambulatory Service	Skip # 2, 3 & 4 and Go to Section III for Wheelchair Service	Do Not Complete Section II for Stretcher Service	Do Not Complete Section II for Group Service

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

<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>	<div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div>
		Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

3. If you answered YES to #1 & #2 above, how much is the proposed contract amount for the service?
How many of the total projected Passenger Miles relate to the contracted service?
How many of the total projected passenger trips relate to the contracted service?

Leave Blank	Leave Blank		

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

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

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

Combination Trip and Mile Rate			
Leave Blank and Go to Section III for Ambulatory Service	Leave Blank and Go to Section III for Wheelchair Service	Do NOT Complete Section II for Stretcher Service	Do NOT Complete Section II for Group Service

Worksheet for Multiple Service Rates

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

CTC: Marion Senior S Version 1.4
County: Marion

SECTION III: Escort Service

1. Do you want to charge all escorts a fee?.....
- ☐ Yes
☒ No
- Skip #2 - 4 and Section IV and Go to Section V
2. If you answered Yes to #1, do you want to charge the fee per passenger trip OR
per passenger mile?.....
- ☒ Pass. Trip
☐ Pass. Mile
- Leave Blank
3. If you answered Yes to # 1 and completed # 2, for how many of the projected
Passenger Trips / Passenger Miles will a passenger be accompanied by an escort?
- Leave Blank
4. How much will you charge each escort?.....
- Leave Blank

SECTION IV: Group Service Loading

1. If the message "**You Must Complete This Section**" appears to the right, what is the projected total
number of Group Service Passenger Miles? (otherwise leave blank).....
- Do NOT Complete Section IV
- And what is the projected total number of Group Vehicle Revenue Miles?
- Loading Rate
0.00 to 1.00

SECTION V: Rate Calculations for Multiple Services:

1. Input Projected Passenger Miles and Passenger Trips for each Service in the GREEN cells and the Rates for each Service will be calculated automatically
- * Miles and Trips you input must sum to the total for all Services entered on the "Program-wide Rates" Worksheet, MINUS miles and trips for contracted services IF the rates were calculated in the Section II above
- * Be sure to leave the service BLANK if you answered NO in Section I or YES to question #2 in Section II

RATES FOR FY: 2018				
Ambul	Wheel Chair	Stretcher	Group	
		Leave Blank	Leave Blank	
Projected Passenger Miles (excluding totally contracted services addressed in Section II) = 734,500	= 650,000	+ 84,500	+ 0	
Rate per Passenger Mile =	\$3.37	\$5.78	\$0.00	\$0.00 \$0.00
			per passenger	per group

Ambul	Wheel Chair	Stretcher	Group	
		Leave Blank	Leave Blank	
Projected Passenger Trips (excluding totally contracted services addressed in Section II) = 83,000	= 75,000	+ 8,000	+ 0	
Rate per Passenger Trip =	\$30.22	\$51.80	\$0.00	\$0.00 \$0.00
			per passenger	per group

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

Combination Trip and Mile Rate				
Ambul	Wheel Chair	Stretcher	Group	
		Leave Blank	Leave Blank	
...INPUT the Desired Rate per Trip (but must be <u>less</u> than per trip rate above) =				\$0.00
Rate per Passenger Mile for Balance =	\$3.37	\$5.78	\$0.00	\$0.00 \$0.00
			per passenger	per group

Rates If No Revenue Funds Were Identified As Subsidy Funds				
Ambul	Wheel Chair	Stretcher	Group	
Rate per Passenger Mile =	\$3.96	\$6.79	\$0.00	\$0.00 \$0.00
			per passenger	per group
Ambul	Wheel Chair	Stretcher	Group	
Rate per Passenger Trip =	\$35.47	\$60.80	\$0.00	\$0.00 \$0.00
			per passenger	per group

Program These Rates Into Your Medicaid Encounter Data