CTC EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: BROWARD COUNTY TRANSIT

COUNTY: BROWARD

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REVIEW PERIOD: <u>FY 2016-2017</u> REVIEW DATES: <u>03/01/18-06/30/18</u>

PERSON CONDUCTING THE REVIEW: MPO STAFF
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LCB EVALUATION WORKBOOK

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EVALUATION INFORMATION

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

| 1 | Cover Page |
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| 4 - 5 | Entrance Interview Questions |
| | Chapter 427.0155 (3) Review the CTC monitoring of |
| 6 | contracted operators |
| | Chapter 427.0155 (4) Review TDSP to determine |
| 9 | utilization of school buses and public transportation |
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| 35 | Level of Cost - Worksheet 1 |
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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

| INTRO | DUCTI | ION AND BRIEFING: | | | | | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------|------------|-----------------|------------------|--|--|
| | | ribe the evaluation process ation to CTD). | (LCB | evaluates th | e CT | C and forward | ls a copy of the | | |
| | | eviews the CTC once ever cal coordinator. | y year | to evaluate | the o | perations and | performance of | | |
| | LCB v | will be reviewing the following | ng area | as: | | | | | |
| | | Chapter 427, Rules 41-2 a Following up on the State Ombudsman program. Monitoring of contractors Surveying riders/beneficia | ıs Rep | ort from las | t yea | r and calls red | ceived from the | | |
| | LCB will issue a Review Report with findings and recommendations to CTC no later than 30 working days after review has concluded. | | | | | | | | |
| | | the CTC has received the F CB within 30 working days. | Review | Report, the | СТС | will submit a S | Status Report to | | |
| | | an update of Commission I if needed. | evel ad | ctivities (last | mee | ting update an | nd next meeting | | |
| Using | THE A | PR, COMPILE THIS INFORMAT | ION: | | | | | | |
| 1. | OPER | RATING ENVIRONMENT: | | RURAL | X | URBAN | | | |
| 2. | ORGA | ANIZATION TYPE: | □ X | PRIVATE- PRIVATE GOVERNI TRANSPO | NON MEN | -PROFIT | Y | | |
| 3. | NETV | VORK TYPE: | □ X | SOLE PRO | | | | | |

4. NAME THE OPERATORS THAT YOUR COMPANY HAS CONTRACTS WITH: ARC Broward, Ann Storck Center, Daniel Cantor Center, First Transit, Lucanus Developmental Center, Miramar Senior Services, NE Focal Point, NW Focal Point, Transportation America, United Community Options (UCP).

COMPLETE BROKERAGE

5. NAME THE GROUPS THAT YOUR COMPANY HAS COORDINATION CONTRACTS WITH: See TDSP, Appendix B

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

| Name of Agency | % of Trips | Name of Contact | Telephone Number |
|----------------|------------|--------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. REVIEW AND DISCUSS TD HELPLINE CALLS:

| OMBUDSMAN/TD | Number of calls | Closed Cases | Unsolved Cases |
|----------------------|-----------------|--------------|----------------|
| Cost | 0 | 0 | 0 |
| Medicaid NA | 0 | 0 | 0 |
| Quality of Service | 0 | 0 | 0 |
| Service Availability | 0 | 0 | 0 |
| Toll Permit | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |

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." See TDSP, Pages 256-304; Appendix H

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

- Contractors are required to provide CTC with updated Driver Rosters by the twentieth (20) calendar day of each month. Roster shall indicate driver's name, date of hire, training dates, last Drug and Alcohol test, Motor Vehicle Record (MVR) review date and date of latest criminal record check. Contractors are required to maintain updated Driver Rosters in the Computerized Trip Management System (CTMS)
- 2. Contractors must provide CTC with evidence all drivers have completed the training program offered by CTC prior to any driver providing service and must attend a refresher class or repeat new driver training a minimum of once every two (2) years. Classes include Defensive Driver, Passenger Assistance Technique, Responding to Client Incidents, SUNsational Service and other training required by Provider.
- 3. Training information shall be included in the monthly operating summary package. Additionally, drivers are required to participate in a driver training program developed by CTC. Contractors must require all personnel providing transportation to possess the following, which shall be filed with CTC prior to personnel providing paratransit service: current, valid Broward County Chauffeur's Registration in accordance with requirements of Chapter 22-1/2, Broward County Code of Ordinances. Provider ADEPT driver roster is submitted weekly to Broward County Risk Management department. They verify daily for driver license violations which would require driver removal from operating a vehicle. Driver Training Program shall include a minimum of eighty (80) hours of training prior to driving a service vehicle. This shall include the following: Passenger Assistance Technique; Defensive Driver; Responding to Client Incidents; Vehicle breakdown, Vehicle and/or Passenger Accidents; Vehicle Orientation; Trip Scheduling; and biannual refresher classes.
- 4. CTC requests MVRs for Contractor's drivers on a periodic basis. When a report shows evidence of violations, CTC will promptly notify Contractor and Taxi Section of Broward County's Division of Consumer Affairs. Contractor must have procedures to periodically review drivers' MVRs. Compliance is monitored by CTC staff. Per Contract "County may request and review State of Florida MVRs for Contractor's drivers on a monthly basis".
- 5. Training program includes methods for measuring effectiveness of training in developing skill and improving performance. Methods shall be based on performance indicators which measure proficiency and not solely on Contractor meeting minimum training hours required. Such measurement procedure shall be provided to CTC upon request.
- 6. CTC performs annual evaluations of Contractors ensuring compliance with the System Safety Program Plan, locally approved standards, FCTD and FDOT standards, annual operating data and insurance requirements.

- 7. CTC's direct involvement in day-to-day operations of service includes but is not limited to: on-street monitoring of drivers and vehicles, equipment and customer service inspections, contract compliance and quality control. Contractors cooperate fully with the CTC monitoring programs. Contractors provide full access to all driver records at operating facilities. Contractors are required to make available: work station, desk, telephone and chair if so requested.
- 8. CTC's on-street monitoring shall include but is not limited to: on-time performance, knowledge of service area and routing, driver assistance, manifest accuracy and completeness, driver and vehicle appearance, wheelchair lift condition and operation, wheelchair securement systems and use, safety equipment, driving habits and compliance with Florida Motor Vehicle Regulations. Language from Contractor Service Agreement (See page 6, #3).
- 9. Contractors provide CTC with service data via summary reports generated by CTMS and a bi-weekly invoice for each component of service for previous bi-weekly (Monday through Sunday) period. This information shall include but is not limited to the following: number of one-way passenger trips by type of trip; total hours of vehicle service; copies of daily reports for driver activity or other daily reports showing starting and ending times; starting and ending mileage for each vehicle; copies of trip tickets, log sheets or driver manifests; weekly reimbursement charges for services and denied trip requests.
- 10.CTC operates with zero trip denial rates. If one provider is unable to perform a requested trip due to capacity constraints another provider performs the trip.
- 11. Pursuant to Federal Transit Administration's (FTA) standards for precision, accuracy and accountability, CTC is required to report data to the National Transit Database (Section 15 data). As required by FTA, or CTC, Contractors shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA regulations. Contractors are responsible for collection of financial and operational data, including on-board operational and passenger-related data and for transmittal to CTC on CTC approved forms as follows: operational and passenger-related data shall be submitted to CTC no less than weekly, financial data shall be submitted to CTC no less than quarterly and designated "service supplied" data shall be submitted to CTC thirty (30) days prior to termination of CTC's fiscal year. All source documents for Section 15 filings shall be subject to audit and shall be maintained by Contractors for five (5) years following final payment under their agreement with CTC.
- 12. Contractors must provide written monthly reports to CTC by the twentieth (20th) day of the month following the month of service. All required information shall be collected and reported individually for each funding component of service. Reports shall be submitted on a form developed by Contractor and approved by CTC and shall include, but not be limited to the following:
 - Brief Narrative: Brief narrative highlighting month's activities, unusual events, trends and other noteworthy observations.
 - Ridership: Number of one-way passenger trips, PCAs and Companions on a day-by-

day basis for each funding and fare entity and category.

- Miles and Hours: Total hours of service and vehicle miles on a day-by-day basis.
- Cost of Service: Total service revenue based upon contracted rates, collected fares and net revenue to provide service (total revenue less imputed fares).
- Service Quality Measures: On-time performance data, trips completed, missed trips and trip denials with an explanation.
- Efficiency Measures: Appropriate measures to include passengers per mile, hour or vehicle trip.
- Fleet Data: Updated fleet listings and status of all vehicles.
- Other: Accident/incident reports/briefs/findings, training activities/certifications, including sensitivity training and education, key personnel changes and suggested improvements.
- 13. All vehicles, wheelchair lifts or ramps and wheelchair securement devices are inspected annually by CTC staff. All vehicles must be approved, inspected and display an inspection sticker issued by CTC prior to providing service. Complaints received concerning any vehicle or its equipment, at CTC's discretion, may require vehicle to report to CTC's facility. If the complaint is related to safety issues, vehicle must report to the CTC immediately. Any vehicle found in violation of any contractual standard must be removed from service until violation is remedied.
- 14. CTC reserves the right through its agreements with Contractors, in its sole discretion, at any time, to inspect vehicles and maintenance facilities during normal working hours and to review Contractors' maintenance records.
- 15. Day-to-day monitoring is also conducted through CTC's Complaint Procedure. All client complaints shall be referred to CTC's Paratransit Customer Service. All complaints are entered into CTMS. Complaint will be forwarded to Contractor for written or electronic response. Contractor's responses shall be made within three (3) business days of receipt of complaint. Complaints of more serious nature such as injury, driver misconduct and client safety shall be responded to by the end of that business day. Complaints are tallied each month, indicating total number of complaints and type of complaints, for each Contractor. The complaint standard is established at 0.2% of trips delivered in a calendar month.

| 16. CTC works closely with CTD's Ombudsman | Progra | am to re | solve | all servi | ce comp | olaints |
|----------------------------------------------|--------|----------|--------|------------|-----------|---------|
| and inquiries. CTC investigates each item as | s desc | cribed a | bove (| see #15 | 5), conta | cts all |
| concerned parties and sends CTD's Ombuds | man F | Program | a repo | ort on the | e resolut | tion of |
| the complaint/inquiry. | | | | | | |
| Is a written report issued to the operator? | X | Yes | | Nο | | |

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?

- Insurance Certificates are monitored and updated annually to ensure compliance with State and Local standards.
- Random site visits.
- Random vehicle inspections.
- Review of Annual Operating Report data.

Is a written report issued? X 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?

Drivers and vehicles may be removed from service and/or termination of Coordination Agreement.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? X 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? N/A

School bus joint use program is not used in Broward County. Expense of liability insurance is a major concern raised by the School Board. In addition, lack of seat belts and air conditioning on school buses is a problem for TOPS clients. However, there is an agreement between Broward County Transit (BCT) and the School Board to provide emergency transportation services for residents to designated shelters in the event of a hurricane or other natural disaster. School Board services could be used for backup for assisted living facilities, mobile home parks and other congregate living sites.

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?

BCT is dedicated to improving its fixed-route bus system on an ongoing basis and has completed the following improvements to enhance accessibility:

Currently 3,851 bus stops are ADA compliant (280 bus stops cannot meet ADA requirements due to space/easement limitations) out of 4,575 bus stops which may be

- ADA accessible. There are ADA accessible bus stops on all routes. All bus drivers provide assistance upon request.
- All buses are equipped with voice annunciation systems which provide on-board automatic voice annuncements in English, Spanish and Creole. They annunce bus stops, major transfer points and safety advisories.
- All signage, both inside buses and at bus stops, complies with ADA regulations.

Clients requesting transportation services are directed to fixed-route service provided by BCT. Those unable to use fixed-route service are encouraged to apply for TOPS! paratransit service. Disabled clients who can use fixed-route bus service for some trips are granted ADA/TD conditional eligibility and use paratransit service only for trips where bus service is not accessible or navigable.

To help clients navigate fixed-route bus service, Paratransit Services offers a free Travel Training Program. A professional instructor provides personal and group lessons to teach riders how to use County buses. Paratransit eligible riders may call 954-357- 8405 and make an appointment.

BCT provides service to 410 square miles within Broward County. BCT fixed-route buses connect with Palm Beach and Miami-Dade transit systems and Tri-Rail. BCT's fleet has 359 fixed-route buses (all BCT buses are wheelchair accessible and our bus operators provide assistance upon request) providing service on 44 weekday routes and 67 community buses operated in partnership with 19 municipalities. BCT transports 31.3 million passengers annually (103,134 daily) with an annual service mileage of 17.3 million miles. There are 44 BCT Routes and 52 Community Bus Routes Monday-Friday. 31 BCT Routes and 23 Community Bus Routes provide service on Saturdays and 29 BCT Routes and 9 Community Bus Routes provide service on Sundays. There are 4,575 designated bus stops and 1,076 bus stops have shelters.

BCT provides service into Miami-Dade and Palm Beach Counties.

Fixed-route service into Palm Beach County includes Route 19 to Sandalfoot and Route 10 to Mizner Park.

Fixed-route service into Miami-Dade County includes Route 18, 441 Breeze and University Breeze to Golden Glades; Route 2, 207th Street and University Drive; and Route 1, 28 and US 1 Breeze to Aventura Mall and 95 & 595 Express Buses from various Park & Rides to downtown Miami.

BCT provides free Wi-Fi on the 441 Breeze, US 1 Breeze, University Drive Breeze, all 6 express routes and the Broward Central Terminal. BCT operates 67 40' hybrid buses, 29 articulated diesel buses, 19 hybrid articulated buses and 14 MCI Over the Road Coaches.

Transit Technology

Computer Aided Dispatch/Automatic Vehicle Locator (CAD/AVL)

This computerized bus tracking technology locates buses in service. It allows real time monitoring of bus movements, better control of bus headway, closer schedule adherence tracking and ability to direct maintenance crews faster in the event of vehicle breakdown or loss

of communication. This technology allows BCT to improve dispatch efficiency and reliability of bus service. In addition, extensive information is collected for planning purposes.

Status: CAD/AVL uses cellular communications to provide frequent location reports from the bus and provides more reliable voice communications. CAD/AVL also allows real-time bus tracking information to be shared via website, mobile application, and passenger advisory signs located at bus stops and terminals. BCT is currently installing a new CAD/AVL system in fixed-route and community busses.

Automatic Passenger Counters (APC)

APCs count passengers when they board and exit buses. This technology enables BCT to develop or refine bus schedules and collect information for planning purposes. APCs reduce the cost of collecting ridership information. It increases the amount and quality of information obtained and permits continuous sampling of stop-by-stop ridership. APCs can be used to meet National Transit Database data reporting requirements for tracking ridership data, improving system on-time performance and to maximize operational efficiencies.

Status: BCT is exploring options to replace its existing Automatic Passenger Counter (APC) system with newer technology that will result in greater data quality and reliability. A new APC system will interface with the new CAD/AVL system currently being installed.

Real Time Transit Information

This technology provides better customer service by disseminating timely and accurate service information about projected bus arrival and departure times, disruptions and delays, transfers and other transportation services at select locations. It also provides customers other travel related information: date and time, transportation related security information, updates during emergencies and public service announcements. Access to information is provided through media including Passenger Advisory Signs (PAS), smart phones, mobile devices, internet, and dynamic message signs strategically located at bus shelters, transit centers, major office buildings and shopping centers. Riders use real time information to choose how they travel (bus, car or rail), which route and when. This technology ties into BCT's primary function – to give the best customer service by helping travelers make efficient use of time while waiting for a bus. Knowing when a bus will arrive or depart helps reduce traveler anxiety.

Status: The CAD/AVL system enables BCT to disseminate and provide bus arrival and departure times, delays and other traveler related information to provide improved customer service. CAD/AVL project scope includes PASs at three (3) major transfer locations and real-time information delivered through Interactive Voice Response (IVR), website, email, text messaging and mobile phone apps.

Traffic Signal Priority System (TSP)

TSP is an ITS strategy providing buses preference at traffic signals when they arrive at intersections or under certain conditions. BCT expects this technology to reduce bus delays and maintain schedules with minimum impact on cross street traffic. TSP will improve mobility, reliability and efficiency.

Status: BCT is actively collaborating with its regional partners such as FDOT and Broward MPO, as well as Broward County Traffic Engineering to determine its' potential application and benefits. Transit Division will begin testing this technology with the traffic light system once the CAD/AVL system is fully operational.

Smart Cards

Smart Cards are replacing magnetic stripe cards as the fare collection system of choice. Smart Cards look similar to credit cards and are equipped with a programmable memory chip that performs several functions: holding instructions-value, self-monitoring and creating an electronic bill record. BCT is currently investigating mobile device ticketing options and Smart-Card technology, which allows more flexibility for payments to be accepted by several transit systems in the region using a variety of payment methods.

Status: New technologies and a wider array of payment methods are currently under review. BCT issues photo identification cards for fixed-route users deemed eligible for reduced fare based on age and/or disability. Presenting the photo ID to bus drivers and/or bus pass vendors enables users to purchase reduced fare passes.

BCT Bus Pass is a credit-card size fare card with a magnetic swipe. It is a cost-savings pass for daily, unlimited travel for a specific period of time:

| Transit Fare Types | Effective October 1, 2015 |
|------------------------------------------|---------------------------|
| Regular One-Way Fare | \$2.00 |
| Reduced One-Way | \$1.00 |
| Youth/Senior/Disabled/Medicare | φ1.00 |
| Premium Regular- One-Way Fare | \$2.65 |
| Premium Reduced | |
| Youth/Senior/Disabled/Medicare – One-Way | \$1.30 |
| Fare | |
| 10-Ride Pass | \$20.00 |
| Premium 10-Ride Pass | \$26.50 |
| All Day Pass | \$5.00 |
| All Day Reduced | \$4.00 |
| Youth/Senior/Disabled/Medicare | ψ4.00 |
| 7-Day Pass | \$20.00 |
| 3-Day Pass | \$12.00 |
| 31-Day Adult Pass | \$70.00 |
| Premium 31-Day Adult Pass | \$95.00 |
| 31-Day Reduced | \$40.00 |
| Youth/Senior/Disabled/Medicare | \$40.00 |
| 31-Day College Student Pass | \$50.00 |
| Exp. Regular One-Way Fare | \$2.65 |
| Exp. Sr/Youth/Disabled/Medicare | \$1.30 |
| Exp. Premium 10-Ride Pass | \$26.50 |
| Exp. Premium 31-Day Pass | \$95.00 |

BCT partners with Broward County Homeless Initiative Partnership Administration to provide discounted bus passes, (50%), to agencies in Broward County serving homeless individuals. County Human Services provides BCT a list of agencies eligible to purchase discounted passes and is not a grant. Passengers transferring from BCT to Miami-Dade Transit (MDT), PalmTran or Tri-Rail systems will be issued a free transfer and pay the appropriate fare on the other transit system. Passengers transferring from MDT, Palm Tran or Tri-Rail pay \$.50 with a transfer issued by MDT, Palm Tran or Tri-Rail.

Eligible conditional status ADA and/or TD Paratransit clients may ride Broward County fixed-route buses free-of-charge without affecting their paratransit eligibility.

All registered Nutrition Paratransit clients may ride Broward County fixed-route buses free-of-charge in lieu of utilizing paratransit service. Free use of fixed-route service will not cancel Nutrition Paratransit eligibility.

Passengers who prefer online trip planning assistance for travel on BCT buses can log on to Google Transit™ at www.google.com/transit. BCT offers riders online trip planner as an alternative to driving directions. Passengers start by entering the starting and ending destination and expected departure or arrival time. Google Transit™ will provide up to three (3) suggested trip plans featuring trip maps, transfer instructions, and estimated arrival times.

Bus passengers and authorized vendors can purchase bus passes online after creating an "Access Broward" account. Visit www.broward.org/bct and click on "Fares," then select "Bus Pass Purchase." Broward County Transit (BCT) bus passes can be ordered online by making an electronic payment. Transit riders can order only 10-Ride, 7-Day, 31-Day Adult, 10-Ride Premium and 31-Day Premium bus passes. Reduced fare bus passes (Youth/Senior/Disabled/Medicare/College Student) must be purchased in person at the main terminal or authorized vendor locations as valid I.D. is required for age, student status and/or disability verification. Authorized bus pass vendors are able to purchase all bus passes online with the exception of the All-Day bus pass which can only be purchased onboard the bus.

When an online purchase is made, the customer will be sent an e-mail confirming the order. Standard shipping via the U.S. Postal Service (USPS) is free. Authorized bus pass vendors have the option of bus passes being shipped for free by USPS or by secure delivery for a graduated rate.

Online orders are usually processed within three business days. For orders shipped within the U.S., please allow 7-10 business days to receive your bus pass.

Orders may be placed 24-hours-a-day, seven-days-a-week; however, orders placed after 2:00 p.m. on Friday, weekends or holidays will be considered received the following business day and will usually be processed within three business days.

Online transaction information is processed using a 128-bit "Secure Socket Layer" (SSL) certificate. This protection makes it extremely difficult – if not impossible – for anyone to intercept personal or credit card information.

All online bus pass purchases are final; bus passes cannot be exchanged or refunded. BCT does not assume responsibility or liability for bus passes that are lost during shipping. Under Florida law, e-mail addresses are public records. If customers do not want their account

registered email addresses released in response to a public records request, they should not register to purchase bus passes online.

BCT's Customer Relations and Communications Section develops and implements marketing, advertising and public relations programs to provide the public with information about current, new and enhanced bus service, special projects and events and benefits of riding public transportation. This section responds to a myriad of client inquiries and provides personal trip planning through the client information telephone center and Google Transit™ accessible on BCT's web site.

Improvements are ongoing at www.broward.org/bct. Its redesign and more user-friendly layout have resulted in continued increases of monthly visits. Enhancements include 'Transit Flash," a monthly e-newsletter sent to a client e-mail database with up-to-date information online bus pass purchasing and translation from English to Spanish and Creole.

IS THERE A GOAL FOR TRANSFERRING PASSENGERS FROM PARATRANSIT TO TRANSIT? X Yes No

If YES, what is the goal? 120 riders per year

Is the CTC accomplishing the goal? X No

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

Comments:

The staff travel trainer attended the Easter Seals Travel Training in July 2016. Following the July 2016 training, the staff member developed the travel training program and conducted community outreach. The staff travel trainer conducted travel training in January 2017 and in the subsequent months, with a total of 46 individuals travel trained during the evaluation time period.

| COMPLIANCE WITH 4 | 1-2, | 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?

Minimum limits of One Million Dollars (\$ 1,000,000.00) per occurrence combined single limit for Bodily Injury Liability and Property Damage Liability.

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

See TDSP, Appendix G, Operator Contract, Article 16

• HOW MUCH DOES THE INSURANCE COST (per operator)?

| Operator | Insurance Cost |
|--------------------------------------------|----------------|
| ARC Broward | \$20,760.00 |
| Ann Storck Center | \$34,602.00 |
| Daniel Cantor Senior Center | \$14,152.92 |
| First Transit | \$564,573 |
| Lucanus Developmental Ctr | \$70,272.54 |
| City of Miramar/Miramar Senior Services | \$3,700 |
| NE Focal Point (Deerfield) | \$14,092.00 |
| NW Focal Point (Margate) | \$43,385.52 |
| Transportation America | \$1,127,368.00 |
| United Community Options (UCP) | \$69,918.00 |

DOES THE MINIMUM LIABILITY INSURANCE REQUIREMENTS EXCEED \$1 MILLION PER INCIDENT?

| | | Yes | X | No | | | | |
|-------|---------|----------|-------|-------------------------|------------|-----------|-------|-------------------|
| | If yes, | was this | s app | oved by the Commissio | n? 🗆 | Yes | | No |
| IS TH | IE CTC | IN COM | 1PLIA | NCE WITH THIS SECT | ION? X | Yes | | No |
| Comr | ments: | | | | | | | |
| - | - | | | 1(2), Evaluating Cost-E | ffectivene | ess of Co | ordin | ation Contractors |

"...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.

| | CTC | CC #1 | CC #2 | CC #3 | CC #4 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|--------------------|-------------|-----------|
| Flat contract rate (s) (\$ amount / unit) | NA | | | | |
| Detail other rates as needed: | | | | | |
| (e.g. ambulatory, wheelchair, | | | | | |
| stretcher, out-of-county, group) | | | | | |
| AMBULATORY | \$28.97 | | | | |
| WHEELCHAIR | \$49.66 | | | | |
| Special or unique considerations t | hat influenc | ce costs? | | | |
| Explanation: | | | | | |
| 2. DO YOU HAVE TRANSPO | _ | | _ | □Yes | X No |
| (Those specific transportation service normally arranged by the Compurchasing agency. Example: a n | nunity [`] Trai | nsportation | Coordinat | | |
| (Those specific transportation service normally arranged by the Communication of the Communic | munity Trai eighbor pro | nsportation oviding the | Coordinat | | |
| (Those specific transportation service normally arranged by the Compurchasing agency. Example: a normal service and service services are services as the services | munity Trai eighbor pro | nsportation oviding the | Coordinat | | |
| (Those specific transportation service normally arranged by the Compurchasing agency. Example: a notation of the Cost (CTC and Transportation Alternation) | munity Trai eighbor pro ernative (Al | nsportation oviding the t.)] NA | Coordinat trip) | or, but pro | ovided by |

| None known to CTC | CTC | Alt. #1 | Alt. #2 | Alt. #3 | Alt. #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: | | | | | | | | | |
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IS THE CTC IN COMPLIANCE WITH THIS SECTION? X 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. **See TDSP, Appendix G, Paratransit Contract**

| Commission Standards | Comments |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Local toll free phone number must be posted in all vehicles. | Rule 41-2.006 (4) (f), F.A.C.: A local toll free for complaints or grievance shall be posted inside the vehicle. The local complaint process be outlined as a section in the local Service Plan including, advising the dissatisfied person about the Commission's Ombudsman Program as a step within the process as approved by the local coordinating board. |
| | Local Policy: Services provided by BCT may be reached by calling BCT Customer Service Paratransit Services Section, (954) 357-8400 #2 or 1-800-599-5432 (toll free within Dade, Broward and Palm Beach Counties) hearing impaired—(954) 357-8302. FCTD has a TD Hotline available Monday through Friday, 8:00 a.m. to 5:00 p.m., 1-800-983-2435 or TTY 1-800-648-6084. The phone numbers are posted in all TOPS! vehicles and are also included in the <i>Rider's Guide</i> , which is sent to all TOPS! customers. |
| Vehicle Cleanliness | Rule 41-2.006 (4) (h), F.A.C.: Interior of all vehicles shall be free of dirt, grime, oil, trash, torn upholstery, damaged or broken seats, protruding metal or other objects or materials which could soil items placed in the vehicle or provide discomfort for the passenger. |
| | Local Policy: Broward County Vehicle Standards: It is the responsibility of CONTRACTOR to ensure each vehicle meets standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicle exterior or is free of grime, oil or other substance, cracks, breaks, dents and damaged paint that noticeably detracts from the overall appearance of the vehicle. Body molding should be in place, or if removed, holes filled and painted. Interior shall be free from dirt, grime, oil, trash or other material which could soil items and protruding metal or other objects that could damage items. Passenger compartment is clean, free of torn upholstery or floor coverings, damaged or broken seats, protruding sharp edges and vermin or insects. All vehicles shall be cleaned-inside and out daily. |

| Commission Standards | Comments |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Vehicles used in general service with capacity of fifteen (15) passengers or less cannot be more than five (5) years old. |
| Passenger/Trip Database | Rule 41-2.006 (4) (j), F.A.C.: Broward County passenger/trip data base must be maintained or accessible by the BCT paratransit services section on each rider being transported within the system. |
| | Local Policy: Required Records: Call representative shall confirm or record the following in CTMS for each call: A) PIN #; B) confirm Name, Address, Phone Number and Emergency Contact; C) determine if call is for a complaint or transportation; D) Verify eligibility: E) Verify Pick-up location; F) Determine drop-off location; G) Determine date of travel; H) Verify if pick-up or appointment; I) Determine appointment time; J) Determine if PCA or companion is traveling; K) Recap information; L) Save to wait-list and advise caller they will receive an automated call the night before advising the pick-up time. |
| | Client Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must go into lobbies or vestibules of buildings to locate and/or assist a client; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When client boards the vehicle, driver shall complete paperwork or utilize an alternate automated system indicating pickup. The following information, at a minimum, shall be recorded by driver: (A.) pick-up time (B.) vehicle odometer mileage; (C.) fare collected from passenger (D.) Other information as required by COUNTY. |
| | Section 15 Filing: Pursuant to FTA's standards for precision, accuracy and accountability, COUNTY is required to report data to National Transit Database (Section 15 data). As required by FTA or COUNTY, CONTRACTOR shall collect Section 15 data and other "service supplied" information or "service consumed" information, as terms are defined in Section 15 of FTA Regulations. CONTRACTOR shall be responsible for collection of financial and operational data, including onboard operational and passenger related data and transmittal to COUNTY on COUNTY approved forms as follows: (A.) Operational and passenger related data shall be submitted to COUNTY no less than weekly (B.) Financial data shall be submitted to COUNTY no less than quarterly and (C.) Designated service supplied data |

| Commission Standards | Comments |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | shall be submitted to COUNTY thirty (30) days prior to termination of COUNTY'S fiscal year. |
| | All source documents for Section 15 filings shall be subject to audit and shall be maintained by CONTRACTOR for five (5) years following final payment under this Agreement. |
| Adequate seating | Rule 41-2.006 (4) (k), F.A.C.: Adequate seating for paratransit services shall be provided to each rider and escort, child or personal care attendant, and no more passengers than the registered passenger seating capacity shall be scheduled or transported in a vehicle at any time. For transit service provided by transit vehicles, adequate seating or standing space will be provided to each rider and escort, child, or personal care attendant, and no more passengers than the registered passenger seating or standing capacity shall be scheduled or transported in a vehicle at any time. |
| | Local Policy: Availability: "Availability" shall mean a measure of capability of transit system to be used by potential patrons such as hours system is in operation, route spacing, seating availability and pick-up and delivery time parameters. |
| | Denials/Refusal of Service: CONTRACTOR may refuse to provide contracted paratransit service to clients if vehicle capacity is insufficient to accommodate users at the time they wish to travel. When service is refused for vehicle capacity reasons, CONTRACTOR will notify the Call Center. Call Center will make other arrangements to provide the requested trip including contacting Client. |
| | Wheelchair to Seat Transfer: CONTRACTOR may ask clients who use wheelchairs if they wish to transfer from wheelchair to seat. Such transfer is at the discretion of the client and service may not be refused or denied based upon decision of client. |
| | Accessibility: CONTRACTOR shall provide sufficient dedicated vehicles, which shall include but not be limited to, an appropriate number of vehicles equipped with lift or ramp, wheelchair securement devices and spare vehicles to maintain service in case of vehicle breakdowns, suitable for transportation of clients to meet requirements specified in this Agreement. All vehicles, wheelchair lifts or ramps and wheelchair securement devices used for paratransit service shall meet all applicable ADA |

| Opposition Of the Level | 0 |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Commission Standards | Comments |
| | regulations, be approved by COUNTY and are subject to annual COUNTY inspection. CONTRACTOR shall meet or exceed standards and requirements for accessible vehicles set forth in Architectural and Transportation Barriers Compliance Board (ATBCB) as published in 49 CFR Section 37.161, 37.163, 37.167, 37.169,38.21 and 38.23-38.33, on September 6, 1991. Failure to provide adequate vehicles to meet terms and conditions of this Agreement may result in termination of Agreement as |
| | provided by Article 15 herein. |
| Driver Identification | Rule 41-2.006 (4) (I), F.A.C.: Drivers for paratransit services, including coordination contractors, shall be required to announce and identify themselves by name and company in a manner that is conducive to communications with specific passengers, upon pickup of each rider, group of riders, or representative, guardian, or associate of the rider, except in situations where the driver regularly transport the rider on a recurring basis. Each driver must have a photo identification that is in view of the passenger. Name patches, inscriptions or badges that affix to driver clothing are acceptable. |
| | Local Policy: Trip Delivery: Safety of driver, riders, public and a positive experience for the rider and driver are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Wear either company photo identification or name badge, patch, inscription with the name of the company/driver and, at Contractor's option, a company designated uniform. |
| Passenger Assistance | Rule 41-2.006 (4) (m), F.A.C.: The paratransit driver shall provide the passenger with boarding assistance, if necessary or requested, to the seating portion of the vehicle. Boarding assistance shall include opening the vehicle door, fastening the seat belt or wheelchair securement devices, storage of mobility assistive devices and closing the door. Assisted access must be in a dignified manner. Drivers may not assist wheelchairs up or down more than one step, unless it can be performed safely as determined by the passenger, guardian and driver. |
| | Local Policy: Client Pick Up: CONTRACTOR shall be required to provide door-to-door service. Drivers must go into lobbies or vestibules of buildings to locate and/or assist client; however, drivers are prohibited from entering residences. Sounding a horn at the curb shall be insufficient notification of a ride's arrival. When client |

| Commission Standards | Comments |
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| | boards the vehicle, driver shall complete paperwork, or utilize an alternate automated system, indicating pick-up has been made. The following information, at a minimum, shall be recorded by the driver: (A.) pick-up time (B.) vehicle odometer mileage (C.) fare collected from passenger; (D.)Other information as required by COUNTY. |
| | Door-to-Door Service: Clients shall be provided door-to-door service as defined by Article I herein. Sounding the horn at the curb shall not be acceptable as sufficient notification of driver's arrival. Door, used herein, shall be building's door, not an individual office or apartment door located within a building. |
| | Client Assistance: Boarding and disembarking assistance shall be provided to any client. Driver shall go to door, announce his or her arrival (e.g., face-to-face or by intercom) and provide any additional assistance which will ensure client's safe passage to and from vehicle and vehicle seat. Even if client indicates he or she does not require driver's assistance, driver shall take necessary precautions to ensure client's safe passage. |
| | Trip Delivery: Safety of driver, riders and public and a positive experience for rider and driver, are of primary importance to COUNTY. CONTRACTOR shall ensure drivers provide service as follows: Provide courteous and safe assistance to riders. Drivers: Driver Training Program must include a minimum of eighty (80) hours of training prior to (scheduled classroom training such as Defensive Driving may be accomplished during the first thirty (30) days of employment, due to class scheduling considerations) driving a service vehicle. All drivers providing service under this Agreement must be employees of CONTRACTOR and use of independent contractors is not allowed. Training must include, in addition to training requirements for all employees as set forth above, instruction in: Passenger Assistance Technique Certification or an equivalent course which must be approved by COUNTY prior to service delivery. Training shall include elderly and disabled client sensitivity, awareness and communications, passenger relations and |
| | assistance, hands-on assistance to visually impaired and dealing with service animals (guide dogs), assistance with mobility equipment including wheelchairs, scooters, walkers, canes, crutches, braces, etc. |

| Commission Standards | Comments |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Smoking, Eating and Drinking | Rule 41-2.006 (4) (n), F.A.C.: Smoking is prohibited in any vehicle. |
| | Local Policy: Broward County Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: No smoking in vehicle. |
| Two-way Communications | Rule 41-2.006 (4) (p), F.A.C.: All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall be equipped with two-way communications in good working order and audible to the driver at all times to the base. All vehicles that are not equipped with two-way communications shall have two years to be in compliance after May 1, 1996. |
| | Local Policy: Broward County Communication: CONTRACTOR shall be required to provide a base radio station and two-way mobile radios and/or cellular telephones for CONTRACTOR owned vehicles and sufficient portable two-way radios and/or cellular telephones to enable office and field supervisors to communicate with each other and dispatch staff. |
| Air Conditioning/Heating | Rule 41-2.006 (4) (q), F.A.C.: All vehicles ordered or put into service after adoption of this section of the Rule, and providing service within the coordinated system, shall have working air conditioners and heaters in each vehicle. Vehicles that do not have a working conditioner or heater will be scheduled for repair or replacement as soon as possible. All vehicles that are not equipped with an air conditioner and/or heater shall have two years to be in compliance after May 1, 1996. |
| | Local Policy: Vehicle Standards: It is CONTRACTOR's responsibility to ensure each vehicle meet standards established in the TDSP, MOA, FCTD and Chapter 341.061(2)(a), Florida Statutes and Rules. The following are minimum standards which must be met by CONTRACTOR at all times while providing services: Vehicles are to be equipped with operable air-conditioning system. If air conditioning system becomes inoperable during the day, vehicle may continue to provide service only for the remainder of that day. |

| Comments |
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| Rule 41-2.006 (4) (i), F.A.C.: Billing requirements of the Community Transportation Coordinator to subcontractors shall be determined by the local Coordinating Board and provided in the local Service Plan. All bills shall be paid within 15 calendar days to subcontractors, after receipt of said payment by the Community Transportation Coordinator is a non-governmental agency. |
| Local Policy Compensation: COUNTY shall compensate CONTRACTOR for services rendered in full compliance with terms and conditions of this Agreement. |
| Compensation: CONTRACTOR shall be compensated for services delivered pursuant to terms and conditions of this Agreement as follows: |
| Payment: COUNTY will remit payment to CONTRACTOR within thirty (30) days from date each report is received pursuant to Article 7.1. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances. |
| Per contract language, "COUNTY shall remit payment to CONTRACTOR within thirty (30) calendar days of receipt of CONTRACTOR's completed monthly report and proper invoice as set forth in Article 8. COUNTY shall comply with provisions of the "Florida Prompt Payment Act" as required by Section 1-51.6 of Broward County Code of Ordinances." Disincentives: COUNTY shall reduce payment to CONTRACTOR by any disincentive deduction assessed for failure to comply with service, performance or maintenance requirements as specifically set forth by this Agreement. |
| Reimbursement: COUNTY shall not process or remit payment for any reimbursement after sixty (60) days of the actual trip date. |
| Noncompliance: In the event of failure by CONTRACTOR to comply with any requirement of this Agreement, COUNTY shall withhold payment until CONTRACTOR is determined to be in compliance. Noncompliance shall include, but not be limited to, the following: (A.) Services were improperly rendered. (B.) CONTRACTOR failed to meet service specifications. |
| |

| Commission Standards | Comments |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Fare Structure: COUNTY shall determine client fare structure for each service trip. COUNTY retains right to implement and CONTRACTOR shall comply with fare adjustments. |
| | Fare Collection: CONTRACTOR is responsible for collection of fares due and owing from client, maintenance of records and deposit receipts for fares collected, as per terms and conditions of this Agreement. CONTRACTOR shall accept all means of payment approved from time to time by COUNTY including, but not limited to, cash, passes, tickets, transit punch cards, transfers and electronic transit fare cards. All fares are collected as client boards' vehicle. Clients must pay exact fare when boarding and vehicle operators are not permitted to make change. |
| | Clients shall not be required to pay any fare when actual pick-up service is over sixty (60) minutes past scheduled pick-up time. |
| | COUNTY paratransit clients will not be expected or requested to pay and drivers will not be permitted to accept gratuities. |
| | Billing Functions: Billing functions shall be performed through CTMS. |

| COMMISSION STANDARDS | |
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| Commission Standards Findings: | |
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COMPLIANCE WITH 41-2, F.A.C.

Compliance with Local Standards

"...shall adhere to Commission approved standards..."

Review the TDSP for the Local standards. See TDSP, Appendix G Paratransit Contract

| Local Standards | Comments |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transport of Escorts and dependent children policy | Rule 41-2.006 (4) (b), F.A.C.: An escort of a passenger and dependent children are to be transported as locally negotiated and identified in the local Service Plan. |
| | Local Policy: Broward County complies with the transport of escorts and dependent children policy. |
| | Escort/PCA: "Escort/PCA" shall mean a person traveling as an aide to facilitate travel by a person with a disability. PCAs may include, but are not limited to, nurses, caretakers, and parents of clients. Pursuant to 42 CFR 37.125(i), client shall indicate, at time of registration, whether or not he or she travels with a PCA. No fare shall be collected from an Escort/PCA. |
| | "Mobility Aids" shall mean a device or animal used by a person to facilitate travel, including, but not limited to, Escort/PCA, wheelchair, walker, cane or service animal. Children younger than five (5) years old must be transported in an appropriate car seat. All eligible riders and companions, including children, must pay the oneway fare. CTC does not provide child safety seats. Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle. |
| Use, Responsibility and cost of child restraint devices | Rule 41-2.006 (4) (c), F.A.C.: Use of child restraint devices shall be determined locally as to their responsibility, and cost of such device in the local Service Plan. |
| | Local Policy: Broward County complies with use of child restraint devices. |
| | Child Restraints: As required by the Child Passenger Protection Act, the following requirements apply when transporting children: |
| | Children Under One (1) Year of Age: Children under one (1) year of age must be buckled into a federally-approved child safety seat when they ride in the back seat. |

| | Children One-to-Five Years of Age/Front Seat: Children under eighteen (18) are not permitted to ride in the front seat of a paratransit vehicle. |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Children One-to-Five Years of Age/Back Seat: Children one (1)-to-five (5) years of age must ride in a federally approved child passenger restraint until they are at least 5 years old and weigh more than 40 pounds. Children weighing more than 40 pounds but less than 8 years old or less than 4'9' tall must ride in a booster seat. |
| | CONTRACTOR is not required to provide a child safety seat. CONTRACTOR shall refuse to transport any child under one (1) year of age when a child safety seat is not provided by client or responsible party. This information shall be documented on drivers' log and shall be considered a client no show. CONTRACTOR agrees to comply with any subsequent provisions of this policy. |
| Out-of-Service Area trips | Rule 41-2.006 (4) (g), F.A.C.: Out of Service area trips shall be provided when determined locally and approved by the local Coordinating Board, except in instances where local ordinances prohibit such trips. |
| | Local Policy: Delivery of transportation service in Broward County continues to evolve into a multiprovider, intermodal, intercounty and coordinated system. BCT has service into Miami-Dade and Palm Beach Counties. The three (3) counties have designated several transfer locations for riders to transfer across service areas. The counties have an intercounty service agreement for paratransit delivery. Broward County works cooperatively with paratransit clients from other counties and states who request visitor status and show proof of current paratransit eligibility. |
| CPR/1st Aid | Rule 41-2.006 (4) (r,s), F.A.C.: Cardiopulmonary resuscitation policy shall be determined locally and provided in the local Service Plan. First aid policy shall be determined locally. |
| | Local Policy: Broward County complies with locally established emergency medical policy. Proper response to emergency medical needs of riders is to immediately contact 911. |
| Driver Criminal Background Screening | FCTD Standards Training Manual states: "A policy establishing the minimum driver criminal background screening to be performed should be developed and addressed in the service plan." It should be noted that this standard is not required by Rule 41-2 of the F.A.C., |

the Memorandum of Agreement or the Coordinated Transportation Contracting Instruction.

Local Policy: Broward County Driver Roster: CONTRACTOR shall provide COUNTY with updated Driver Rosters by the twentieth (20th) calendar day of each month. Each roster shall indicate driver's name, date of hire, training dates, last Drug & Alcohol test, MVR review date and date of latest criminal record check.

Driver Training: CONTRACTOR must provide COUNTY with evidence all drivers have completed the training program offered by CONTRACTOR prior to driver providing service. This training shall be included as part monthly operating summary package. Additionally, drivers shall be required to participate in a driver training program which may be developed by COUNTY. CONTRACTOR will receive information regarding any COUNTY program. CONTRACTOR shall require all personnel providing transportation under the Agreement to possess the following, which shall be filed with COUNTY Contract Administrator prior to-driver providing paratransit service: Current, valid Broward County Chauffeur's Registration in accordance with the requirements of Chapter 22-1/2, Broward County Code of Ordinances.

COUNTY shall request State of Florida MVRs for CONTRACTOR'S drivers on a periodic basis. If report shows evidence of violations, COUNTY shall promptly notify CONTRACTOR and the Taxi Section of COUNTY Consumer Affairs Division. CONTRACTOR shall have procedures to periodically review driver's MVR's. Compliance shall be monitored by CTC. Background check completed biannually when the chauffeur's license is renewed.

Rider Personal Property

Rule 41-2.006 (4) (d), F.A.C.: Passenger property that can be carried by the passenger and/or driver in one (1) trip and can be safely stowed on the vehicle, shall be allowed to be transported with the passenger at no additional charge. Additional requirements may be negotiated for carrying and loading rider property beyond this amount. Passenger property does not include wheelchairs, child seats, stretchers, secured oxygen, personal assistance devices or intravenous devices.

Local Policy Personal Belongings: "Personal Belongings" shall mean passenger property carried by

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| | passenger and safely stowed for transport with the passenger at no additional charge. "Personal Belongings" do not include for purpose of this definition wheelchairs, child seats, stretchers, secured oxygen-or personal assistive devices. |
| | Personal Property in Vehicles: Any personal property of a client found in a vehicle shall be retained by CONTRACTOR for a minimum of sixty (60) days after which, with prior approval of COUNTY, CONTRACTOR may dispose of said property. |
| Advance reservation requirements | Local Policy Advanced Reservation Service: "Advanced Reservation Service" shall mean service which is reserved by the client one (1) to three (3) days in advance. |
| | Same Day Service: "Same Day Service" shall mean service is provided on the same day a request for service is made. |
| | "Same Day Service": Requests for service made on the same day may be provided at the discretion of County and TOPS! Reservation Center. County attempts to make every reasonable effort to accommodate same day trip requests. |
| Pick-up Window | Local Policy On Time: "On Time" shall mean service vehicle arriving within fifteen (15) minutes before or fifteen (15) minutes after pick-up time recorded at time of the scheduled trip request. For example, a pick-up is scheduled at 10:15 a.m., riders shall expect to be picked-up between 10:00 a.m. and 10:30 a.m. Vehicle is on time if it arrives no earlier than 10:00 a.m. and no later than 10:30 a.m. |
| | Window: "Window" shall mean the period of time allowed prior to and after scheduled time of pick-up of any rider(s). |
| | Reservation Hours (Reservations): Requests for Service shall be made available to caller by TOPS! Reservation Center through a telephone operator, seven (7) days-aweek between 8:00 a.m. and 5:00 p.m. Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online. Eligible clients must reserve paratransit service one (1) to three (3) days prior to the date of desired trip. Pick-up window will be communicated to client via automated telephone call the evening prior to the trip. |

Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online. See TOPS! Rider's Guide for step-by-step online reservation details. Riders' Guide available at http://www.broward.org/BCT/Riders/Pages/Paratransit .aspx Scheduling and Dispatching: All trips must be scheduled by TOPS! Reservation Center and dispatched through CONTRACTOR's local dispatch facility using COUNTY supplied CTMS. The following requirements pertain to scheduling and dispatching: If CONTRACTOR fails to deliver client on time, client shall not be penalized for the return trip if he/she cannot be ready at the scheduled return pick-up time. A window of thirty (30) minutes will be from time client is ready for his/her return trip. On-Time Pick Up and On-Time Arrival -On-Time Pick Up and On-The Vehicle arrives at the designated pick-up location Time Arrival within the Pick-Up Window as established by the CTMS or earlier or the drop off location by the appointment time as requested by the customer.

| Measurable Standards/G oals | Standard/Goal | Latest Figures | Is the CTC/Operator meeting the Standard? |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------|
| Public Transit Ridership: Bus Pass / Program and the Travel Training Program. | *The staff travel trainer attended the Easter Seals Travel Training in July 2016. Following the July 2016 training, the staff member developed the training program and conducted community outreach. The staff travel trainer conducted travel training in January 2017 and in the subsequent months, with a total of 46 individuals travel trained during the evaluation time period. | 46* | No |
| | CTC Bus Pass | 22,207 | N/A |

| | T |][| |
|---------------------------------------------------|-------------------------------------------------------|--------------------------|-----|
| On-time performance: | CTC 92% 07/01/2016-06/30/2017 | 90.56% | No |
| Accidents: Reported from the current AOR | CTC 2.5/100,000 miles | 141 | Yes |
| Road calls: Reported from the | CTC | 145 | N/A |
| Average Age of Fleet: CTC records | CTC | 100% Fleet < 6 years old | |
| Complaints: Rider complaints as | CTC 0.2% of trips delivered in a calendar month | Program wide: .51% | No |
| reported to CTC (excluding | Transportation America | . 24% | No |
| WMR). | First Transit | .27% | No |

| Call-Hold Time: | CTC < 90 seconds | | Yes |
|---------------------------------------------------|---------------------------------------|----------------|-----|
| Inktel Direct, TOPS! Reservation Center: | TOP's Reservation Center < 90 seconds | seconds* 78 | Yes |
| *Per Ducati Reporting System. | | | |

Local Standards Findings: Recommendations:

Level of Cost

Worksheet 1

FLCTD

Annual Operations Report Section VII: Expense

Sources

| Status: Submitted to FLCTD | | · | |
|----------------------------------|--------------------------------------------|----------------------------|-------------------|
| FLCTD Status: Approved | | | |
| Section VII: Financial Data | | | |
| 2. Expense Sources | | | |
| Expense Item | Community Transportation Coordinator | Coordination Contractor | TOTAL EXPENSES |
| Labor | \$14,523,579.00 | \$2,604,729.00 | \$17,128,308.00 |
| Fringe Benefits | \$1,035,517.00 | \$724,384.00 | \$1,759,901.00 |
| Services | \$2,656,571.00 | \$225,582.00 | \$2,882,153.00 |
| Materials and Supplies Cons. | \$853,569.00 | \$769,962.00 | \$1,623,531.00 |
| Utilities | \$275,790.00 | \$216,486.00 | \$492,276.00 |
| Casualty and Liability | \$1,031,413.00 | \$747,910.00 | \$1,779,323.00 |
| Taxes | \$110,515.00 | \$12,573.00 | \$123,088.00 |
| Purchased Transportation Service | es (508) | | |
| Bus Pass | \$1,321,140.00 | \$14,530.00 | \$1,335,670.00 |
| School Bus | \$0.00 | \$0.00 | \$0.00 |
| Other | : \$0.00 | \$60.00 | \$60.00 |
| | - | - | - |
| Miscellaneous | \$458,014.00 | \$98,744.00 | \$556,758.00 |
| Interest | \$4,968.00 | \$1,945.00 | \$6,913.00 |
| Leases and Rentals | \$431,646.00 | \$7,895.00 | \$439,541.00 |
| Annual Depreciation | \$2,031,107.00 | \$569,254.00 | \$2,600,361.00 |
| Contributed Services | \$29,651.00 | \$24,918.00 | \$54,569.00 |
| Allocated Indirect | \$121,605.00 | \$123,189.00 | \$244,794.00 |
| | | | |
| GRAND | \$24,885,085.00 | \$6,142,161.00 | \$31,027,246.00 |

Level of Competition Worksheet 2

1. Inventory of Transportation Operators in the Service Area

| ** Number fluctuates. Definition of | Column A | Column B Operators | Column C | Column D |
|---------------------------------------------------------------|------------------------|---------------------------|---------------|----------------|
| operators in the area would have included those in the region | Operators Available | Contracted in the System. | Include Trips | % of all Trips |
| and we do not collect that data. | | | | |
| Private Non-Profit | ** unknown | 15 | 397,973 | 28.74% |
| Private For-Profit | ** unknown | 3 | 627,652 | 45.3% |
| Government | ** unknown | 6 | 92,752 | 6.7% |
| Public Transit Agency – Bus Pass trips | 1 | 1 | 266,328 | 19.2% |
| Total | 1 | 25 | 1,384,669 | 100% |

- 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? <u>Given the funding, all of them.</u>

Does the CTC have the ability to expand? Yes

- 4. Indicate the date the latest transportation operator was brought into the system. May 15, 2017: Christina G. Smith Community Mental Health Foundation May 15, 2017: City of Pembroke Pines SW Focal Point Community Center
- 5. Does the CTC have a competitive procurement process? <u>Yes</u>
- 6. In the past five (5) years, how many times have the following methods been used in selection of the transportation operators?

| 1 | Low bid | Reques |
|---|-----------------------------|--------|
| | Requests for qualifications | Reques |
| | Negotiation only | Reques |

| | Requests for proposals |
|--|----------------------------------|
| | Requests for interested parties |
| | Requests for Letters of Interest |

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

| Request for Letters of Interest | |
|---------------------------------|--|
| | |

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

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

| 8. | If a competitive bid or request for p | proposals has been used to select the transportation |
|----|---------------------------------------|------------------------------------------------------|
| | operators, to how many potential | I operators was the request distributed in the most |
| | recently completed process? | Advertised on County website and followed County |
| | RFP publication and solicitation pr | ocess. |

| How many | responded? | 7 for service | e providers, 2 bid | <u>ls for call cer</u> | <u>nter</u> |
|-----------|------------------|----------------|--------------------|------------------------|-------------|
| The reque | st for bids/prop | osals was dist | ributed: | | |
| X | Locally | X | Statewide | X | Nationally |
| _ | _ | | | | |

9. Has the CTC reviewed the possibilities of competitively contracting any services other than transportation provision (such as fuel, maintenance, etc...)? Yes — centralized reservation service

Level of Availability (Coordination) Worksheet 3

Planning – What are the coordinated plans for transporting the TD population?

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by the MPO and CTC and adherence to the plan is closely monitored. See the Introduction and Service Analysis of the current TDSP here: http://browardmpo.org/index.php/major-functions/transportation-disadvantaged-services.

Public Information – How is public information distributed about transportation services in the community?

Coordinated plans for transporting the TD population are described in Broward County's TDSP. The TDSP is updated annually by the MPO and CTC and adherence to the plan is closely monitored. For the MPO's current Public Participation Plan, please see: http://browardmpo.org/index.php/core-products/public-participation-plan-ppp. To view

the current TDSP plan, please visit: http://browardmpo.org/index.php/major-functions/transportation-disadvantaged-services.

Certification – How are individual certifications and registrations coordinated for local TD transportation services?

TD Trips - Pursuant to Chapter 427 Florida Statutes, Broward County as the CTC under direction from CTD and in cooperation with the LCB, developed local eligibility guidelines. CTC requires a written application for TD eligible clients, of whom there were 2,069 registered clients with TOPS! Door to door paratransit service and 3,948 registered clients for the TD Bus Pass Program. CTC and LCB have an established eligibility appeal process for clients. CTC, in cooperation with the LCB, established a seven (7) member review committee appointed by the LCB for TD eligibility appeals if so desired by the applicant. Applicant may request a review of the application by CTC program manager. TOPS! performed over 110,970 TD trips.

Eligibility Records – What system is used to coordinate which individuals are eligible for special transportation services in the community?

ADA: ADA Eligible Trips - BCT is responsible for providing complementary paratransit services under the Americans with Disabilities Act of 1990. Clients under this service are eligible based upon Federal ADA Rules and Regulations. There were 11,079 eligible ADA clients registered with TOPS! paratransit service. TOPS! Performed 516,685 ADA trips.

ADA eligibility is determined by applicant's functional limitations in demonstrating ability to use a fixed-route bus and/or navigate the fixed-route system. Applicants complete a written application. A physician of the applicant's choice completes the medical section. Completed applications are reviewed by a third-party BCT-contracted medical functional assessment facility. Those applicants not receiving presumptive approval are sent for an assessment to determine appropriate service - ADA paratransit or fixed-route bus service. Assessments are conducted by a team of specifically trained professionals including physical and occupational therapists and comprise functional, cognitive, visual and respiratory evaluations. When determined applicant is not eligible for ADA paratransit service and fixed-route service is indicated, travel training is offered at no cost to applicant. Applicants who qualify and are enrolled in ADA paratransit service must apply for recertification every three (3) years. CTC has established an eligibility appeals board that meets as needed. BCT's Paratransit Services Section staff processed 9,894 applications and approved 7,930 applications for ADA and TD paratransit service this reporting period.

Call Intake – To what extent is transportation coordinated to ensure that a user can reach a Reservationist on the first call?

Telephone Services:

Courteous and Polite Dealings: TOPS! Reservation Center shall ensure personnel assigned to service telephone lines maintain a courteous and polite attitude relating to services. All personnel assigned to service telephone lines shall announce their names in all telephone calls related to services addressed within this Agreement.

Full Access To Service: Clients (within service area) shall be provided full, easy and toll-free access to paratransit services. Full access shall include Telephone Devices for the Deaf (TDD), and/or use of the Florida Relay Service provided by BellSouth (1-800-955-8770). TOPS! Reservation Center shall have staff trained in proper TDD usage and

available to answer during all service hours.

Customer Telephone Line: Client reservation telephone lines shall be exclusively utilized for paratransit service client services and shall not be used by TOPS! Reservation Center for any other purpose. Telephone lines must be answered by properly trained staff during all service hours.

Answering and On-Hold Time Standards: TOPS! Reservation Center shall establish a system to ensure calls shall be answered within five (5) rings and on-hold time shall be kept at minimum while clients are booking transportation. Maximum hold time shall be defined as no more than ninety (90) seconds. TOPS! Reservation Center shall establish a plan detailing-how on-hold times may be kept to a minimum. This plan shall include maximum estimated hold times for both peak and off-peak travel times. Approximate peak times on weekdays are 6:00 a.m. until 9:00 a.m. and 3:00 p.m. until 5:00 p.m.

Reporting Function: TOPS! Reservation Center shall have a reporting function on the telephone system which measures: number of calls by function, average length of call, hold times, abandoned calls, cancellations and other reporting capabilities.

Hotline: TOPS! Reservation Center shall provide a "hotline" telephone number (unpublished) for exclusive use by COUNTY staff. Telephone hotline shall provide for direct communication in resolving day-to-day operational issues and shall be active and functioning during all hours of service delivery. The hotline shall be answered within five (5) rings and on-hold time shall be kept at a minimum. Maximum on-hold time shall be defined as no more than ninety (90) seconds. Hotline telephone number shall be supplied to COUNTY prior to initiating service and shall not be provided to other parties.

Reservations – What is the reservation process? How is the duplication of a reservation prevented?

Reservation Hours (Reservations): All requests for service shall be made available to client through TOPS! Reservation Call Center at 1-866-682-2258 or online. Reservations service operates seven (7) days-a-week between 8:00 a.m. and 5:00 p.m. and online reservations are available twenty-four (24) hours a day, seven (7) days a week. Eligible clients shall reserve paratransit service one (1) to three (3) days prior to requested date of service. Next day reservations must be completed before 5 p.m. Pick-up times may be negotiated provided all negotiations comply with ADA regulations. Passengers will receive their Service Window for each trip the night before travel, between 5 p.m. and 9 p.m., through an automated system. If the Service Window provided is not convenient and the passenger would like to negotiate a different time or wishes to cancel the trip, they must contact the Call Center. The system will call the passenger via the most current phone number(s) on file. If the passenger has an answering machine or voice mail, the system will leave a message. When the vehicle is approximately ten (10) minutes away from the passenger's location, the passenger will receive an automated Advanced Arrival Reminder Notification call.

Reservations shall be available to client by TOPS! Reservation Center through reservation agents or online www.mytopstrips.org. See TOPS! Rider's Guide for step-by-step on-line reservation details. The Riders' Guide is available at www.broward.org/BCT (select "Paratransit").

All reservations are booked into CTMS-at the actual time of request and required data fields are updated, verified and entire reservation is read back to client for their approval. All reservations received during the day at TOPS! Reservations Center are constantly monitored and scheduled for efficiency, effectiveness and productivity.

Required Records: For each call, call taker shall, at a minimum, record the following information on the CTMS reservation screen:

- A. Name of client.
- B. Appropriate funding component of service.
- C. Client's Paratransit Service Identification Number.
- D. Pick-up location.
- E. Drop-off location.
- F. Desired drop-off time/appointment time
- G. Telephone number where caller can be reached.
- H. Number in party (including PCA and/or companion).

Trip Allocation – How is the allocation of trip requests to providers coordinated?

Trip/client/ allocations are determined during contract negotiations prior to execution of the agreement between CTC and transportation operators. Please note assigned site locations were voided at the start of the current Paratransit contract effective 1/1/2015.

Scheduling – How is the trip assignment to vehicles coordinated?

Scheduling: All trips must be scheduled through TOPS! Reservation Center. CONTRACTORS locally dispatch from Call Center supplied CTMS manifest. The following are requirements pertaining to scheduling and dispatching:

- A. Client is not permitted to request a specific driver.
- B. Appointment times and locations shall be confirmed with caller at time trip is reserved.
- C. Any changes made to an existing reservation shall be accompanied by supporting documentation a CTMS entry.
- D. If CONTRACTOR fails to deliver client to appointment on time, client shall not be penalized for return trip in the event client cannot be ready at scheduled return pick-up time. A window of thirty (30) minutes shall be given in situations involving late delivery to appointments from time client is ready for return trip.
- E. A minimum sixty (60) minute wait is required between the client's appointment time and the client's next pick up time.

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

Transportation providers are responsible for the actual provision of services set forth in their formal agreements with CTC.

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

Scheduling: All trips must be scheduled through TOPS! Reservation Center.

CONTRACTOR's dispatchers are required to communicate with drivers per Local Policy: Broward County Communication: CONTRACTOR shall be required to provide a base radio station and two-way mobile radios and/or cellular telephones for CONTRACTOR owned vehicles and sufficient portable two-way radios and/or cellular telephones to enable office and field supervisors to communicate with each other and dispatch staff.

General Service Monitoring – How is the overseeing of transportation operators coordinated? CTC staff monitors performance of transportation operators through on-site visits, random audits of trip records, examination of invoices and monthly reports, customer complaints and careful monitoring of contractual service standards.

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

CTC staff, customer service representatives, MPO staff, other County staff and contracted operators work very closely together and with clients to resolve day-to-day service issues that arise, often with immediate resolution. CTC staff coordinates and documents all efforts.

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

CTMS tracks and reports coordination of trips.

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

Invoices are generated by CTMS, reviewed for accuracy and approved by CTC staff and processed for payment by BCT.

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

Reporting requirements are specified in formal agreements with operators and coordination contractors. CTC staff compiles, examines and approves all reports.

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

Administration services related to the program (eligibility, customer service, and quality control) are performed by CTC. The operators' Scope of Services is related to on-street performance.

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

Information is shared during meetings with three boards/committees: the Broward County Advisory Board for Individuals with Disabilities, South Florida Regional Transportation Authority's ADA Advisory Committee, and the Broward MPO through the LCB as well as presentations at the Commission for Transportation Disadvantaged annual workshops for CTD staff and transportation professionals. Information is also shared with the following organizations in Broward County: Agency for Persons with Disabilities, Division of Blind

Services, CareerSource Broward, Center for Independent Living, Vocational Rehab, Park 7 Veterans Club of Coral Springs, Veterans Affairs Voluntary Service (VAVS) Kling Clinic, South Florida AIDS Network (SFAN), Rock Island HOA, The Preserve at Palm-Aire, Learning Center for Vision Impaired Seniors, Lighthouse of Broward, National Federation of the Blind of Broward County, Davita Inc., Plantation Kidney Center, FMC Fresinius Dialysis Center, Tamarac Artificial Kidney Center, Club 55+ Senior Citizens "Coffee & Conversation" City of Fort Lauderdale, City of Pembroke Pines - Southwest Focal Point Senior Center, Northeast Focal Point, Northwest Focal Point and Tamarac Community Center. Additionally, TD program information and applications can be found on our website: www.broward.org/BCT.

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

CTC has two (2) formal service contract agreements with operators of the paratransit system and 21 formal agreements with all coordination contractors.

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? □ No How Yes many minutes late/early? Did the driver provide any passenger assistance? Yes No Was the driver wearing any identification? Yes No □ Name Tag □ Uniform □ ID Badge Did the driver render an appropriate greeting? Yes □ No П 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 \Box Was the vehicle neat and clean and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects? Yes 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 vehicle have two-way communications in 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

Yes

No

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

If no, please explain:

CTC: Broward County Transit County: Broward

Date of Ride:

| Funding Source | No. of Trips | No. of Riders / Beneficiaries | No. of Calls to Make | No. of Calls Made |
|----------------|--------------|----------------------------------|-------------------------|----------------------|
| CTD | | | | |
| Medicaid NA | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |

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

Note: Attach the manifest

| Staff/LCB Member making call: | | County: BROWARD | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|-----|
| Date of Call: / / | Funding So | urce: | |
| 1) Did you receive transportation service on □ Yes □ No | | ? | |
| 2) Where you charged an amount in addition to | o the co-payment? | □ Yes □ No | |
| If so, how much? | | | |
| 3) How often do you normally obtain transporta ☐ 1-2 Times/Week ☐ 3-5Times/V | ation? Daily - 7 Veek Dther | Days a Week | |
| 4) Have you ever been denied transportation s | services? | □ Yes □ No | |
| If no, skip to question # 4 A. How many times in the last 6 months I | nave vou heen refused | transportation service | s? |
| □ None □ 3-5 Times | | | σ. |
| If none, skip to question # 4. | | | |
| B. What was the reason given for refusi | ng you transportation | services? | |
| ☐ Ineligible ☐ Space not | t available | | |
| ☐ Lack of funds ☐ Destination ☐ Other | on outside service area | a | |
| | | | |
| 5) What do you normally use the service for? | /T | | |
| ☐ Medical☐ Employment☐ Life-Susta | | | |
| □ Nutritional | g. 2 | | |
| 6) Did you have a problem with your trip on | ? | | |
| ☐ Yes If yes, please state or choose pro | • | | |
| □ No - If no, skip to question # 6 | ith your trip? | | |
| What type of problem did you have w ☐ Advance notice | □ Cost | | |
| ☐ Pick up times not convenient | | ify time of wait | |
| ☐ Assistance☐ Service Area Limits | □ Accessibility□ Late return pick up | o - length of wait | |
| ☐ Drivers - specify | ☐ Reservations - spe | <u> </u> | |
| ☐ Vehicle condition | □ Other | , 0 | |
| 7) On a scale of 1 to 10 (10 being most satisfic receiving | ed) rate the transporta | tion you have been | |
| 8) What does transportation mean to you? (Peuse in publications.) | ermission granted by _ | 1 | for |
| Additional Comments | | | |

Contractor Survey Broward County

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 concomplaints posted on the interior of all vehicles that are used to transport ☐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: | | |
| | | |

| Staff/LCB Member making call: Tudi Er | fort County: |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Date of Call: 4 16 20 LP | Funding Source: |
| 1) Did you receive transportation service on □ Yes □ No Do earn't recoul | 2/6/2018 |
| 2) Where you charged an amount in addition to the If so, how much? | ne co-payment? □ Yes ☑No |
| How often do you normally obtain transportation 1-2 Times/Week ☐ 3-5Times/Week | |
| 4) Have you ever been denied transportation servillers, skip to question # 4 | rices? |
| A. How many times in the last 6 months services? ☐ None ☐ 3-5 Time If none, skip to question # 4. | |
| B. What was the reason given for refusing ☐ Ineligible ☐ Space not av ☐ Lack of funds ☐ Destination of ☐ Other | |
| ☐ Employment ☐ Life-Sustainii ☐ Nutritional | 12 Publix |
| ☐ Pick up times not convenient ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify ☐ | em from below |
| 7) On a scale of 1 to 10 (10 being most satisfied) receiving. | rate the transportation you have been |

| 8) | What doe | s transportation for use in | | (Permission | granted | by |
|----|---------------------------|-----------------------------|--|-------------|---------|----|
| Ad | <i>↓</i> ditional Comn | nents | | | | |
| | žė. | | | | | |

| Staff/LCB Member making call: Staff/LCB Member making call: | Judi Elfa | 7 | County: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|------|
| Date of Call: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | Funding Sc | ource: | |
| 1) poid you receive transportation Yes □ No | service on | 23/201 | 18 | ? |
| 2) Where you charged an amour | nt in addition to the co- | -payment? | □ Yes | ₩0 |
| If so, how much? | | | | |
| 3) How often do you normally ob☐ 1-2 Times/Week | tain transportation? № 3-5Times/Week | □ Daily - 7 □ Other | Days a Week | |
| 4) Have you ever been denied tra If no, skip to question # 4 A. How many times in th services? ☐ None If none, skip to questio | e last 6 months have e □ 3-5 Times | you been re | | |
| B. What was the reason g Ineligible Lack of funds Other 5) What do you normally use the Medical Employment Nutritional | ☐ Space not availab☐ Destination outsid☐ — service for? ☐ Education/Training | le le service are | | |
| 6) Did you have a problem with y Ses If yes, please state No - If no, skip to quest What type of problem di Advance notice Pick up times not co Assistance Service Area Limits Drivers - specify Vehicle condition | or choose problem from the first ion # 6 id you have with your □ Cost onvenient □ Late □ Acce □ Late | om below trip? t pick up-specessibility return pick u ervations - sp | cify time of wai up - length of w pecify length of | /ait |
| 7) On a scale of to 10 (10 bein | g most satisfied) rate | the transporta | ation you have | been |

| Staff/LCB Member making call: Tudi Elfort County: BROWARD |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Call: 4/16/20 18 Funding Source: |
| 1) Did you receive transportation service on 2/16/2018 ? Yes □ No |
| 2) Where you charged an amount in addition to the co-payment? |
| If so, how much? |
| 3) How often do you normally obtain transportation? ☐ Daily - 7 Days a Week ☐ 1-2 Times/Week ☐ 3-5Times/Week ☐ Other |
| 4) Have you ever been denied transportation services? |
| 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 |
| 5) What do you normally use the service for? Medical |
| 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 □ Drivers - specify □ Vehicle condition □ Late return pick up - length of wait □ Reservations - specify length of wait □ Other |
| 7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving. |

| 8) | What | does | transportation for use in | | | • | (Permission | granted | by |
|-----|------------|--------|---------------------------|-----|-----|----|-------------|---------|----|
| Add | ditional C | Commer | satisfi | ied | احس | th | service. | | |

| Staff/LCB Member making call: Judi E BROWARD | 7 Front | County: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|-----------------|
| Date of Call: 4/16/2018 | Funding | Source: | |
| 1) Did you receive transportation service on □ Yes □ No | 2/21/20 | 18 | _? |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes | ONO |
| If so, how much? | | | |
| 3) How often do you normally obtain transporta ☐ 1-2 Times/Week 3-5Times/W | ition? □ Daily - leek □ Other | - 7 Days a Wee | k / |
| 4) Have you ever been denied transportation so If no, skip to question # 4 A. How many times in the last 6 month services? □ None □ 3-5 Tir If none, skip to question # 4. | hs have you beer | ☐ Yes n refused trans; mes ☐ 6-10 | oortation Times |
| B. What was the reason given for refusir Ineligible Lack of funds Other | available | | |
| ☐ Employment☐ Life-Susta☐ Nutritional | 120 | е | |
| 6) Did you have a problem with your trip on Yes If yes, please state or choose pro No - If no, skip to question # 6 What type of problem did you have wire Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify Vehicle condition | oblem from below | k up - length of | wait |
| 7) On a scale of 1 to 10 (10 being most satisfied receiving. | ed) rate the transp | ortation you hav | /e been |

| 8) | What | does | transportation for use in | | | (Permission | granted | by |
|-----|------------|-------|------------------------------|-------|----------|-------------|---------|----|
| Add | ditional (| Comme | nts eas a u | shole | lot. | | | |

3

| Staff/LCB Member making call: BROWARD | Sue Gallacy | un | | County: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|---------------|------|
| Date of Call: 3 / 4 / 18 | | | Funding Sou | ırce: | |
| 1) Did you receive transportation X Yes □ No | service on | 10-11- | 2017 | | ? |
| 2) Where you charged an amour | nt in addition to | the co-p | payment? | □ Yes | No |
| If so, how much? | | | | | |
| 3) How often do you normally ob ☐ 1-2 Times/Week | tain transporta ★3-5Times/W | tion? eek | □ Daily - 7 D □ Other | ays a Week | |
| 4) Have you ever been denied tra | ansportation se | ervices? | | □ Yes | XNo |
| A. How many times in the services? ☐ None If none, skip to question | e □ 3-5 Tin | | • | | |
| B. What was the reason g Ineligible Lack of funds Other | □ Space not a□ Destination | available | | services? | |
| 5) What do you normally use the | □ Education/ | Training/ ning/Oth | 'Day Care er | | |
| 6) Did you have a problem with y ☐ Yes If yes, please state No - If no, skip to questi What type of problem di ☐ Advance notice ☐ Pick up times not co ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify ☐ Vehicle condition | or choose prolion # 6 d you have with | blem from h your tri □ Cost □ Late p □ Acces □ Late r | ip? pick up-specif ssibility eturn pick up vations - spe | - length of w | ait |
| 7) On a scale of 1 to 10 (10 being receiving | g most satisfied | d) rate th | e transportati | on you have | been |

8) What does transportation mean to you? (Permission granted by

Life Saver - Configure in publications.)

Additional Comments

Conversale = Open Ivers

| Staff/LCB Member making call: | County: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date of Call: 3 / 9 / 18 | Funding Source: |
| 1) Did you receive transportation service on ☐ Yes ☐ No | Did not remember ? |
| 2) Where you charged an amount in addition | n to the co-payment? ☐ Yes 🕍 No |
| If so, how much? | |
| 3) How often do you normally obtain transport ☐ 1-2 Times/Week ☐ 3-5Times. | |
| services? \Box None \Box 3-5 If none, skip to question # 4. | onths have you been refused transportation Times □ 1-2 Times □ 6-10 Times |
| B. What was the reason given for refu ☐ Ineligible ☐ Space note ☐ Lack of funds ☐ Destinat ☐ Other | not available |
| 5) What do you normally use the service for? ☐ Medical ☐ Education ☐ Employment ☐ Life-Sust | on/Training/Day Care |
| 6) Did you have a problem with your trip on _ ☐ Yes If yes, please state or choose p X No - If no, skip to question # 6 What type of problem did you have v ☐ Advance notice ☐ Pick up times not convenient ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify ☐ Vehicle condition | problem from below |
| 7) On a scale of 1 to 10 (10 being most satisf receiving | fied) rate the transportation you have been |

| 8) What does transportation mean to you? _able to 4et week. for use in publications.) | (Permission | granted | by |
|----------------------------------------------------------------------------------------|-------------|---------|----|
| able to get week. for use in publications.) | | | |
| Additional Comments | | | |
| | | | |

| Staff/LCB Member making call: Sugalla BROWARD | agree County: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Date of Call: 3/1/18 | Funding Source: |
| 1) Did you receive transportation service on _ ∑Yes □ No | ? |
| 2) Where you charged an amount in addition t | to the co-payment? □ Yes |
| If so, how much? | |
| 3) How often do you normally obtain transporta ✓1-2 Times/Week ☐ 3-5Times/V | |
| | services? Yes No this have you been refused transportation imes 1-2 Times 6-10 Times |
| B. What was the reason given for refusing lineligible Space not lineligible Destination De | ot available on outside service area n/Training/Day Care |
| 6) Did you have a problem with your trip on Yes If yes, please state or choose pro No - If no, skip to question # 6 What type of problem did you have w Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify Vehicle condition | oblem from below |
| 7) On a scale of 1 to 10 (10 being most satisfied receiving | ed) rate the transportation you have been |

| 8) What | does odor t-ch | transportation wth for use in | mean publicati | to ons.) | you? | (Permi | ssion | granted | by |
|------------|-------------------|----------------------------------|-------------------|-------------|------|--------|-------|---------|----|
| Additional | Commer | nts | | | | | | | |



| Staff/LCB Member making call: Sue Gal | laghen | County: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------|----------------------------------------|
| Date of Call: 4/13 / 20 18 | Funding So | urce: | |
| 1) Did you receive transportation service on ☐ Yes ☐ No | Every day | | _? |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes | No |
| If so, how much? | | | /- |
| 3) How often do you normally obtain transporta ☐ 1-2 Times/Week 3-5Times/W | ition? □ Daily - 7 □ /eek □ Other | Days a Week | (|
| 4) Have you ever been denied transportation s | ervices? | □ Yes | ≯ No |
| If no, skip to question # 4 A. How many times in the last 6 montl services? □ None □ 3-5 Time If none, skip to question # 4. | ns have you been ref mes □ 1-2 Times | • | |
| B. What was the reason given for refusing Ineligible Ineligible Ineligible Ineligible Ineligible Indicates Indicate Indicates | available | | |
| 5) What do you normally use the service for? Medical Education Employment Life-Sustain Nutritional | Training/Day Care ining/Other | | |
| 6) Did you have a problem with your trip on Yes If yes, please state or choose pro No - If no, skip to question # 6 What type of problem did you have wit Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify Vehicle condition | blem from below | y time of wa - length of v cify length o | it 2hrs/mne vait 2hrs/mad f wait |
| 7) On a scale of 1 to 10 (10 being most satisfie receiving. | d) rate the transportat | ion you have | e been |

| 8) - | What | does | transportation for use in | | • | (Per | mission | granted | by |
|---------|------------|-------|------------------------------|--|---|------|---------|---------|----|
| Add | ditional (| Comme | nts | | | | | | |
| | | | | | | | | | |

| Staff/LCB Member making call: Sweballa BROWARD | dien | County: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date of Call: 4/13/2018 TD-Clor4 pay face | Funding Sou | ırce: |
| 1) Did you receive transportation service on X Yes □ No | 4/10/2016 | ? |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes XNo |
| If so, how much? | | • |
| 3) How often do you normally obtain transporta 1-2 Times/Week ☐ 3-5Times/W | | |
| 4) Have you ever been denied transportation solf no, skip to question # 4 A. How many times in the last 6 month services? □ None □ 3-5 Time If none, skip to question # 4. | | • |
| B. What was the reason given for refusir Ineligible Ispace not Lack of funds Inestination Other | available | services? |
| 5) What do you normally use the service for? Medical | Training/Day Care ining/Other | |
| 6) Did you have a problem with your trip on Yes If yes, please state or choose pro No - If no, skip to question # 6 What type of problem did you have wit Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify Vehicle condition | th your trip? Cost Late pick up-specif Accessibility Late return pick up Reservations - specil | - length of wait cify length of wait |
| 7) On a scale of 1 to 10 (10 being most satisfie receiving. | d) rate the transportati | on you have been |

| 8) | What | does | transportationfor use in | mean publication | to yo | ou? | ne fi | mission | granted | by |
|-----|-------------|-------|--------------------------|------------------|-------|--------|-------|---------|---------|---------|
| Add | ditional Co | ommer | | pablication | } | to pla | le | I C | rulds I | Feo to |
| - | | | V roles and | | | not | ôn | | 1 111 | bastowe |

| Staff/LCB Member making call: _ | <u>D</u> | County: BRO | OWARD | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|------------|--------------|
| Date of Call: 4 //3 /(8 | | ource: | | |
| 1) Did you receive transportation service on | 15/17 | | _? | □ Yes |
| 2) Where you charged an amount in addition to the | co-payment? | □ Yes | □No | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transportation Times/Week □ 3-5Times/Week □ | | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation service to question # 4 | ces? | □ Yes | □No | If no, skip |
| A. How many times in the last 6 months □ None □ 3-5 Times □ 1-2 Times If none, skip to question # 4. | _ | | nsportatio | n services? |
| B. What was the reason given for refusing y Ineligible Space not ava Lack of funds Destination ou Other | ilable | | | |
| 5) What do you normally use the service for? □ Medical □ Education/Tra □ Employment □ Nutritional | | | | |
| ☐ Pick up times not convenient☐ Assistance☐ A | m from below | | | |
| ☐ Drivers - specify ☐ F | Reservations - sp Other | | | |
| 7) On a scale of 1 to 10 (10 being most satisfied) receiving. | ate the transport | ation you have | e been | |
| 8) What does transportation mean to you? (Perm publications.) | ission granted b | у | | _ for use in |
| Additional Comments Called twice, we are | sauth. | | | |

| Staff/LCB Member making call: C SRJ | > | County: BRO | WARD | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|-----------|--------------|
| Date of Call:4 / 12/ 18 | Funding So | urce: | | |
| 1) Did you receive transportation service on ☐ No | 2/19/18 | | ? | □ Yes |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes | □No | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transportation Times/Week □ 3-5Times/Week | | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation se to question # 4 | rvices? | □ Yes | □No | If no, skip |
| A. How many times in the last 6 mont None | | | sportatio | n services? |
| B. What was the reason given for refusing ☐ Ineligible ☐ Space not a ☐ Lack of funds ☐ Destination ☐ Other | g you transportation available outside service area | services? | | |
| 5) What do you normally use the service for? ☐ Medical ☐ Employment ☐ Nutritional | | 8 | | |
| □ Pick up times not convenient □ Assistance □ Service Area Limits □ Drivers - specify | olem from below | o - length of w | ait | |
| 7) On a scale of 1 to 10 (10 being most satisfied receiving. | l) rate the transporta | tion you have | been | |
| 8) What does transportation mean to you? (Perpublications.) | ermission granted by | NA | | _ for use in |
| Additional Comments Thone does not accept were made on 4/10 | the call | s.3ph | Ma | calls |

| Staff/LCB Member making call: | County: BR | OWARD | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|-------------|
| Date of Call: ペノほん | Funding Source: | | |
| 1) Did you receive transportation service on8/12/1 □ No | 7 | _? | □ Yes |
| 2) Where you charged an amount in addition to the co-pa | ayment? □ Yes | □No | If so, how |
| much? | | | |
| 3) How often do you normally obtain transportation? Times/Week □ 3-5Times/Week □ Other | | (| □ 1-2 |
| 4) Have you ever been denied transportation services? to question # 4 | □ Yes | □No | If no, skip |
| A. How many times in the last 6 months have □ None □ 3-5 Times □ 1-2 Times If none, skip to question # 4. | | nsportatio | n services? |
| B. What was the reason given for refusing you tra Ineligible Space not available Lack of funds Destination outside Other | | | |
| 5) What do you normally use the service for? □ Medical □ Education/Training/l □ Employment □ Life-Sustaining/Othe □ Nutritional | Day Care er | | |
| ☐ Assistance☐ Service Area Limits☐ Late real Limits | n below p? ick up-specify time of wa | wait | |
| 7) On a scale of 1 to 10 (10 being most satisfied) rate the receiving. | e transportation you have | e been | |
| 8) What does transportation mean to you? (Permission publications.) | granted by | | for use in |
| Additional Comments <u>Got automatic message</u> : | The subscri | berg | ou have |

| Staff/LCB Member making call: | D | County: BRC | WARD | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|-------|-------------------------------------------|
| Date of Call: 4 / 12 / 18 | Funding Sc | ource: | | |
| 1) Did you receive transportation service on | 2/23/18 Spring Broom | (K) | ? | □ Yes |
| 2) Where you charged an amount in addition to t much? | he co-payment? | □ Yes | χNο | If so, how |
| 3) How often do you normally obtain transportation Times/Week 3-5Times/Week | | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation ser to question # 4 A. How many times in the last 6 mont □ None □ 3-5 Times □ 1-2 T If none, skip to question # 4. | hs have you been | | | If no, skip n services? |
| B. What was the reason given for refusing Ineligible Space not a Lack of funds Destination Other | vailable | | | |
| 5) What do you normally use the service for? □ Medical | raining/Day Care ing/Other | | | |
| ➢ Pick up times not convenient ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify | lem from below | cify time of wai | /ait | |
| 7) On a scale of 1 to 10 (10 being most satisfied receiving\00000 |) rate the transporta | ation you have | been | |
| 8) What does transportation mean to you? (Pe publications.) | - | | | for use in |
| Additional Comments Customers M Autism. This service works a lost and this so the Page 67 ing he requies as a bit ty. | neans al means al ruices all res tiudio | ot to he sous her | o des | tomerhas ince she to precion pite his. |

| Staff/LCB Member making call: <u>CSBI</u> | | County: BRO | OWARD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------|------------|--------------|
| Date of Call: 4 / 12 / 18 | Funding So | ource: | | |
| 1) Did you receive transportation service on □ No | 1/4/18 | | _? | □ Yes |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes | χίο | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transporta Times/Week □ 3-5Times/Week | | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation s to question # 4 | ervices? | □ Yes | ÞKo | If no, skip |
| A. How many times in the last 6 more ☐ None ☐ 3-5 Times ☐ 1-2 If none, skip to question # 4. | - | | nsportatio | n services? |
| B. What was the reason given for refusing Ineligible Space not Lack of funds Destinatio | available | | | |
| 5) What do you normally use the service for? Medical □ Education □ Employment □ Life-Susta □ Nutritional | /Training/Day Care ining/Other | | | |
| 6) Did you have a problem with your trip on ☐ Yes If yes, please state or choose pro ※No - If no, skip to question # 6 What type of problem did you have wi ☐ Advance notice ☐ Pick up times not convenient ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify ☐ Vehicle condition | blem from below | ıp - length of v | vait | |
| 7) On a scale of 1 to 10 (10 being most satisfie receiving | ed) rate the transport | ation you have | e been | |
| 8) What does transportation mean to you? (P publications.) | ermission granted b | y NA | | _ for use in |
| Additional Comments Uses the service or providing transports | ice or twin | . ce a y | ear. | Sou 13 |

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| Staff/LCB Member making call: | CSBD | | County: BRO | OWARD | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|---------------------------|
| Date of Call: 4 / レン/リ8 | | Funding Sou | rce: | 5 | |
| 1) Did you receive transportation s □ No | ervice on | 19/17 | | _? | X Yes |
| 2) Where you charged an amount much? She does not to we 3) How often do you normally obta Times/Week 3 3-5Times/Week | in transportation? | uhy some les / ve no Daily - 7 D | | | |
| 4) Have you ever been denied tranto question # 4 A. How many times in the Indianal None Indianal 3-5 Time If none, skip to question B. What was the reason given Ineligible Indianal Lack of funds Other | e last 6 months hes = 1-2 Time # 4. en for refusing you = Space not availa | nave you been in the second se | nes | | If no, skip n services? |
| 5) What do you normally use the s Medical Employment Nutritional | □ Education/Train | | | | |
| 6) Did you have a problem with you Yes If yes, please state on No - If no, skip to question What type of problem did Advance notice Pick up times not con Assistance Service Area Limits Drivers - specify Vehicle condition | r choose problem n # 6 you have with you □ Co venient □ La □ Ac | from below or trip? ost te pick up-specificessibility te return pick up eservations - spe | - length of v | wait | |
| 7) On a scale of 1 to 10 (10 being receiving | most satisfied) rat | e the transportat | ion you have | e been | |
| 8) What does transportation mear publications.) | n to you? (Permis | sion granted by | | | for use in |
| Additional Comments She loves the service Page 69 | Has ho | describer complain | sitas s. Ver eite | availy sat | lable) istred more. |

| Staff/LCB Member making call: | C | ounty: BRO | WARD | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------|------|----------------------------|
| Date of Call: 4 / 14 / 18 | Funding Source | ce: | | |
| 1) Did you receive transportation service on <u>2/19</u> □ No | 118 | | ? | ≭Yes |
| 2) Where you charged an amount in addition to the co- | payment? | □ Yes | ≥KNo | If so, how |
| much? 3) How often do you normally obtain transportation? Times/Week 3-5Times/Week Oth | | iys a Week | | □ 1-2 |
| 4) Have you ever been denied transportation services? to question # 4 A. How many times in the last 6 months have □ None □ 3-5 Times □ 1-2 Times If none, skip to question # 4. | ve you been re | | • | If no, skip n services? |
| B. What was the reason given for refusing you tr I neligible I Space not available Lack of funds I Destination outside Other | е | ervices? | | |
| 5) What do you normally use the service for? | | | | |
| ☐ Assistance☐ Service Area Limits☐ Late | om below rip? pick up-specify ssibility return pick up - ervations - spec | · length of w | ait | |
| 7) On a scale of 1 to 10 (10 being most satisfied) rate t receiving | he transportatio | on you have | been | |
| 8) What does transportation mean to you? (Permissic publications.) | on granted by _ | NO | | _ for use in |
| Additional Comments Lecy in portant service | . She is | bha | whe | elchair |

| Staff/LCB Member making call: | с | ounty: BRO\ | WARD | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|----------|--------------|
| Date of Call: 4 /12/18 4/13/18 | Funding Sour | ce: | | |
| 1) Did you receive transportation service on 2/10 | 0/18 | ? | • | □ Yes |
| 2) Where you charged an amount in addition to the co- | payment? | □ Yes | □No | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transportation? Times/Week □ 3-5Times/Week □ Oth | - | ys a Week | | □ 1-2 |
| 4) Have you ever been denied transportation services? to question # 4 | | □ Yes | □No | If no, skip |
| A. How many times in the last 6 months have None 3-5 Times 1-2 Times If none, skip to question # 4. | | | portatio | n services? |
| B. What was the reason given for refusing you to lead | е | ervices? | | |
| 5) What do you normally use the service for? □ Medical □ Employment □ Nutritional □ Nutritional | ı/Day Care ner | | | |
| ☐ Assistance ☐ Acce ☐ Service Area Limits ☐ Late | om below rip? pick up-specify essibility return pick up - ervations - spec | length of wa | ait | |
| 7) On a scale of 1 to 10 (10 being most satisfied) rate t receiving | he transportatio | on you have | been | |
| 8) What does transportation mean to you? (Permission publications.) | on granted by _ | | | _ for use in |
| Additional Comments Coled trunce on 4/12/18 | lott w | iessaje | . Col | led |

| Staff/LCB Member making call: _CSR D | | County: BRO | OWARD | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|-----------|--------------|
| Date of Call: 4 / 12/ 18 | Funding So | urce: | | |
| 4/13/18 1) Did you receive transportation service on2/2 □ No | 3/18 | | _? | □ Yes |
| 2) Where you charged an amount in addition to the co- | payment? | □ Yes | □No | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transportation? Times/Week □ 3-5Times/Week □ Oth | • | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation services? to question # 4 | | □ Yes | □No | If no, skip |
| A. How many times in the last 6 months have □ None □ 3-5 Times □ 1-2 Times If none, skip to question # 4. | | | sportatio | n services? |
| B. What was the reason given for refusing you tr ☐ Ineligible ☐ Space not available ☐ Lack of funds ☐ Destination outside ☐ Other | e | | | |
| 5) What do you normally use the service for? Medical | | | | |
| ☐ Assistance☐ Service Area Limits☐ Late | om below rip? pick up-speci ssibility return pick up rvations - spe | o - length of v | vait | |
| 7) On a scale of 1 to 10 (10 being most satisfied) rate the receiving | ne transportat | tion you have | e been | |
| 8) What does transportation mean to you? (Permissic publications.) | n granted by | 4 | | _ for use in |
| Additional Comments Two phone calls. 4/12/18 a gain 4/13/18 no answer. | ift m | Lessa sa | ع رحا | led |

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| Staff/LCB Member making call: | CSBD | | County: BRC | WARD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|---------|----------------------------|
| Date of Call: 4 / 12 / 18 | | Funding So | urce: | | |
| 1) Did you receive transportation ☐ No | service on $4/2$ | -6/17 | | ? | □ Yes |
| 2) Where you charged an amoun much? | t in addition to the c | o-payment? | □ Yes | □No | If so, how |
| 3) How often do you normally obt Times/Week 3-5T | • | - | Days a Week | | □ 1-2 |
| 4) Have you ever been denied trate to question # 4 A. How many times in the □ None □ 3-5 Time of the lift none, skip to question | ne last 6 months h es □ 1-2 Times | ave you been | refused trans | | If no, skip n services? |
| B. What was the reason gi □ Ineligible □ Lack of funds □ Other | □ Space not availa□ Destination outs | ble | | | |
| 5) What do you normally use the ☐ Medical ☐ Employment ☐ Nutritional | service for? □ Education/Traini □ Life-Sustaining/0 | ng/Day Care Other | | | |
| 6) Did you have a problem with you Yes If yes, please state ☐ No - If no, skip to question ☐ What type of problem dident ☐ Advance notice ☐ Pick up times not cout ☐ Assistance ☐ Service Area Limits ☐ Drivers - specify ☐ Vehicle condition | or choose problem on # 6 d you have with you Convenient Ac | from below r trip? st te pick up-speci cessibility te return pick up servations - spe | o - length of w | ait ait | |
| 7) On a scale of 1 to 10 (10 being receiving. | nost satisfied) rate | e the transporta | tion you have | been | |
| 8) What does transportation mea publications.) | n to you? (Permis | sion granted by | | | _ for use in |
| Additional Comments Duly got voice (eturn phone co | mail and | loft a | Messa Teasou | je a | sking to |

| Staff/LCB Member making call: | D | County: BRC | WARD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|----------------|----------------|
| Date of Call: 4 /13 /18 | Funding Sc | ource: | | * |
| 1) Did you receive transportation service on □ No | 2/20/18 | | ? | □ Yes |
| 2) Where you charged an amount in addition to | the co-payment? | □ Yes | □No | If so, how |
| much? | | | | |
| 3) How often do you normally obtain transporta Times/Week □ 3-5Times/Week | | Days a Week | | □ 1-2 |
| 4) Have you ever been denied transportation se | ervices? | □ Yes | □No | lf no, skip |
| to question # 4 A. How many times in the last 6 mor □ None □ 3-5 Times □ 1-2 If none, skip to question # 4. | | | sportatio | n services? |
| B. What was the reason given for refusir ☐ Ineligible ☐ Space not ☐ Lack of funds ☐ Destination ☐ Other | available | | | |
| 5) What do you normally use the service for? ☐ Medical ☐ Employment ☐ Nutritional ☐ Use the service for? ☐ Education/☐ Life-Sustain | Training/Day Care ning/Other | | | |
| 6) Did you have a problem with your trip on Yes If yes, please state or choose pro No - If no, skip to question # 6 What type of problem did you have wit Advance notice Pick up times not convenient Assistance Service Area Limits Drivers - specify Vehicle condition | blem from below | p - length of v | <i>v</i> ait | |
| 7) On a scale of 1 to 10 (10 being most satisfie receiving. | d) rate the transporta | ation you have | been | |
| 8) What does transportation mean to you? (P publications.) | ermission granted by | y | | for use in |
| Additional Comments Thore call on 4/13/18. Missise asking to re | Only got ply phow col | voice v | nail. plani | toft ng why |

Contractor Survey Broward County

| Contractor name (optional) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| 1. Do the riders/beneficiaries call your facility directly to cancel a trip | o? □Yes | ₽No |
| 2. Do the riders/beneficiaries call your facility directly to issue a com | plaint? ⊠Yes | □No |
| 3. Do you have a toll-free phone number for a rider/beneficiary to is and/or complaints posted on the interior of all vehicles that are riders? | | |
| If yes, is the phone number posted the CTC's? | □Yes | □No Wot s |
| 4. Are the invoices you send to the CTC paid in a timely manner? | Xes | □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 | JNO |
| If yes, what type of problems? | | |
| Comments: Contract has been trying due to increa | sed demans | 1 for |

Contractor Survey Broward County

| Contractor name (optional) | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| 1. Do the riders/beneficiaries call your facility directly to cancel a trip? | □Yes | PNO |
| 2. Do the riders/beneficiaries call your facility directly to issue a complaint | ? □Yes | MIC |
| 3. Do you have a toll-free phone number for a rider/beneficiary to issue and/or complaints posted on the interior of all vehicles that are used riders? | | |
| 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: CTC very responsive when issues come up. | | |
| | | |