

CTC Review

Pinellas Suncoast Transit Authority

Counties served: Pinellas

Date(s) of Review: October/November 2019

Staff Assigned to Review: Rob Feigel

I. Records and Areas of Review

- A. General Information
- B. Chapter 427, F.S.
- C. Rule 41-2, F.A.C.
- D. On-Site Observation
- E. Surveys
- F. Additional Observations

II. Findings and Recommendations

A. General Information

The Commission for the Transportation Disadvantaged (CTD) designated the Pinellas Suncoast Transit Authority (PSTA) as the Community Transportation Coordinator (CTC) for Pinellas County in 2012 and re-designated them in 2017. PSTA operates a coordinated system in an urban area as a brokerage system, with PSTA providing bus passes and contracted transportation providers providing door-to-door trips.

Area of Noncompliance: None

Recommendation: This recommendation is intended for the CTD and not for the CTC. The LCB recommended that the Transportation Disadvantaged Program should be renamed the "Transportation Advantaged Program". The recommendation is in reaction to feedback received from users of the TD Program that they find the word "disadvantaged" to be an inaccurate and even offensive description. They do not see themselves as being disadvantaged in any way (physically, mentally, financially, etc.) and do not want others, or the name of a program they participate in, to label them as such.

Timeline for Compliance: N/A

B. Chapter 427, F.S.

CTC providers and coordination contract agencies are in compliance with the standards required by Rule 427, F.S.

Area of Noncompliance: None

CTC Review

Pinellas Suncoast Transit Authority

Recommendation: For next year's Annual Operating Report, the CTC should include full spreadsheets for each agency for review by the LCB.

Continue to work with the Florida Department of Transportation to coordinate monitoring efforts of coordination contractors receiving FTA 5310 funds.

Timeline for Compliance: N/A

C. Rule 41-2, F.A.C.

CTC providers and coordination contract agencies are in compliance with the standards required by Rule 41-2 F.A.C.

Area of Noncompliance: None

Recommendation: None

Timeline for Compliance: N/A

D. On-Site Observation

CTC providers and coordination contract agencies are in compliance with the standards required in this section.

Area of Noncompliance: None

Recommendation: None

Timeline for Compliance: N/A

E. Surveys

Three types of surveys were conducted: rider/beneficiary, contractor and purchasing agency.

The rider/beneficiary survey results were generally positive. However, a number of respondents did not like the word "disadvantaged" to be used in the Transportation Disadvantaged Program. One respondent complained about transportation providers not knocking on his door upon arrival, and another complained that he had to have his wife present in order for her to obtain a bus pass. Contractor/operator surveys were generally positive. The purchasing agency survey was not returned.

F. Additional Observations

None

CTC Review

Pinellas Suncoast Transit Authority

III. Conclusion

There were no findings, evidence of the high level of service the CTC provides.

LCB Chairperson: Patricia Johnson 

County: Pinellas

Date: November 19, 2019

CTC

EVALUATION WORKBOOK

Florida Commission for the



Transportation Disadvantaged

CTC BEING REVIEWED: PINELLAS SUNCOAST TRANSIT AUTHORITY (PSTA)

COUNTY (IES): PINELLAS

ADDRESS: 3201 SCHERER DRIVE, ST. PETERSBURG, FL 33716

CONTACT: ROSS SILVERS PHONE: 727-540-1844

REVIEW PERIOD: FY2018/19 REVIEW DATES: OCTOBER/NOVEMBER 2019

PERSON CONDUCTING THE REVIEW: ROB FEIGEL

**CONTACT INFORMATION: FORWARD PINELLAS, THE METROPOLITAN
PLANNING ORGANIZATION FOR PINELLAS COUNTY, 310 COURT STREET,
CLEARWATER, FL 33756, 727-464-5695**

LCB EVALUATION WORKBOOK

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ENTRANCE INTERVIEW QUESTIONS

INTRODUCTION AND BRIEFING:

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

The LCB will be reviewing the following areas:

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

USING THE APR, COMPILE THIS INFORMATION:

1. OPERATING ENVIRONMENT: RURAL URBAN

2. ORGANIZATION TYPE: PRIVATE-FOR-PROFIT
 PRIVATE NON-PROFIT
 GOVERNMENT
 TRANSPORTATION AGENCY

3. NETWORK TYPE: SOLE PROVIDER
 PARTIAL BROKERAGE
 COMPLETE BROKERAGE

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

For Profit: Care Ride, LLC

Non-Profit: Lighthouse of Pinellas, Inc.; Neighborly Care Network; PARC, ARC Tampa Bay

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

Agency for Community Treatment Services (ACTS); Alpha House; Boley Centers for Behavioral Health; City of Gulfport; Creative Clay, Garden of Grace Ministries; Girls, Inc.; Goodwill Industries; Homeless Emergency Project, Inc. (HEP); Louise Graham Regeneration Center; Operation PAR; Personal Enrichment through Mental Health Services (PEMHS); Quality of Life, Suncoast Center, Inc.; Sunrise Community, Inc.; Van Gogh's Palette (Vincent House); Westcare Gulfcoast Florida

6. NAME THE ORGANIZATIONS AND AGENCIES THAT PURCHASE SERVICE FROM THE CTC AND THE PERCENTAGE OF TRIPS EACH REPRESENTS?

Name of Agency	# of Trips	Name of Contact	Telephone Number/Email Address
Pinellas County School Board	486	Melissa Kegler	keglerm@pcsb.org

GENERAL QUESTIONS

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

1. DESIGNATION DATE OF CTC: July 1, 2012 and redesignated on July 1, 2017 until June 30, 2022

2. WHAT IS THE COMPLAINT PROCESS?

The complaint process begins after a call, letter or email is received. A standard form is used to document the complaint, which is then addressed immediately if possible or researched further. If the complaint is not able to be resolved to the satisfaction of the customer through PSTA or the CTD Ombudsman Program, the formal grievance process may be initiated.

IS THIS PROCESS IN WRITTEN FORM? **X** Yes No

Is the process being used? **X** Yes No

3. DOES THE CTC HAVE A COMPLAINT FORM? **X** Yes No

4. DOES THE COMPLAINT FORM INCORPORATE ALL ELEMENTS OF THE CTD'S UNIFORM SERVICE REPORTING GUIDEBOOK?

X Yes No

5. DOES THE FORM HAVE A SECTION FOR RESOLUTION OF THE COMPLAINT?

 Yes **X** No, Resolution typically described in comments section.

6. IS A SUMMARY OF COMPLAINTS GIVEN TO THE LCB ON A REGULAR BASIS?

X Yes No

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

If the conflict cannot be resolved to the satisfaction of the customer, then the formal grievance process may begin. During the formal grievance process, if no common ground can be utilized to negotiate a resolution, the complainant can contact the TD helpline.

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

X Yes No

If no, what is done with the complaint? N/A

9. DOES THE CTC PROVIDE WRITTEN RIDER/BENEFICIARY INFORMATION OR BROCHURES TO INFORM RIDERS/ BENEFICIARIES ABOUT TD SERVICES?

X Yes No

If yes, what type? Information on website, printed and presented information at presentations and informational events

10. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE OMBUDSMAN NUMBER?
 Yes No
11. DOES THE RIDER/ BENEFICIARY INFORMATION OR BROCHURE LIST THE COMPLAINT PROCEDURE?
 Yes No
12. WHAT IS YOUR ELIGIBILITY PROCESS FOR TD RIDERS/ BENEFICIARIES? Individuals seeking access to services can receive a TD Program application and eligibility information by contacting PSTA’s InfoLine, through PSTA’s website or in person at a local bus terminal. Instructions explaining the process are provided. Any incomplete applications are returned to the applicant with instructions on how to complete and resubmit the form. The entire eligibility process is detailed in the TDSP, on page 22.
13. WHAT INNOVATIVE IDEAS HAVE YOU IMPLEMENTED IN YOUR COORDINATED SYSTEM?
PSTA was awarded an award for innovation from the Florida Public Transportation Association for the TD Late Shift Program. As part of that program, PSTA also developed a how-to video for the TD Late Shift Program to help customers learn how to sign up for Uber and developed a TD Late Shift survey that was distributed electronically and via paper to get feedback on how this innovative program is doing.
PSTA is continuing to receive positive feedback from previously implemented innovations, such as expediting TD bus passes by working with trained social service agencies. As discussed in the CTC evaluation subcommittee meeting, PSTA responds quickly to situations and explores ways to provide service to the community in an innovative manner.
14. ARE THERE ANY AREAS WHERE COORDINATION CAN BE IMPROVED?
Coordination can continue to improve through conversations on the coordinated system and how to continue to find ways to improve transportation services. Regional TD paratransit trips continues to be an area where coordination can be improved.
15. WHAT BARRIERS ARE THERE TO THE COORDINATED SYSTEM?
Funding is a significant barrier to the coordinated system – PSTA is currently spending additional dollars to continue to program without breaks in service. In addition, the increase in Commission for the Transportation Disadvantaged rules and procedures has been a barrier to the CTC and operators.
16. ARE THERE ANY AREAS THAT YOU FEEL THE COMMISSION SHOULD BE AWARE OF OR CAN ASSIST WITH?
The LCB subcommittee noted that a significant number of customers using the Transportation Disadvantaged Program do not like the word “disadvantaged”, do not feel that it describes them or their situation and believe the program should have a different, better and less offensive name. The committee, therefore, recommends that the term disadvantaged be removed from the TD Program and replaced with a less offensive and more accurate description/name.
17. WHAT FUNDING AGENCIES DOES THE CTD NEED TO WORK CLOSELY WITH IN ORDER TO FACILITATE A BETTER-COORDINATED SYSTEM?
Pinellas County has increased communications with agencies that have not traditionally been part of the coordinated system, such as the American Cancer Society. However, there is still a need to work closely with other organizations and funding agencies, especially with all of the changes occurring with transportation.

18. HOW ARE YOU MARKETING THE VOLUNTARY DOLLAR?

The CTC does not market the voluntary dollar.

GENERAL QUESTIONS

Findings:

None

Recommendations:

This recommendation is intended for the Commission and/or State and not for the CTC. The Transportation Disadvantaged Program should be renamed because feedback received indicates that customers find the word “disadvantaged” to be an inaccurate and even offensive description, because they do not see themselves as being disadvantaged in any way (physically, mentally, financially, etc.) and do not want other to label them as such.

COMPLIANCE WITH CHAPTER 427, F.S.
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Review the CTC contracts for compliance with 427.0155(1), F.S.

<i>“Execute uniform contracts for service using a standard contract, which includes performance standards for operators.”</i>

ARE YOUR CONTRACTS UNIFORM? Yes No

Standard language is used in the contracts, which include performance standards (e.g. 95% on-time minimum requirement)

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Review the CTC last AOR submittal for compliance with 427. 0155(2)

<i>“Collect Annual Operating Data for submittal to the Commission.”</i>

REPORTING TIMELINESS

Were the following items submitted on time?

- | | | | | |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|----|
| a. Annual Operating Report | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Any issues that need clarification? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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

- | | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| b. Transportation Disadvantaged Service Plan | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Grant Applications to TD Trust Fund | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. All other grant application (____%) <input type="checkbox"/> | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Recommendations: For next year's AOR, the CTC should include full spreadsheets for each agency.
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COMPLIANCE WITH CHAPTER 427, F.S.

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

“Review all transportation operator contracts annually.”

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

The CTC monitors its operators annually. This process includes vehicle inspections, safety and insurance checks to ensure compliance with Chapter 427, F.S. The operator’s drivers are also monitored annually, including driver certifications, testing and background checks. Random field reviews of ride-scheduling services and vehicle inspections are conducted. The CTC ensures that federal, state and local regulations and accident procedures are addressed. Over the past year, the CTC has been working closely with FDOT to improve coordination of monitoring of FTA Section 5310 recipients, beginning a process that needs to strengthen and continue.

Is a written report issued to the operator? **X** Yes No

If NO, how are the contractors notified of the results of the monitoring? N/A

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

The CTC monitors its contractors annually. Like with operator monitoring, this process includes vehicle inspections, safety and insurance checks to ensure compliance with Chapter 427, F.S. The contractor’s drivers are monitored annually, including driver certifications, testing and background checks. Random field reviews of ride-scheduling services and vehicle inspections are conducted. The CTC ensures that federal, state and local regulations and accident procedures are addressed.

Is a written report issued? **X** Yes No

If NO, how are the contractors notified of the results of the monitoring? N/A

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

CTC staff works with the contractor to correct the problems identified in the report.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? **X** Yes No

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?

The CTC does not currently use school buses in the coordinated system. The cost for the utilization of school buses is considerably higher than the traditional multi-load transportation services in Pinellas County. Furthermore, school bus availability is extremely limited.

COMPLIANCE WITH CHAPTER 427, F.S.

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?

The CTC's goal is to for 100 percent of those who are able to access and use public transportation to be issued bus passes for their transportation needs. The CTC requires that all clients who are within three-quarters of a mile of a local bus route use the fixed-route system unless it is determined that they are unable to access or ride the bus due to a verifiable physical or mental impairment or other special circumstances, such as service hours. The CTC uses 10-day nonconsecutive and 31-day consecutive unlimited bus passes as a way of providing cost-effective transportation. TD Program customers submit a co-payment for the bus passes.

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

Yes No

If YES, what is the goal?

The CTC's goal is to maximize available funding by providing cost-effective and efficient transportation disadvantaged services. The CTC seeks to ensure all transportation disadvantaged users who are eligible for the Bus Pass Program are using the program. The CTC requires all clients who are within three-quarters of a mile of a local bus route to use the fixed-route transit system unless it is determined that they are unable to access or ride the bus due to a verifiable physical or mental impairment or other special circumstances. Because the CTC seeks to maximize transit utilization through its policies, those riding paratransit are doing so because transit is not an option.

Is the CTC accomplishing the goal? Yes No

IS THE CTC IN COMPLIANCE WITH THIS REQUIREMENT? Yes No

Comments: The CTC continues to be successful in utilizing the fixed route system to maximize service and funding for its TD customers.

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

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

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

Yes No

If Yes, describe the application review process.

COMPLIANCE WITH CHAPTER 427, F.S.

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

Staff for the LCB serves on the application review committee for the FTA Section 5310 Program. In addition, the LCB reviews the contracts for TD funds and the contracting agencies.

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

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: PSTA often applies for the Section 5310 program, therefore it would be a conflict of interest to review applications.

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

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

WHAT ARE THE PRIORITIES FOR THE TDTF TRIPS?

The trip prioritization is described in detail in Appendix D of the TDSP. Door-to-door trips are prioritized as follows: medical, sustenance (A), sustenance (B), employment, education related to employment, education not required to maintain employment, other.

HOW ARE THESE PRIORITIES CARRIED OUT?

The priorities are carried out in the door-to-door trip reservation process.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: The CTC primarily provides bus passes which eliminates the need to priorities trips. However, when providing door-to-door trips, trips are prioritized based on the parameters set in the TDSP.

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

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

1. Hours of Service:

The TDSP describes hours of service on page 21. Hours of service for bus pass users vary based on individual hours of service for each route, as well as day of the week. Ambulatory and wheelchair services are available twenty-four hours a day, seven days a week.

2. Hours of Intake:

Reservation hours are listed on page 22 of the TDSP. Reservationists available: 8 a.m. – 5 p.m., Monday – Friday; 9 a.m. – 5 p.m., Saturday, Sunday and holidays.

COMPLIANCE WITH CHAPTER 427, F.S.

3. Provisions for After Hours Reservations/Cancellations?

Clients can leave a voice mail message on the 24 hours a day, 7 days a week.

4. What is the minimum required notice for reservations?

Reservations for traditional door-to-door service must be made two days in advance.

5. How far in advance can reservations be place (number of days)?

30 days.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: *None*

Review the cooperative agreement with the regional workforce board according to Chapter 427.0155(9).

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

WHAT TYPE OF ARRANGEMENT DO YOU HAVE WITH THE REGIONAL WORKFORCE BOARD? PSTA and the CareerSource Pinellas, the regional workforce board, coordinate through their interactions with the LCB. PSTA also conducted TD outreach and training to CareerSource staff.

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: *None*

CHAPTER 427

Findings:

None

Recommendations:

Continue to work with the Florida Department of Transportation to coordinate monitoring efforts of coordination contractors receiving FTA 5310 funds

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

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

"...ensure compliance with the minimum liability insurance requirement of \$200,000 per person and \$300,000 per incident..."

WHAT ARE THE MINIMUM LIABILITY INSURANCE REQUIREMENTS?

They are currently \$500,000 Combined Single Limit (CSL).

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

The operator and coordination contracts have the same minimum insurance requirements. This includes: Commercial General Liability with, at minimum:

- Premises Operations
- Products and Completed Operations
- Blanket Contractual Liability
- Personal Injury Liability
- Expanded Definition of Property Damage

The minimum limits shall be \$500,000 CSL. If split limits are provided, minimum limits acceptable shall be: \$500,000 per Person, \$500,000 per Occurrence, \$500,000 Property Damage.

An Occurrence Form policy is preferred. If coverage is a Claims Made policy, provisions should include coverage for claims filed on or after the effective date of this contract. In addition, the period for which claims may be reported should extend for a minimum of twelve (12) months following the expiration of the contract.

Vehicle Liability – Recognizing that the work governed by this contract requires the use of vehicles, the Contractor, prior to the commencement of work, shall obtain Vehicle Liability Insurance. Coverage shall be maintained throughout the life of the contract and include, as a minimum, liability coverage for: Owned, Non-owned, and Hired Vehicles with minimum limits at \$500,000 CSL.

Employers' Liability Insurance - Contractor shall maintain Insurance throughout the life of the contract with limits no less than: \$100,000 Bodily Injury by Accident, \$500,000 Bodily Injury by Disease, policy limits, \$100,000 Bodily Injury by Disease, each employee.

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

Yes No

If yes, was this approved by the Commission? Yes No

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: *None*

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

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

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

The CTC is a transit agency. They are compliant with FDOT section 14-90, set by the agency in their contracts and enacted with bus operators.

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

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

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

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

DATE OF LAST DRUG & ALCOHOL POLICY REVIEW: FTA Triennial and FTA D&A review in FY 2017/18

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

Comments: *None*

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

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

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

	Care Ride	Lighthouse of Pinellas	NCN	PARC	ARC Tampa Bay	Average
Cost per trip (\$)	25.68	28.20	23.78	8.34	25.80	21.60
Cost per revenue mile (\$)	2.22	N/A	.68	4.76	1.97	1.67

Data from 2019/20 AOR submittals and is based on reported data

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

2. DO YOU HAVE TRANSPORTATION ALTERNATIVES? Yes No

(Those specific transportation services approved by rule or the Commission as a service not normally arranged by the Community Transportation Coordinator, but provided by the purchasing agency. Example: a neighbor providing the trip)

IS THE CTC IN COMPLIANCE WITH THIS SECTION? Yes No

RULE 41-2

Findings:

None

Recommendations:

None

COMMISSION STANDARDS

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

Review the TDSP for the Commission standards.

Commission Standards	Comments	Standard/ Measure (if applicable)
Local toll free phone number must be posted in all vehicles.	An accessible decal displaying the CTC's local phone number for complaints or grievances and the TD Helpline phone number is required to be placed inside all vehicles used in the Coordinated System. Decals are to be made available by the CTC at no cost upon request.	Decal Yes
Vehicle Cleanliness	Operators will ensure that all vehicles used within the Coordinated System are clean on the interior and exterior. Additionally, vehicles should be safe and comfortable for passengers.	Clean interior and exterior Yes Safe and comfortable for passengers Yes
Passenger/Trip Database	PSTA shall maintain a database of pertinent information on the passengers transported through the brokered program. Operators providing services outside the brokered system shall also maintain passenger information files.	Maintain passenger information files Yes
Adequate seating	Operators shall provide seating based on the vehicle manufacturer's specifications.	Seating based on vehicle manufacturer's Specifications Yes
Driver Identification	All coordinated system drivers are required to have an identification badge.	ID badge Yes
Passenger Assistance	All transportation operators shall ensure that all drivers providing trips under the Coordinated System are trained on the requirements of passenger assistance. Drivers are required to walk next to the client between the vehicle and building entrance to offer assistance if requested. At a minimum, this assistance shall include opening the vehicle door, securing wheelchair devices, storage of mobility assistance devices, and closing the door.	Complete training Yes
Smoking, Eating and Drinking	Smoking in any vehicle in the Coordinated System is prohibited. Eating and drinking within a vehicle is allowed only when medically necessary.	N/A
Two-way Communications	All vehicles in the Coordinated System should have a two-way communications system in good working order.	Working two-way communications system Yes

Commission Standards	Comments	Standard/ Measure (if applicable)
Air Conditioning/ Heating	All vehicles in the Coordinated System should have working air conditioners and heaters. Any vehicle not meeting this requirement should be scheduled for repair.	Working air conditioner and heater Yes
Billing Requirements	Non-sponsored operators shall submit billing data to the CTC within ten days of the last day of each month. The CTC shall reimburse operators for all CTD-compensable invoiced expenses within thirty days of receipt of the invoice.	Billing data within ten days Yes Reimbursed within thirty days Yes

COMMISSION STANDARDS

Findings:

None

Recommendations:

None

LOCAL STANDARDS

Compliance with Local Standards

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

Local Standards	Comments	Standard/ Measure (if applicable)
Transport of Escorts and dependent children policy	PCAs are permitted to travel jointly with TD customers at no charge when documented as needed to perform tasks for the customer which the customer cannot perform unassisted due to their disability. Parents of dependent children who are TD Program eligible are considered an escort for the child and therefore are permitted to travel at no additional charge. If the parent is traveling as the customer and chooses to carry dependent children, the cost of transporting the child would not be compensable by the CTD.	N/A
Use, Responsibility, and cost of child restraint devices	In accordance with Chapter 316.613, Florida Statutes, every operator of a motor vehicle, while transporting a child, if the child is five years of age or younger, shall provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children up to three years of age, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged four through five, a separate carrier, an integrated child seat, or a seat belt may be used. TD Program passengers are responsible for installation and proper use of restraining devices and/or seat belts. If the passenger is unable to install the restraining device due to a disability, they are responsible for bringing a PCA/escort who can do this properly. The driver must offer assistance to all passengers regarding seat belt and wheelchair securement use only	N/A
Out-of-Service Area trips	Out-of-service area non-sponsored trips will only be performed as specified by the terms of grants or other specific programs targeting TD populations as "regional trips" or as otherwise identified by the CTC and LCB.	N/A
CPR/1st Aid	The CTC requires that drivers for transportation providers and operators maintain current CPR/First Aid certification. Copies of the current CPR and First Aid certification cards shall be kept in each driver's file	Copies of current CPR and First Aid certification cards for all drivers, kept in each driver's file Yes

Local Standards	Comments	Standard/ Measure (if applicable)
Driver Criminal Background Screening	Operators are required to obtain a Florida Department of Law Enforcement Level 2 Background Check of each driver before the driver can render services for the Coordinated System.	Background check policy Yes, except for Lighthouse trips since they contract service to taxi companies who have their own requirements
Rider Personal Property	Passenger property that can be carried by the passenger and/or PCA in one trip that can be safely stowed within that passenger's own seating area on the vehicle shall be allowed to be transported at no additional charge. Passenger property does not include mobility aids, child restraint devices, secured oxygen, personal assistive devices, or intravenous devices.	N/A
Advance reservation requirements	A minimum two day advance notification time is required to obtain traditional TD door-to-door services	N/A
Pick-up Window	Vehicles may arrive up to 30 minutes after the scheduled pick-up time. Pick-up times will be negotiated up to one hour before or after the pick-up time requested by the client.	Pick up window up to 30 minutes after scheduled time Yes, for TD door-to-door trips

Measurable Standards/Goals Compared to Prior Year

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Measure / Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>	<i>Prior Year Figures (from FY 2015/16 CTC Evaluation)</i>
Public Transit Ridership	The CTC has established a goal that 100% of people who are able to access and utilize public transit will do so.	All people who are able to access and utilize public transit are, 81.7% (3,471,768 number) of trips	Yes	82.6% of trips (3,364,541 trips)
On-time performance	Compliance with standards at or above 95% of the time shall be considered satisfactory.	99.9%*	Yes	99.5%* (Care Ride only, Yellow Cab was 95.4%*)

<i>Measurable Standards/Goals</i>	<i>Standard/Goal</i>	<i>Measure / Latest Figures</i>	<i>Is the CTC/Operator meeting the Standard?</i>	<i>Prior Year Figures (from FY 2018/19 CTC Evaluation)</i>
Passenger No-shows	The CTC and LCB have jointly established a policy on passenger no-shows, available in Appendix D of the TDSP.	15,111 trips (<0.4%)	N/A	0.283% of trips
Accidents	No more than 10 accidents per 100,000 vehicle miles	<1 total accidents per 100,000 vehicle miles (12 chargeable and 37 non-chargeable)	Yes	<1 total accidents per 100,000 revenue miles (14 chargeable and 13 non-chargeable)
Roadcalls	No more than 1,500 per year	65 roadcalls	Yes	104 roadcalls
Complaints <i>Commendations</i>	PSTA shall be responsible for receiving and ensuring resolution of complaints. The number of complaints should be less than 0.5 percent of all trips provided.	18 complaints and 30 commendations by transportation providers	Yes	2 complaints
Call-Hold Time	95% of all ride-scheduling callers will remain on hold for no longer than one minute and no one shall be placed on hold for over three minutes.	Care Ride: 16 seconds average hold time*	Yes	12 seconds* (average Care Ride hold time, Yellow Cab was 53 seconds)

* Reflects DART and Transportation Disadvantaged services.

LOCAL STANDARDS
Findings: <i>None</i>
Recommendations: <i>None</i>

COMPLIANCE WITH AMERICANS WITH DISABILITIES ACT

REVIEW COPIES OF THE PUBLIC INFORMATION PROVIDED.

DOES PUBLIC INFORMATION STATE THAT ACCESSIBLE FORMATS ARE AVAILABLE UPON REQUEST?

Yes No

ARE ACCESSIBLE FORMATS ON THE SHELF? Yes No

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

Accessible information is available electronically. Alternate formats are available upon request via Lighthouse.

DO YOU HAVE TTY EQUIPMENT OR UTILIZE THE FLORIDA RELAY SYSTEM?

Yes No

ARE THE TTY NUMBER OR THE FLORIDA RELAY SYSTEM NUMBERS LISTED WITH THE OFFICE PHONE NUMBER?

Yes No

STATUS REPORT FOLLOW-UP FROM LAST REVIEW(S)

DATE OF LAST REVIEW: October/November 2018

October/November 2018 Review

Due to the structure of the TD Program funding in 2018, a CTC evaluation was not required, but staff initiated a review that was less comprehensive than the usual evaluation process. This review involved no findings, only comments and recommendations, and a customer survey. The CTC review subcommittee met on November 9, 2018 at PSTA's offices and provided input into the report, discussing general questions, the complaint process, how the CTC works with others and what is working, what is not working, etc. The focus was on the complaint process and PSTA provided an example to help the subcommittee understand the process.

Another area of concern was the non-emergency Medicaid transportation. The review subcommittee felt that the state should look at this more closely due to receiving complaints that the Medicaid system is not coordinated as well from the transportation side and is not as efficient as it could be.

Another general recommendation for PSTA was to continue to explore innovative ideas. Another recommendation is that PSTA is to work with operators to receive as much accurate data as possible to improve the cost effectiveness of operators receiving TD funds.

October/November 2017 Review

PSTA won an innovation award for the TD Late Shift program, and is also still receiving positive feedback from previous innovative programs. A barrier to the system continues to be funding. PSTA continues to fund TD trips beyond the CTD grant. The LCB discussed how it would be very helpful if supplies (food, generators, blankets, etc.) could be transported as well as people during emergency situations. PSTA is in compliance with Chapter 427 of the Florida Statutes, with a summary provided in the agenda packets. The overall evaluation concluded that PSTA is doing an excellent job. Action items as a result of the evaluation is to follow up on emergency preparedness discussions, spot checking service vehicles for PSTA stickers, work on shorter rider surveys and continue to address the DART changes.

ON-SITE OBSERVATION OF THE SYSTEM

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

Date of Observation:

Please list any special guests that were present:

Location:

Number of Passengers picked up/dropped off:

Ambulatory

Non-Ambulatory

Was the driver on time? Yes No, how many minutes late/early?

Did the driver provide any passenger assistance? Yes No

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

Did the driver render an appropriate greeting? Yes No Driver regularly transports the rider, not necessary

If CTC has a policy on seat belts, did the driver ensure the passengers were properly belted? Yes No

Was the vehicle neat and clean, and free from dirt, torn upholstery, damaged or broken seats, protruding metal or other objects? Yes No

Is there a sign posted on the interior of the vehicle with both a local phone number and the TD Helpline for comments/complaints/commendations? Yes No

Does the vehicle have working heat and air conditioning? Yes No

Does the vehicle have two-way communications in good working order? Yes No

If used, was the lift in good working order? Yes No *N/A*

Was there safe and appropriate seating for all passengers? Yes No

Did the driver properly use the lift and secure the passenger? Yes No *N/A*
If no, please explain:

PARC Transportation System

Passenger List for PICK-UP Route

Pick-Up Route	Vehicle	P/UTime	D/O Time	Pick-Up	Drop-Off	Comment
10	[REDACTED]	3208	Hwether	Jerome		
[REDACTED]	[REDACTED]			2:40:00 PM	[REDACTED]	D/O only
[REDACTED]	[REDACTED]	6:20:00 AM	2:40:00 PM	[REDACTED]	same	
[REDACTED]	[REDACTED]	6:30:00 AM	[REDACTED]	[REDACTED]	Pick UP Only	
[REDACTED]	[REDACTED]	6:40:00 AM	[REDACTED]	[REDACTED]	Same	
[REDACTED]	[REDACTED]	6:50:00 AM	[REDACTED]	[REDACTED]	SAME	
[REDACTED]	[REDACTED]	7:05:00 AM	[REDACTED]	[REDACTED]	Apt D	p/u only
[REDACTED]	[REDACTED]	7:05:00 AM	[REDACTED]	[REDACTED]	Apt D	p/u only
[REDACTED]	[REDACTED]	7:15:00 AM	2:25:00 PM	[REDACTED]	SAME	
[REDACTED]	[REDACTED]	7:30:00 AM	3:22:00 PM	[REDACTED]	Same	

Handwritten signature and scribbles

Contractor/Operator Survey
Pinellas 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 commendations and/or complaints posted on the interior of all vehicles that are used to transport TD riders?

Yes No

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

Yes No PSTA local 727-540-1900; Transportation Disadvantaged 800-983-2435
& The agency's Title VI Compliance Line

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:

Contractor/Operator Survey
Pinellas County

Contractor name PARC

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

Yes No

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

Yes No

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

Yes No

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

Yes No PSTA local 727-540-1900; Transportation Disadvantaged 800-983-2435
& The agency's Title VI Compliance Line

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: **Last year was a struggle on our part for the most part. The reporting is very labor intensive and there is room for error. Once we were able to correct it all, it went fine. There was a delay in payments but I believe that was partly because we were not submitting the invoice to AP along with submitting to Patrick. This year is going better. The staff are great and have been very patient with us. 😊**

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on October? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

- None
- 3-5 Times
- 1-2 Times
- 6-10 Times

If none, skip to question # 4.

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

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Other _____

5) What do you normally use the service for?

- Medical
- Education/Training/Day Care
- Employment
- Life-Sustaining/Other
- Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice
- Cost
- Pick up times not convenient
- Late pick up-specify time of wait
- Assistance
- Accessibility
- Service Area Limits
- Late return pick up - length of wait
- Drivers - specify
- Reservations - specify length of wait
- Vehicle condition
- Other

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

10 (normally)

8) What does transportation mean to you? (Permission granted by essential medical care for use in publications.)

Additional Comments: There are times when the drivers do not show up. They will not get out of their cars and knock on the door or call. He's handicapped, so expects proper service by knocking on his door.

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

8.5

8) What does transportation mean to you? (Permission granted by _____ *really helps me out a lot!* for use in publications.)

Additional Comments: *Love the program but some bus drivers say card is expired when it's not expired on card yet. Computer denies prematurely.*

RIDER/BENEFICIARY SURVEY

Individual making call: Rob Feigel County Pinellas

Date of Call: 10/28/19

1) Did you receive transportation service on _____? Yes No

2) Where you charged an amount in addition to the co-payment? Yes or No. If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes
 No. If no, skip to question # 4

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

- None
- 1-2 Times
- 3-5 Times
- 6-10 Times

If none, skip to question # 4.

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

- Ineligible
- Space not available
- Lack of funds
- Destination outside service area
- Other _____

5) What do you normally use the service for?

- Medical
- Employment
- Nutritional
- Education/Training/Day Care
- Life-Sustaining/Other

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
- Pick up times not convenient
- Assistance
- Service Area Limits
- Drivers - specify _____
- Vehicle condition
- Cost
- Late pick up-specify time of wait
- Accessibility
- 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.

10

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

Additional Comments: to take his wife or kids, he cannot pick up tickets for a trip, he must bring his other family members to get tickets for them to ride. He wants to be able to buy for them.

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

no answer

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 16 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

no answer

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

left message

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

*wrong
number*

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 10

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligibile Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

*number
of
service*

Individual making call: Rob Feigel County: Pinellas

Date of Call: 16 / 18 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on ...?
2) Where you charged an amount in addition to the co-payment? ... If so, how much?

3) How often do you normally obtain transportation?

- Options for frequency: Daily 7 Days/Week, 1-2 Times/Week, 3-5 Times/Week, Other

4) Have you ever been denied transportation services?

- Options for denial: Yes, No. If no, skip to question # 4. A. How many times in the last 6 months have you been refused transportation services? B. What was the reason given for refusing you transportation services?

5) What do you normally use the service for?

- Options for service use: Medical, Employment, Nutritional, Education/Training/Day Care, Life-Sustaining/Other

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

- Options for trip problems: Yes (with sub-questions), No. What type of problem did you have with your trip? (with sub-questions)

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

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

Additional Comments:

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

wrong member

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

*member
not in
service*

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

MO
ambler

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 28 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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- 1-2 Times/Week 3-5Times/Week

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- Nutritional

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 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

left message

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

- None 3-5 Times
- 1-2 Times 6-10 Times

If none, skip to question # 4.

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

- Ineligible Space not available
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- Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice Cost
- Pick up times not convenient Late pick up-specify time of wait
- Assistance Accessibility
- Service Area Limits Late return pick up - length of wait
- Drivers - specify Reservations - specify length of wait
- Vehicle condition Other

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

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

Additional Comments: _____

*member
not
working*

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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- 1-2 Times/Week 3-5Times/Week

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 - 1-2 Times 6-10 Times
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 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

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 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

left message

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

numbers met in service

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

- None 3-5 Times
- 1-2 Times 6-10 Times

If none, skip to question # 4.

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

- Ineligible Space not available
- Lack of funds Destination outside service area
- Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

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

No. If no, skip to question # 6

What type of problem did you have with your trip?

- Advance notice Cost
- Pick up times not convenient Late pick up-specify time of wait
- Assistance Accessibility
- Service Area Limits Late return pick up - length of wait
- Drivers - specify Reservations - specify length of wait
- Vehicle condition Other

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

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

Additional Comments: _____

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?

<input type="checkbox"/> Advance notice	<input type="checkbox"/> Cost
<input type="checkbox"/> Pick up times not convenient	<input type="checkbox"/> Late pick up-specify time of wait
<input type="checkbox"/> Assistance	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Service Area Limits	<input type="checkbox"/> Late return pick up - length of wait
<input type="checkbox"/> Drivers - specify	<input type="checkbox"/> Reservations - specify length of wait
<input type="checkbox"/> Vehicle condition	<input type="checkbox"/> Other

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

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

Additional Comments: _____

no answer

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

- 3) How often do you normally obtain transportation?
 - Daily 7 Days/Week Other
 - 1-2 Times/Week 3-5Times/Week

- 4) Have you ever been denied transportation services?
 - Yes
 - No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

- 5) What do you normally use the service for?
 - Medical Education/Training/Day Care
 - Employment Life-Sustaining/Other
 - Nutritional

- 6) Did you have a problem with your trip on _____?
 - Yes. If yes, please state or choose problem from below
 - No. If no, skip to question # 6
 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

MO
PML

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 16 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

- Yes
- No. If no, skip to question # 4
 - A. How many times in the last 6 months have you been refused transportation services?
 - None 3-5 Times
 - 1-2 Times 6-10 Times
 - If none, skip to question # 4.
 - B. What was the reason given for refusing you transportation services?
 - Ineligible Space not available
 - Lack of funds Destination outside service area
 - Other _____

5) What do you normally use the service for?

- Medical Education/Training/Day Care
- Employment Life-Sustaining/Other
- Nutritional

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

- Yes. If yes, please state or choose problem from below
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 - What type of problem did you have with your trip?
 - Advance notice Cost
 - Pick up times not convenient Late pick up-specify time of wait
 - Assistance Accessibility
 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

left message

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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- Yes. If yes, please state or choose problem from below
- No. If no, skip to question # 6
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<input type="checkbox"/> Advance notice	<input type="checkbox"/> Cost
<input type="checkbox"/> Pick up times not convenient	<input type="checkbox"/> Late pick up-specify time of wait
<input type="checkbox"/> Assistance	<input type="checkbox"/> Accessibility
<input type="checkbox"/> Service Area Limits	<input type="checkbox"/> Late return pick up - length of wait
<input type="checkbox"/> Drivers - specify	<input type="checkbox"/> Reservations - specify length of wait
<input type="checkbox"/> Vehicle condition	<input type="checkbox"/> Other

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

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

Additional Comments: _____

RIDER/BENFICIARY SURVEY

not accepting calls message

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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

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Yes

No. If no, skip to question # 4

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

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5) What do you normally use the service for?

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

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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
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- Vehicle condition Other

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

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

Additional Comments: _____

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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- Nutritional

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What type of problem did you have with your trip?

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

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

Additional Comments: _____

wrong number

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
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 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
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7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

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

Additional Comments: _____

MO
02/29/19

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 16 / 29 / 19

- 1) Did you receive transportation service on _____? Yes or No
- 2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

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

Additional Comments: _____

left message

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

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 - Service Area Limits Late return pick up - length of wait
 - Drivers - specify Reservations - specify length of wait
 - Vehicle condition Other

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

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

Additional Comments: _____

*member
out of service*

RIDER/BENFICIARY SURVEY

Individual making call: Rob Feigel County: Pinellas

Date of Call: 10 / 29 / 19

1) Did you receive transportation service on _____? Yes or No

2) Where you charged an amount in addition to the co-payment? Yes or No If so, how much?

3) How often do you normally obtain transportation?

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

4) Have you ever been denied transportation services?

Yes

No. If no, skip to question # 4

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

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- Nutritional

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

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

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What type of problem did you have with your trip?

- Advance notice Cost
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- Service Area Limits Late return pick up - length of wait
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7) On a scale of 1 to 10 (10 being most satisfied) rate the transportation you have been receiving.

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Additional Comments: _____