

QUALITY ASSURANCE TASK FORCE AGENDA

October 23, 2018 @ 10:00 a.m.



QUALITY ASSURANCE TASK FORCE MEETING NOTICE

DATE: Thursday, October 23, 2018

TIME: 10:00 a.m.

LOCATION: 250 S. Orange Avenue, Suite 200 Harry Barley Conference Room Orlando, Florida 32801

Ms. Marilyn Baldwin, Chairperson, Presiding

AGENDA

- I. CALL TO ORDER Ms. Baldwin
- II. CONFIRMATION OF QUORUM Ms. Lisa Smith
- III. AGENDA REVIEW & ANNOUNCEMENTS Ms. Virginia Whittington
- IV. PUBLIC COMMENTS ON ACTION ITEMS

Comments from the public will be heard pertaining to Action Items on the agenda for this meeting. People wishing to speak must complete a "Speakers Introduction Card" at the reception desk. Each speaker is limited to two minutes.

V. ACTION ITEMS

- A. Approval of 2019 QATF Proposed Meeting Schedule Tab 1
- **B.** Review and Recommendation of New TDLCB Members (provided at the meeting)
- C. Review and Recommend of Approval of Annual Expenditure Report (AER) Tab 2 and Annual Operating Report (AOR)
- D. Review and Recommend Approval of MetroPlan Orlando's Title VI Program: Nondiscrimination & Language Plan

VI. DISCUSSION/PRESENTATIONS

A. Community Partner Presentation – American Cancer Society

Ms. Tenna Pappas, Program Manager, Mission Delivery, will provide an overview of the organization's mission, their Access to Care Program, and discuss potential collaborative partnership opportunities.

- B. Overview of Annual Public Meeting November 15, 2018
- C. Paratransit Riders' Survey Update
- D. ACCESS LYNX Update
- VII. Member Comments/Discussion
- VIII. Public Comments
- IX. Next Meeting January 29, 2019
- X. Adjournment

In accordance with the Americans with Disabilities Act (ADA), if any person with a disability as defined by the ADA needs special accommodations to participate in this proceeding, he or she should contact Ms. Lisa Smith, Board Services Coordinator, at MetroPlan Orlando, 250 S. Orange Avenue, Suite 200, Orlando, Florida, 32801 or by telephone at (407) 481-5672 x315 or email at <u>Ismith@metroplanorlando.org</u> at least three business days prior to the event.

Persons who require translation services, which are provided at no cost, should contact Ms. Lisa Smith, Board Services Coordinator, at MetroPlan Orlando at 250 S. Orange Avenue, Suite 200, Orlando, Florida 32801 or by telephone at (407) 481-5672 x307 or by email at lismith@metroplanorlando.org at least three business days prior to the event.

As required by Section 286.0105, Florida Statutes, MetroPlan Orlando hereby notifies all interested parties that if a person decides to appeal any decision made by MetroPlan Orlando with respect to any matter considered at such meeting or hearing, he or she may need to ensure that a verbatim record is made to include the testimony and evidence upon which the appeal is to be based.

TAB 1



Quality Assurance Task Force 2019 Quarterly Meeting Schedule

(All meetings are scheduled to begin at 10:00 a.m.)

LOCATION: MetroPlan Orlando Harry Barley Conference Room 250 S. Orange Avenue, Suite 200 Orlando, FL 32801

<u>Date</u>

January 29, 2019

April 23, 2019

July 23, 2019

October 29, 2019

Your Contact Information

Name

Linda Silverman

Email

drlinda@healthylivingorlando.com

Home Address

5281 Cane Island Loop #404 kissimmee, Florida 34746 United States

Employer

self - founder and director of the Center for Personal Excellence

Work Address 1101 Miranda Lane

kissimmee, Florida 34741 United States

County Osceola County

Date 03/23/2013

Your Transportation Interests

Tell us about your transportation interests and habits.

How often do you use the LYNX bus system? Not at all

How often do you use SunRail?

Occasionally

How often do you drive a car? Regularly

Do you have a passion for advocacy in any of the following areas (choose all that apply):

• persons with disabilities

seniors (over age 65)

Phone

(321) 945-1153

• business involvement in civic activities

Select seats you are qualified for and interested in filling (choose all that apply):

• Representing the elderly (over age 60)

Demographics

The following information will be used to satisfy Equal Opportunity Act reporting and research requirements. These questions are voluntary.

Gender

Female

Race White

Do you have a physical disability? Yes

Your age range: 65-74

Is your household income at or below U.S. Department of Health and Human Services poverty guidelines? No

Are you a student? No

Your Ability to Serve

The TDLCB meetings are generally held four times a year on the second Thursday of the month at 10:00 a.m. Can you regularly attend meetings? Yes

Can you serve a four-year term? Yes

Are you willing to abide by Florida's Government-in-the-Sunshine laws and ethical guidelines? Yes

Have you previously served on a MetroPlan Orlando board or committee? $\ensuremath{\mathsf{Yes}}$

If yes, which committee and when did you serve? currently on the TDLCB

Do you have any potential conflicts of interest that might occur if you are appointed? $\ensuremath{\mathsf{No}}$

Do you work in the transportation industry? No

Are you an elected official?

Statement of Interest

I am currently the Representative for the Elderly (over 60) on the TDLCB. I do provide feedback at all meetings. I spread the word about the services of the Metro Plan Orlando and Access Lynx to friends, colleagues and patients. I continue to be outspoken with critical opinions and as an individual who fits into several categories - senior, disabled and a professional who works with such individuals- I continue to be qualified to serve on the TDLCB.

By submitting this form, I attest that the information in this application is true to the best of my knowledge.

TAB 2



250 SOUTH ORANGE AVENUE SUITE 200 ORLANDO, FLORIDA 32801 PH: 407.481.5672 FX: 407.481.5680 WWW.METROPLANORLANDO.ORG

September 13, 2018

Mr. Kyle Mills Area 4 Project Manager Florida Commission for the Transportation Disadvantaged 605 Suwannee Street, MS 49 Tallahassee, FL 32399-0450

Dear Mr. Mills,

Enclosed with this letter, please find our submission of the Actual Expenditure Report (AER) for Orange, Osceola and Seminole Counties.

The report reflects actual trips and expenses for the FY2017-18 service year as indicated LYNX. The first page shows our system wide numbers (Orange, Osceola, and Seminole combined), while the following pages breaks it down by county.

Feel free to contact me if you have any questions or concerns.

Sincerely,

Virginia L. Whittington QDirector of Regional Partnerships & TDLCB Staff Liaison

Enclosures



COUNTY: ORANGE, OSCEOLA, and SEMINOLE DUE: September 15, 2018

Coordinated Transportation				
ACTUAL PR	IOR YEAR			
Local Fi	unding	Direct Federal Funding		
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital	
10,624,199	443,518	3,058,399	127,676	

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local I	Local Funding		eral Funding
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital

Other			
ACTUAL PI	RIOR YEAR		
Local F	Funding	Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



COUNTY: DUE:

ORANGE

September 15, 2018

Coordinated Transportation				
ACTUAL PR	NOR YEAR			
Local Fi	unding	Direct Federal Funding		
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital	
7,142,813	298,184	1,896,207	79,159	

Transportation Alternatives			
ACTUAL PRIOR YEAR			
Local	Local Funding		eral Funding
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures # of Trips,	

Other			
ACTUAL P	RIOR YEAR		
Local F	Funding	Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



COUNTY: DUE: OSCEOLA September 15, 2018

Coordinated Transportation				
ACTUAL PRIOR YEAR				
Local Fu	unding	Direct Federal Funding		
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital	
1,520,354	63,469	458,760	19,151	

Transportation Alternatives				
ACTUAL P	RIOR YEAR			
Local	Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures # of Trips,		

Other			
ACTUAL P	RIOR YEAR		
Local	unding	Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital



COUNTY: DUE: SEMINOLE

September 15, 2018

Coordinated Transportation				
ACTUAL PR	IOR YEAR			
Local Fi	Local Funding		Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital	
1,961,032	81,865	3,058,399	127,676	

Transportation Alternatives			
ACTUAL P	RIOR YEAR		
Local I	Local Funding		leral Funding
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures # of Trips,	

Other			
ACTUAL PI	RIOR YEAR		
Local F	unding	Direct Federal Funding	
Expenditures	# of Trips, Operating Subsidy or Capital	Expenditures	# of Trips, Operating Subsidy or Capital
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455 N. Garland Ave. Orlando, FL 32801-1518 407.841.LYNX (5969)

September 28, 2018



Florida Commission for the Transportation Disadvantaged c/o Kyle Mills, Area 4 Project Manager 605 Suwannee Street, MS 49 Tallahassee, Florida 32399-0450

Dear Mr. Mills,

LYNX is committed to excellence in reporting.

As such, we noticed notable variances within the 2018 AOR Summary year over year comparison with our 2017 submission. The overall driver of these variances are tied to three specific matters:

- 1) For 2017, our primary contract transportation provider was included both as a provider and within LYNX's financial statements. Therefore, the revenues and expenses for this provider were reported twice within the 2017 report.
- 2) For the 2018 reporting period, a new TNC provider responsible for 14% of LYNX's total trip volume was deducting the cash fares collected (revenue) from the expenses owed as a contra-expense rather than reporting each independently. Therefore, both the revenues and expenses for this provider were understated during the period of performance for this report. We are working with the provider to isolate the revenue and expense for future reporting periods.
- 3) For 2018, LYNX followed up repeatedly with our partner agencies to ensure completeness, accuracy, and timely reporting. Often the information provided was not accurate, timely, or representative of their Agency's transportation participation within the region. Many of these agencies reported significant employee turnover and difficulty summarizing their operations for our combined AOR effort. LYNX is educating our partners as to the importance of their submissions and putting controls in place to aid these agencies' future reporting efforts.

From July 2017- June 2018, LYNX experienced employee turnover in positions of trust and reporting responsibility within Paratransit. In the process of completing this year's report, a deeper understanding regarding each section's requirements and categories was attained. We intend to create an internal methodology to improve accuracy and timeliness.

Please accept this letter as an explanation of year over year changes for our overall report. We would also like to acknowledge LYNX's appreciation for CTD's time extension and clarification on any concerns remitted during this period.

If you have any questions, feel free to contact Joyce Larson, LYNX Data Analyst directly at (407) 254-6065.

Sincerely

Edward L. Johnson Chief Executive Officer

FLCTD Annual Operations Report Section I: Face Sheet

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CTC Certification:

I, Edward Johnson, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

CTC Representative (Signature)

LCB Statement

I, , as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Signature

FLCTD Annual Operations Report Section I: Face Sheet

County: Osceola	Fiscal Year: July 1, 2017 - June 30, 2018
Status: Ready	
Report Date:	09/11/2018
Period Covered:	July 1, 2017 - June 30, 2018
Coordinator's Name:	Central Florida Regional Transportation Authority
Address:	455 North Garland Avenue
City:	Orlando
Zip Code:	32801
Service Area:	Osceola
Contact Person:	Selita Stubbs
Title:	Deputy Director of Mobility Services
Phone:	(407) 254 - 6039
Fax:	(407) 254 - 6306
Email:	SStubbs@GoLYNX.com
Network Type:	Complete Brokerage
Organization Type:	Public Transit Authority

CTC Certification:

I, Edward Johnson, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

signature) TC Representati

LCB Statement:

I, , as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Signature

FLCTD Annual Operations Report Section I: Face Sheet

County: Seminole	Fiscal Year: July 1, 2017 - June 30, 2018
Status: Ready	
Report Date:	09/11/2018
Period Covered:	July 1, 2017 - June 30, 2018
Coordinator's Name:	Central Florida Regional Transportation Authority
Address:	445 North Garland Avenue
City:	Orlando
Zip Code:	32801
Service Area:	Seminole
Contact Person:	Selita Stubbs
Title:	Deputy Director Mobility Services
Phone:	(407) 254 - 6039
Fax:	(407) 254 - 6306
Email:	SStubbs@golynx.com
Network Type:	Complete Brokerage
Organization Type:	Public Transit Authority

CTC Certification:

I, Edward Johnson, as the authorized Community Transportation Coordinator (CTC) Representative, hereby certify, under the penalties of perjury as stated in Chapter 837.06, F.S., that the information contained in this report is true, accurate, and in accordance with the accompanying instructions.

Representative (Signature) C

LCB Statement:

I, as the local Coordinating Board Chairperson, hereby, certify in accordance with Rule 41-2.007(7) F.S. that the local Coordinating Board has reviewed this report and the Planning Agency has received a copy.

LCB Signature