Critical Care Collaborative
U-20757: Recommendation 2.10
Session 1: Educate & Review

6/20/2024

MPSC
Michigan Public Service Commission

Charge and Goals

On December 21, 2023, the Commission ordered Staff in U-20757-0618, Recommendation 2.10, to establish a critical care collaborative discussing possible rule changes related to the journey of a customer seeking the critical care protection.

The discussion will focus on different options, while keeping services:

- Customers' ability to make payments while on protection
- Detailing steps for customers to seek assistance
- Payment plan options
- Other solutions

This collaboratives recommendations will assist MPSC Staff in preparing a report outlining the recommendations to be filed by December 2024 in Case No. U-20757.

Keep an open mind, respect other's viewpoints and be mindful of the scope and goals of this group.

Agenda

- Educate and Review - R 460.130a
- Discuss Medical Vulnerable Programs participation with IOUs
  1. Medical Emergency
  2. Critical Care
  3. Critical Care Customer Journey
- MPSC Complaint Data Metrics
- Other States Medical Vulnerable Programs
- 2022 DARR Original Recommendation Solutions
- Discussion on current struggles with existing Critical Care Program
- Homework Assignment

Critical Care Protection

What do our current protections mean? Are we missing something?

- Critical Care Customer Definition (R 460.102(n))
- Critical Care Shutoff Protection (R 460.130a)
- Medical Certification Form: Commission Approved

Critical Care Shutoff Protection

Any customer due to an inability to pay a utility bill, who requires, or has a household member who requires, home medical equipment or a life support system, and who, on an annual basis, provides a commission-approved medical certification form* from a physician or medical facility to the utility identifying the medical equipment or life support system and certifying that an interruption of service would be **IMMEDIATELY** life-threatening.

* Medical form can be found via utility and Commission website

** If critical care ends, the customer or occupant of household needs to notify the utility of the status change.

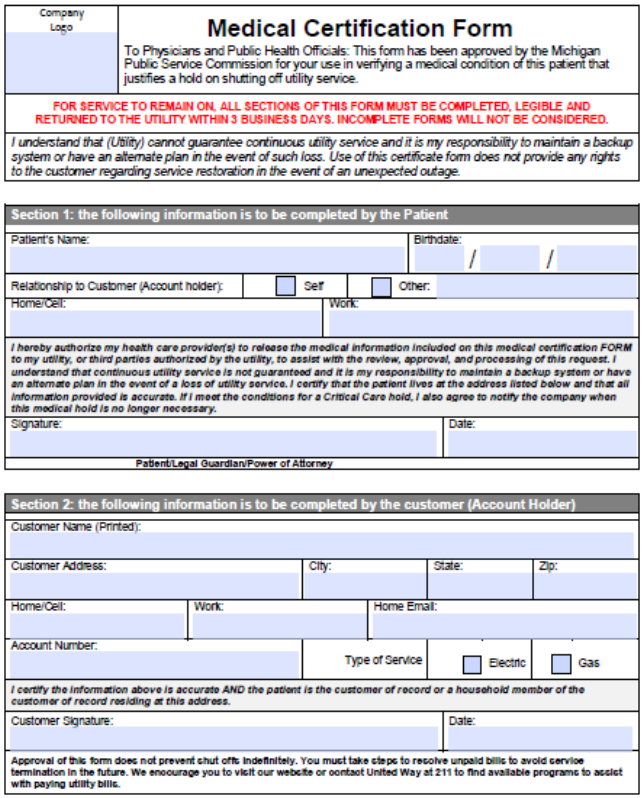
Critical Care Obligations

- Each submission period, the customer is required to submit a NEW medical certification.
- Utilities will identify critical care customer types within their systems ensuring that service is provided for as long as the customer remains in this status and inability to pay continues.
- When a planned service interruption occurs, the utility will notify the customer and not shutoff service using remote shutoff capability without first providing a face-to-face contact.
- Nothing relieves the customer's obligation to pay for utility service.
- Nothing prohibits a utility that observes an unsafe condition at the site caused by unauthorized use of electric or natural gas service, from measures to cure or address the unsafe condition.

Medical/Critical Care: Medical Hold Form

[Medical Emergency Form*:](https://www.michigan.gov/mpsc/-/media/Project/Websites/mpsc/regulatory/rules-laws/Medical_Hold_Form_Template_Fillable.pdf)

https://www.michigan.gov/mpsc/-/media/Project/Websites/mpsc/regulatory/rules-laws/Medical_Hold_Form_Template_Fillable.pdf



Company Logo

Medical Certification Form

To Physicians and Public Health Officials: This form has been approved by the Michigan Public Service Commission for your use in verifying a medical condition of this patient that justifies a hold on shutting off utility service.

FOR SERVICE TO REMAIN ON, ALL SECTIONS OF THIS FORM MUST BE COMPLETED, LEGIBLE AND RETURNED TO THE UTILITY WITHIN 3 BUSINESS DAYS. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

I understand that (Utility) cannot guarantee continuous utility service and it is my responsibility to maintain a backup system or have an alternate plan in the event of such loss. Use of this certificate form does not provide any rights to the customer regarding service restoration in the event of an unexpected outage.

Section 1: the following information is to be completed by the Patient

Patient's Name: | Birthdate: / /

Relationship to Customer (Account holder): ☐ Self ☐ Other:

Home/Cell: | Work:

I hereby authorize my health care provider(s) to release the medical information included on this medical certification FORM to my utility, or third parties authorized by the utility, to assist with the review, approval, and processing of this request. I understand that continuous utility service is not guaranteed and it is my responsibility to maintain a backup system or have an alternate plan in the event of a loss of utility service. I certify that the patient lives at the address listed below and that all information provided is accurate. If I meet the conditions for a Critical Care hold, I also agree to notify the company when this medical hold is no longer necessary.

Signature: | Date:

Patient/Legal Guardian/Power of Attorney

Section 2: the following information is to be completed by the customer (Account Holder)

Customer Name (Printed):

Customer Address: | City: | State: | Zip:

Home/Cell: | Work: | Home Email:

Account Number: | Type of Service ☐ Electric ☐ Gas

I certify the information above is accurate AND the patient is the customer of record or a household member of the customer of record residing at this address.

Customer Signature: | Date:

Approval of this form does not prevent shut offs indefinitely. You must take steps to resolve unpaid bills to avoid service termination in the future. We encourage you to visit our website or contact United Way at 211 to find available programs to assist with paying utility bills.

Section 3: the following information is to be completed by a Physician or Public Health Official

Patient's name: (same as Section 1) | Birthdate: / /

Please select one of the following conditions by checking one of the boxes below:

☐ **Medical Emergency Patient**
Patient suffers from an existing medical condition that will be aggravated by the lack of utility service. A utility shall postpone disconnection for no longer than 21 days if the customer or member of customer's household has a certified medical emergency. Please note, additional certificates are required to extend postponement of shutoff. Postponement of shutoff for medical emergency conditions shall not exceed 63 days.

I certify that the patient has the following medical emergency condition(s) that will be aggravated by the loss of electricity and/or natural gas service.

Condition(s):

Equipment: | Time Period:

☐ **Critical Care Patient**
Patient uses life-supporting medical equipment at home and termination of the utility service would be immediately life threatening. Disconnection of utility service for Critical Care customers shall be postponed on an annual basis. (A new Medical Certification Form must be completed and submitted annually to be renewed.)

The following life-support system(s) or medical equipment is/are used by the patient:

Equipment:

Additional comments (if any):

Please check one:

☐ Physician | Name: | License #:

☐ Public Health Official | Name: | License #:

Business Address: | City: | State: | Zip:

Business Phone: | Fax:

I certify that the patient identified on this form has been examined by me and to the best of my knowledge, information provided is true, and that, in checking the selected box and signing this form, the patient meets the criteria of a "Medical Emergency Patient" or a "Critical Care Patient."

Signature: | Date:

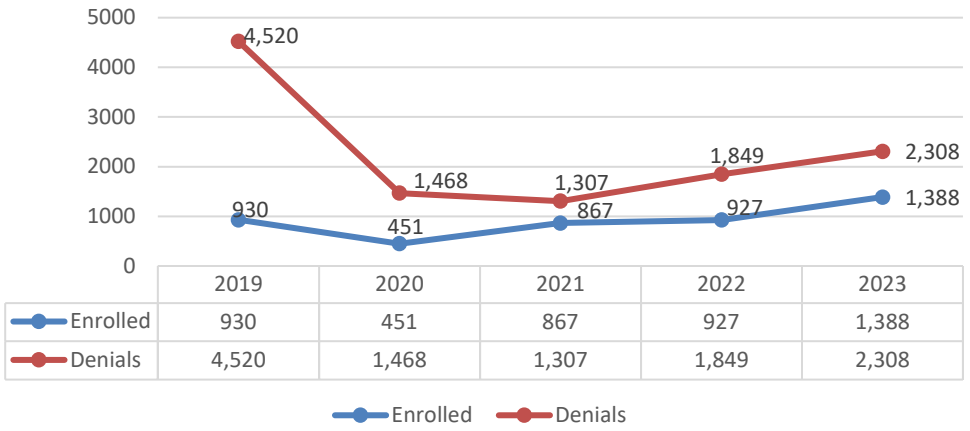
* Medical form can be found via utility and Commission website. Form is also translated in Arabic, Bengali, Chinese, Japanese, Korean, Russian, Spanish, and Vietnamese

MI Medical Vulnerable IOUs Data

Critical Care Data Request - Recommendation 2.10	
Medical Emergency	Point in Time for Measurement (MEGA Interpretation)
Number of customers enrolled	How many granted throughout the entire year ***1 customer could be counted multiple times up to six***
Number of customers denied	May be pulled manually, or may not even exist
Total dollars in arrears	Dollars in arrears as of March 31 of Each Year
Critical Care	
Number of customers enrolled	How many granted throughout the entire year
Number of customers denied	May be pulled manually, or may not even exist
Number of customers who haven't made a payment onto the account	
Total dollars amount in each category	Dollars in arrears as of March 31 of Each Year
Not Delinquent (Zero Balance)	
Amount of Arrears $1 - $1,000	
Amount of Arrears $1,001 - $5, 000	
Amount of Arrears $5,001 - $10,000	
Amount of Arrears $10,001 - $15,000	
Amount of Arrears over $15,001	
Customer Journey on Critical Care Program	
Highest customer arrearage amount	
How long has the identified customer been on the program?	
Did the identified customer have a balance prior to enrollment?	

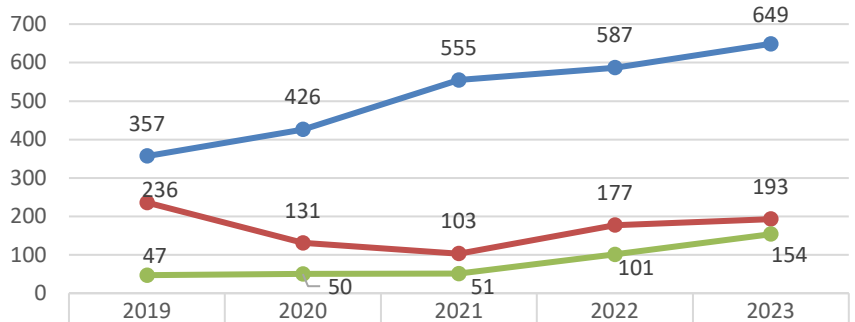
MI Medical Vulnerable Programs – Enrollments, Denials*, and Zero Payments

Medical Emergency



	2019	2020	2021	2022	2023
Enrolled	930	451	867	927	1,388
Denials	4,520	1,468	1,307	1,849	2,308

Critical Care



	2019	2020	2021	2022	2023
Enrolled	357	426	555	587	649
Denials	236	131	103	177	193
Zero Payments	47	50	51	101	154

* Denials and Zero Payment are not tracked by some IOUs

MI Medical Programs Arrearage: Medical Emergency & Critical Care

Total arrearage by year:

	2019	2020	2021	2022	2023
Medical Emergency	$4,468,189	$1,555,483	$1,878,037	$2,745,933	$2,669,544
Critical Care	$597,126	$751,411	$1,230,480	$1,264,846	$1,262,908

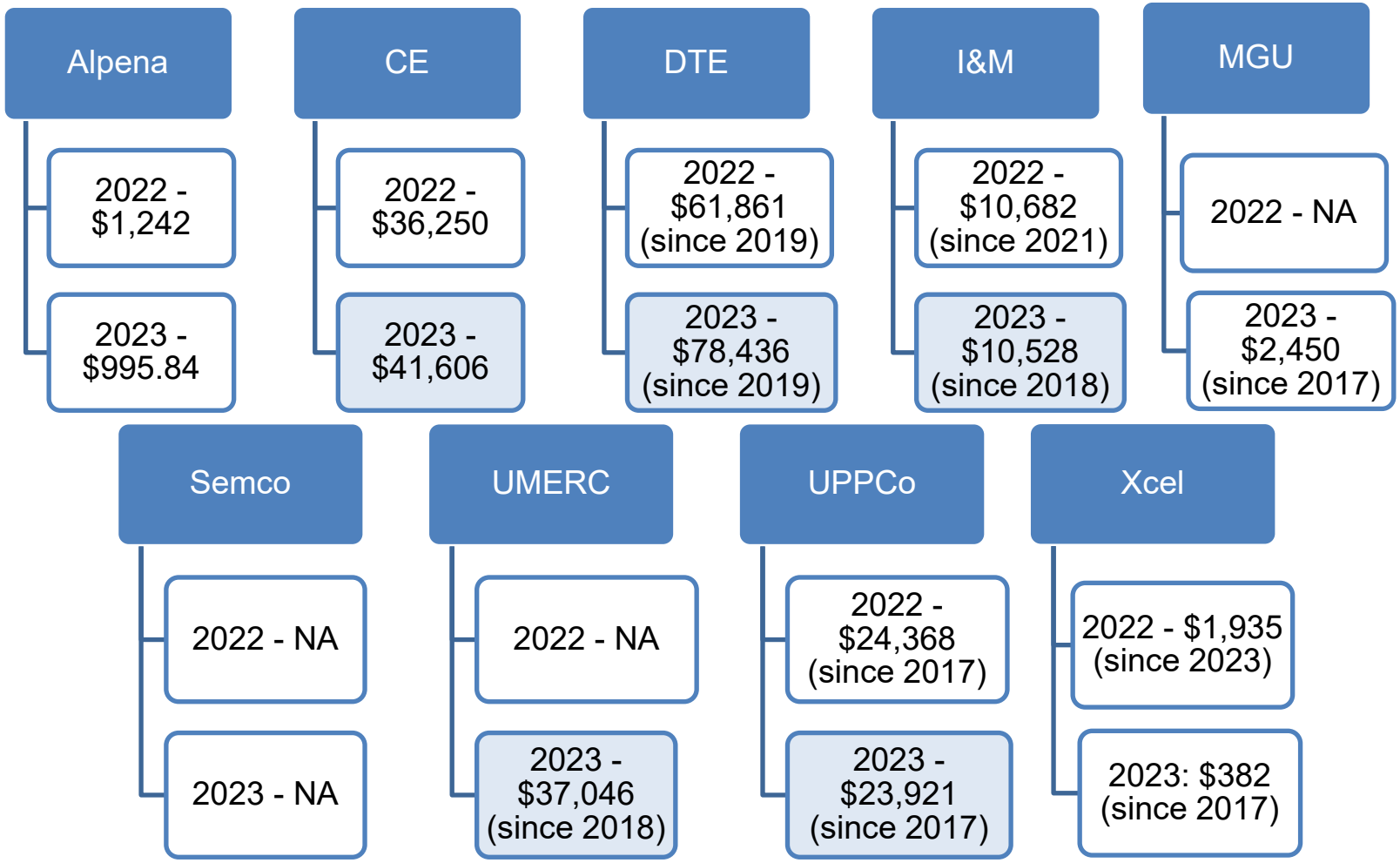
Total arrearage by dollar amount:

	$1 - $1k	$1,001 - $5k	$5,001 - $10k	$10,001 - $15k	$15,001k +
2019	$47,337	$266,584	$196,748	$39,658	$46,798
2020	$47,269	$215,245	$237,919	$118,397	$132,581
2021	$49,040	$258,829	$312,032	$254,033	$356,547
2022	$95,341	$279,298	$237,462	$211,721	$431,025
2023	$93,834	$356,438	$228,948	$162,801	$420,886

Data Represented from: Alpena, CE, DTE, I&M, Semco, UPPCo, and Xcel

MI Critical Care Customer Arrearage Journey

How to keep a customer engaged?



Examples:
Customers Critical Care History

DTE

Outstanding Balance - $78,426

- Since 2019
- Zero payments while enrolled
- Only communicates at renewal

Prior to enrollment:

- Large arrearage prior to enrollment
- 2 payments made by customer from 2017-2019
- 4 agency commitment locks
- 2 low-income locks
- 1 Promise lock to pay balance

CE

Outstanding Balance - $41,606

- Since 2022
- 2 payments while enrolled
- Only communicates at renewal

Prior to enrollment:

- Large arrearage prior to enrollment
- limited payments

Examples:
Customers Critical Care History Cont.

UMERC

Outstanding Balance: $37,046

- Since 2018

Prior to enrollment:

UPPCo

Outstanding Balance: $23,921

- Since 2017
- *5 payments in 2022 only due to no renewal. Previously on critical care, then got back on again in 2022.*
- No assistance – over income level
- Assistance information provided to customer.
- While on protection usage doubled in winter months.
- Current balance to date: $38,727.50

Prior to enrollment:

- Had arrearage

I&M

Outstanding Balance: $10,523

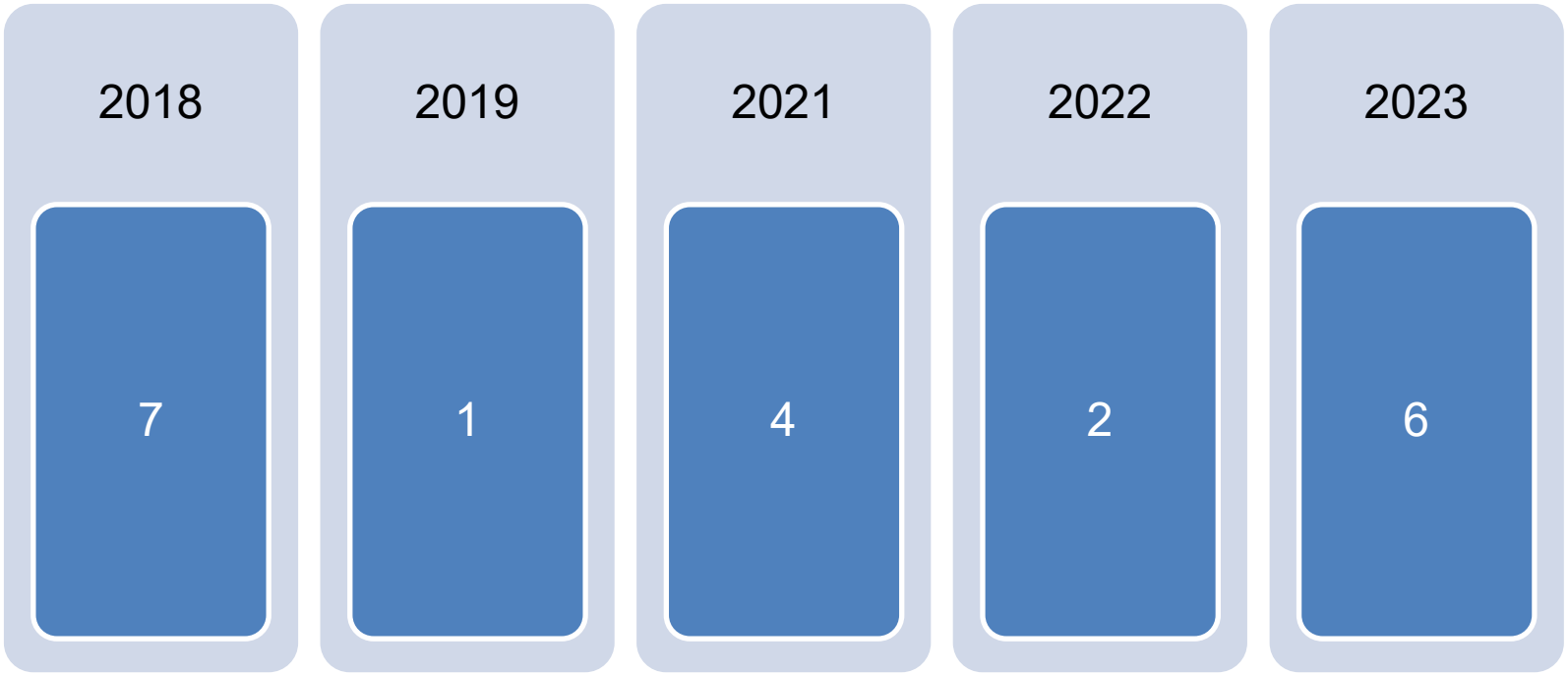
- Since 2018
- Zero payments while enrolled
- Only communicates at renewal

Prior to enrollment:

- Arrearage prior to enrollment
- Defaulted payments
- Numerous extensions

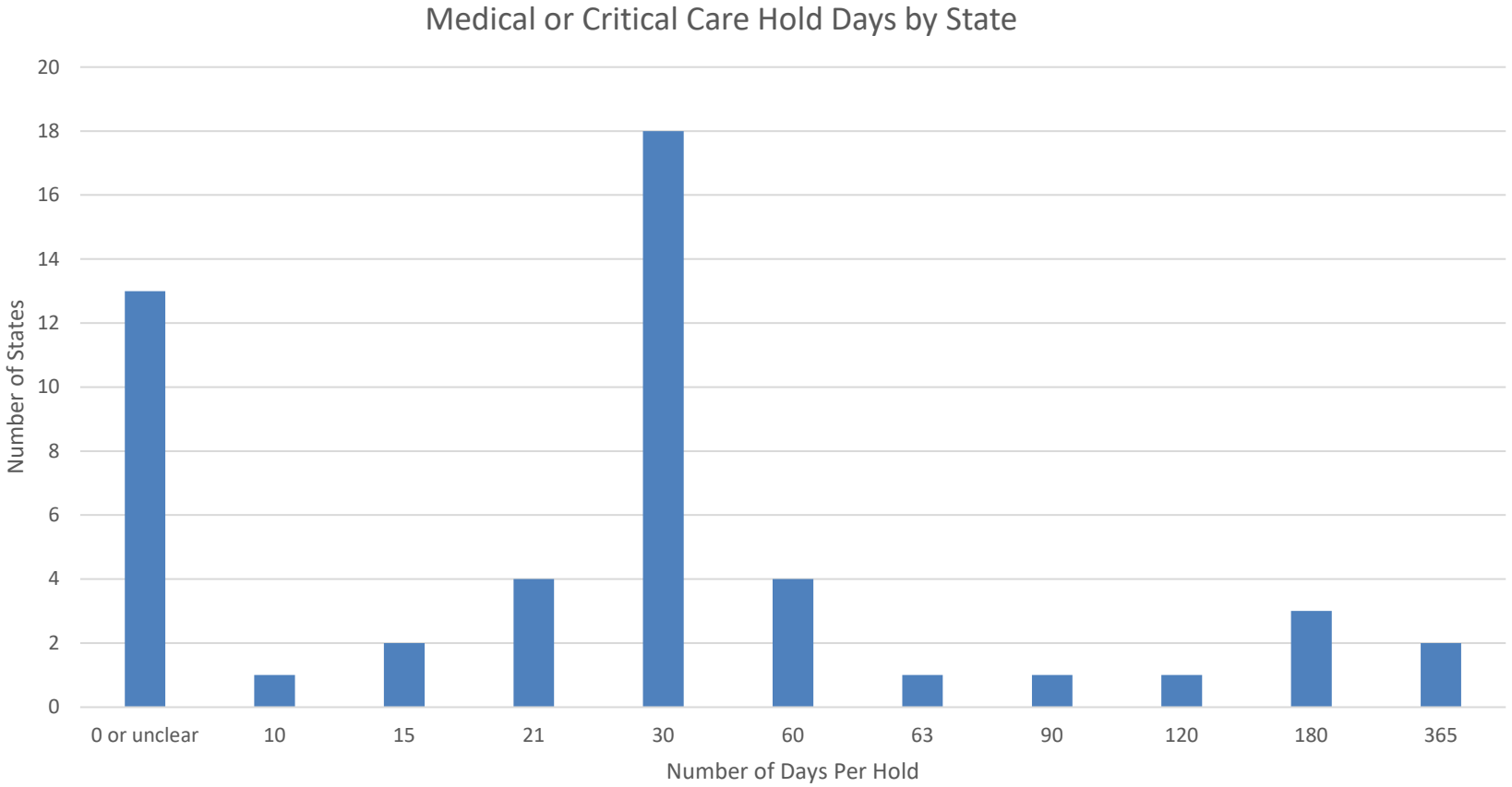
MPSC Critical Care Complaint Data

Number of MPSC concerns related to “critical care”*



* Since adoption in 2017

Other States: Medical & Critical Care Rules



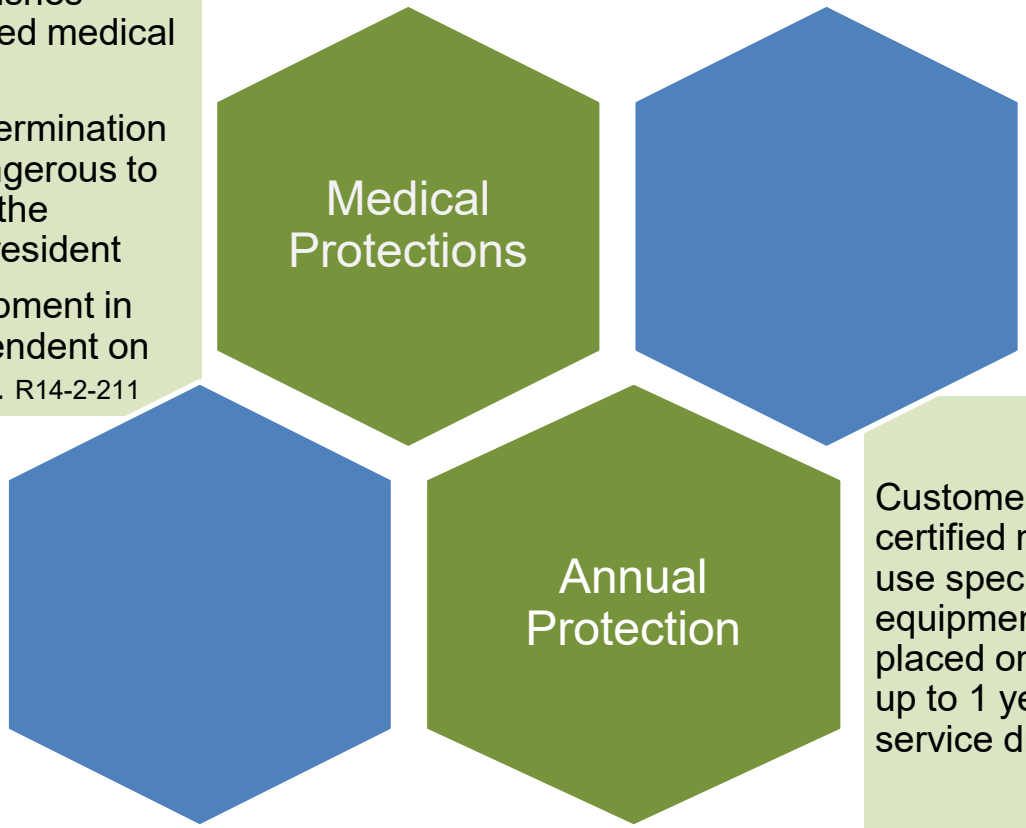
*Information is based on initial medical/critical care hold duration.

Arizona: Critical Care Program

Similarities between Michigan's and Arizonia's Critical Care Programs:

A customer who has an <u>inability</u> to pay if the customer establishes through a licensed medical practitioner:

1) Determines termination would be dangerous to the health of the customer or resident
2) Medical equipment in home is dependent on utility service. R14-2-211



Customers who have a certified medical issue or use specific medical equipment can have a hold placed on the account for up to 1 year to avoid service disconnection.

Arizona's Critical Care Program Differences

Customers can be disconnected, if the utility does the following:

- The utility has informed the customer of the availability of funds from various government and social assistance agencies and provided the customer the contact information for those agencies;
- If a third party has been previously designated by the customer to receive delinquency and termination information, the utility has notified the third party that the customer's bill is delinquent and allowed the third party at least five business days to communicate with the utility and to make arrangements for payment of the delinquent utility bill;
- At least 48 hours before the date upon which termination is scheduled to occur, the utility has:
  - ✓ Provided at least two written notices of the termination, using the customer's preferred method of communication, to the customer and, if applicable, the customer's designated third party; and
  - ✓ Telephoned the customer and, if applicable, the customer's designated third party to provide notice of the termination by attempting to speak to the customer, the customer's designated third party, or an adult resident of the customer's service address; or by attempting to leave a voice message.
- A utility may partner with local stakeholders; nonprofits; public health agencies at the state, county, and local level; and local community service agencies to provide in-person notice of termination;
- A utility shall keep pace with technological advancements in communication and augment the requirements of this subsection to utilize the most effective means of informing the customer of delinquency and termination; and
- Beginning on April 15, 2022, and on each April 15 thereafter, each regulated Class A, B, and C electric utility that provides residential electric service shall file a report containing the utility's policy for compliance with subsection (A)(6).

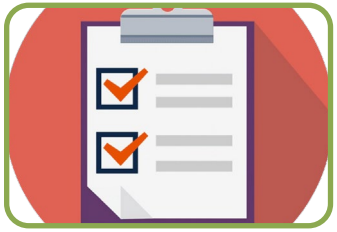
California: Offers Rate Base Programs

Medical Baseline Program

The California Public Utilities Commission's (CPUC) Medical Baseline Program is an assistance program for residential customers who have special energy needs due to qualifying medical conditions. It is based solely on medical conditions and there is no income requirement.

The program provides:

- A lower rate on your monthly energy bill
- Extra notifications in advance of a utility Public Safety Power Shut-off (PSPS)



Who Can Apply?

- To qualify, a full-time resident in your home must have a qualifying medical condition and/or require use of a qualifying medical device to treat ongoing medical conditions.

CA: What is and how does Medical Baseline work?

Lower rates are available to help support medical devices for residential customers. These customers can receive an allotment of energy each month at the lowest price available, in their rate structure. If needed, additional allotment of energy can be added to the account.

Step 1

- Fill out the form online.
  - Once completed a confirmation number will be provided with instructions.
  - Share the information with the doctor to be completed. Eligibility will be determined.

Step 2

Once accepted a confirmation will be provided.

- A customer will receive at a discounted rate: electric 500 kwhs during the cooling season & 25 therms of gas service during the heating season

Recertification

- Customers with permanent conditions need to self certify every 4 years to remain on the rate.
- Customers with temporary conditions must recertify every 2 years.

* PG&E Program Medical Baseline Program (pge.com)

CA: Qualifying Medical Devices

- Aerosol tent
- Air mattress/hospital bed
- Apnea monitor
- Breather machine (IPPB)
- Compressor/concentrator
- Dialysis machine
- Electronic nerve stimulator
- Electrostatic nebulizer
- Hemodialysis machine
- Infusion pump
- Inhalation pulmonary pressure
- Iron lung
- Left ventricular assist device (LVAD)
- Motorized wheelchair/scooter
- Oxygen generator
- Pressure pad
- Pressure pump
- Pulse oximeter/monitor
- Respirator (all types)
- Suction machine
- Total artificial heart (TAH-t)
- Ultrasonic nebulizer
- Vest/airway clearance system

Note: Qualifying medical devices include any medical device used to sustain life. Devices include equipment used for mobility, per a licensed medical practitioner. Devices are for home-use only. Devices used for therapy generally do not qualify.

CA: Examples of Medical Devices that Don't Qualify

- Heating pads
- Humidifiers
- Pool or tank heaters
- Saunas or hot tubs
- Vaporizers
- Whirlpool pumps

Colorado, Washington & West Virginia

Colorado

- 90-day hold.
- May be renewed once in 12 months.
- As a condition of obtaining a new installment payment plan on or before the last day covered by a medical certificate, a customer who had already entered into a payment arrangement but had broken the arrangement prior to seeking a medical certification, may be required to pay all amounts that were due up to the date of the original medical certificate as a condition of obtaining a new payment arrangement. At no time shall a payment from the customer be required as a condition of honoring a medical certificate.

Washington

- Up to a 60-day hold.
- Customer must pay up to 10% of delinquent balance up front.
- Enter into a payment agreement to pay off remaining delinquent balance within 120 days and must pay subsequent bills.
- Customer may be disconnected if they do not make the above payments.

West Virginia

- 30-day hold.
- Must renew after 30 days.
- If customer has a permanent condition, they do not have to renew every 30 days.
- Customers are expected to make payments on the account or enroll in payment plan.
- Can be disconnected if payments are not made or payment plan defaults.

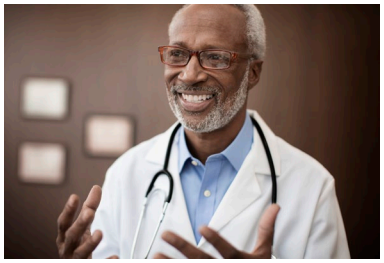
Other Observations: Definition of Medical Professional

Michigan
- Physician
- Public Health Official

Kansas
- Physician
- Registered Nurse
- Public Health Officer

Utah
- Licensed Medical Provider

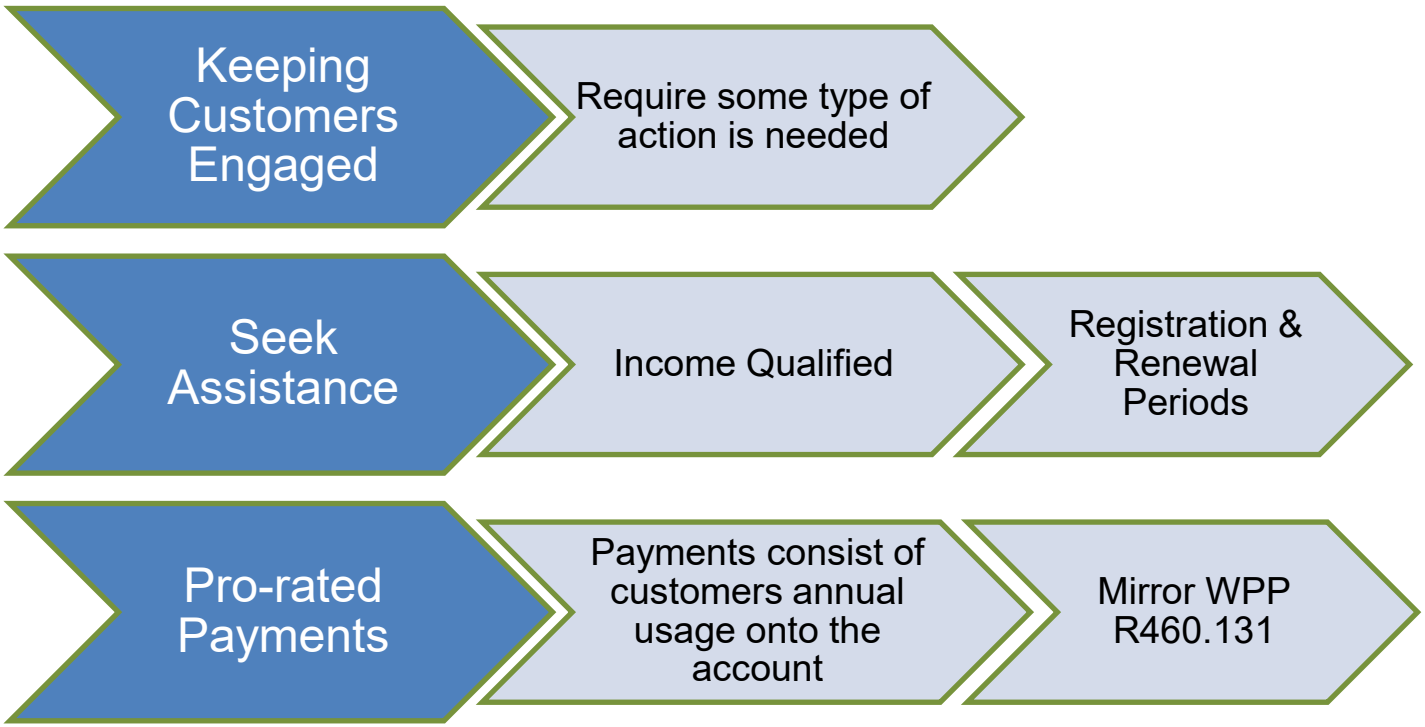
Vermont
- Doctor
- Nurse Practitioner
- Physician Assistant



Virginia
- "Licensed physician" means a person licensed to practice medicine or osteopathic medicine (M.D. or D.O.) in any of the 50 states or the District of Columbia.

Critical Care Shutoff Protection: DARR 2022 Recommendation

Create a Critical Care Protection Collaborative focusing on the customer journey while looking at ways to keep the customer engaged and detailing payment opportunities.



Open Forum:

- What are the current struggles with the existing Critical Care Program?
- Any pitfalls/barriers?

Questions to think about?

- How to keep customers engaged during the protection period?
- Payment plan options, while being protected?
- How to keep customers informed that assistance is available?
- How to assist or require customers to seek assistance, if possible?

We want your feedback

Critical Care Collaborative Suggestion Box
(https://www.michigan.gov/mpsc/commission/workgroups/energy-affordability-and-accessibility-collaborative/critical-care-collaborative)

Provide insight, solutions, or comments

Submit by: July 12th

Review all comments on August 14th

Questions? Comments? Concerns?

- Resource Guide: https://www.michigan.gov/mpsc/commission/workgroups/energy-affordability-and-accessibility-collaborative/critical-care-collaborative
  - Suggestion Box
  - Goals
  - Bios
  - Timelines

Leadership Contacts:

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- Kasey Grieco, Superior Watersheds, Grantee kgrieco@superiorwatersheds.org

What's Next …

Next meeting:

Session 2: August 14th from 9:30 a.m. – 12:00 p.m.

Topics:

Navigate Solutions/Recommendations:

- Review homework/survey responses
- Open forum for solutions/ideas
- Weigh the different proposed solutions

Appendix

Consumer Standards and Billing Practices for Electric and Natural Gas Services

https://www.michigan.gov/mpsc/regulatory/administrative-rules-laws