Critical Care Collaborative
U-20757: Recommendation 2.10
Session 2:
Navigating Solutions & Recommendations

8/14/2024

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.

Where Are We At?

Session 1

- Reviewed and Reviewed R 460.130a
- Discussed Medical Vulnerable Program Participation
- Reviewed MPSC Complaints
- Reviewed Other States Medical Vulnerable Programs
- Reviewed 2022 DARR Original Recommendations Solutions
- Discussed Medical Vulnerable Program Participation
- Conducted an open forum reviewing current struggles with the existing program

Today

- Critical Care History
- Review Survey Results
- Discussion on Potential Solutions
- Weigh Various Options

Critical Care History

Critical Care Customer Shutoff Protection (R 460.130a) was established due to two cases before the Commission.

Case No. U-18098

- Commission directed Staff and all interested parties establishing a collaborative to study the state of emergency medical hold guidelines, rules, procedures, and practices.
- Resulted:
  - Development of rules focusing on high-risk emergency need.
  - Allowed customers longer time peace of mind to get financials in order.
  - Customer to continue to engage in the process.
  - Program designed to not be a long-term protection without payments.
  - Development of one common Medical Certification Form
  - Require utilities to code medical vulnerable customer accounts

Case No. U-18099

- 2 Medical vulnerable customers were disconnected due to non-payment who needed emergency needs.
- Ailment: Both customers were on a ventilation system.
- Results:
  - Utility followed all protections, including notifications, assistance, etc.

Other States:
Medical Vulnerable Protections

Many states offer protections for customers with medical critical care needs, but they require customers to continue to pay onto the account.

Program Services Provide:

1) Notification about when planned outages will occur
2) Notifications about unplanned outages lasting more than 8 hrs.
3) Financial assistance and payment plan options – 25% outstanding balance as down payment. * income qualifications

Sample Life Support Equipment Program

Seattle City Light Co.

Life Support Classification

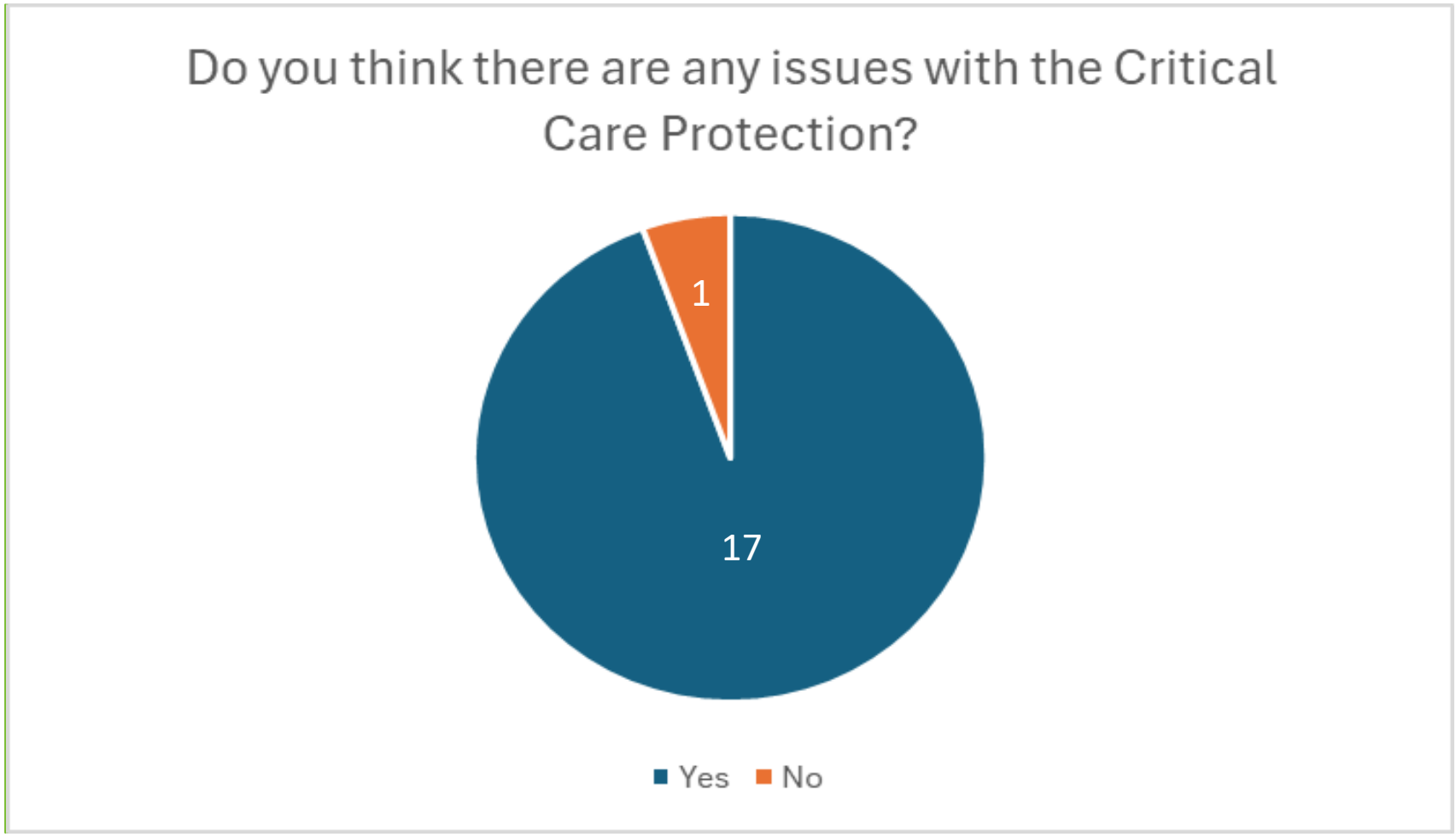
Holston Electric Cooperative

The convenience of the member by placing them on a priority service list. This list is used by cooperative personnel as a means of identifying those customers who require priority in restoring electricity in the event of emergency power interruptions.

Survey Questions

- Are there any issues with our current Critical Care Protection?
- Should there be a requirement for customers to apply for assistance prior to enrolling in the Critical Care Protection and again at the recertification point?
- Should there be a requirement to pay off a portion of any outstanding balance prior to enrolling in the Critical Care Protection, and again at the recertification point?
- Should there be a requirement that a customer enrolls in a payment plan if there is any outstanding balance prior to enrolling in the Critical Care Protection?
- Should there be a requirement for utilities to keep critical care customers aware of any assistance that is available?

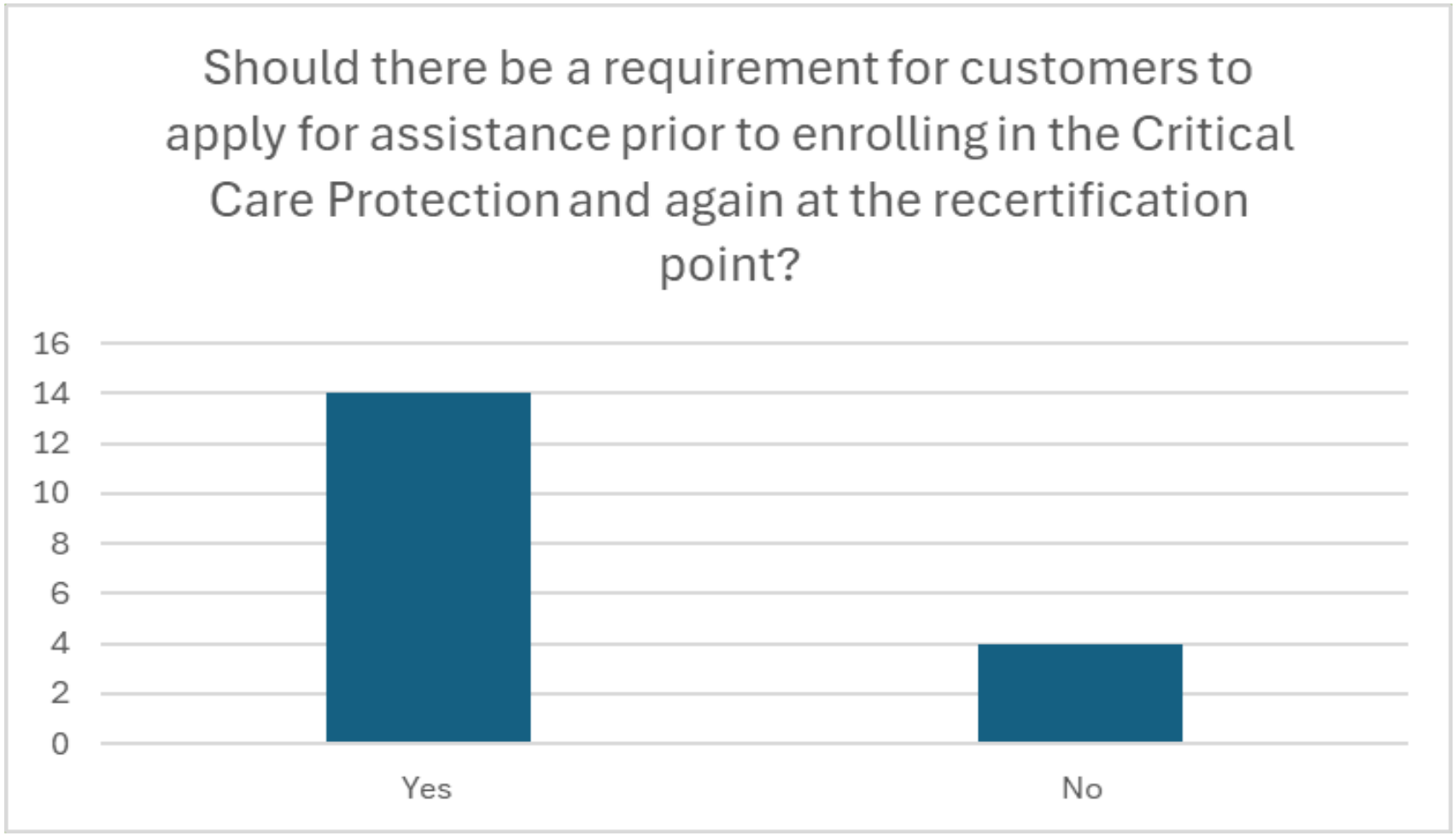
Survey Results Part 1



Survey Comments: Are there any issues with our current Critical Care Protection?

- Customers are choosing not to pay their bills.
- Process is burdensome for customers and utilities.
- The program should NOT offer protection without any type of threat of disconnection for nonpayment.
- Critical Care is being used by customers that do not have critical illness, it is being used for some customers who should be on a medical hold.
- The program should have some sort of payment requirements. Too many customers that are enrolled are not making any payments.
- Customers aren't aware of Critical Care; it should be made more known to all customers.
- Protection needs to be reframed and take the customer into account and how to help them when they come off the program, not how to help the utility collect debt.
- Bills get too large for assistance help.

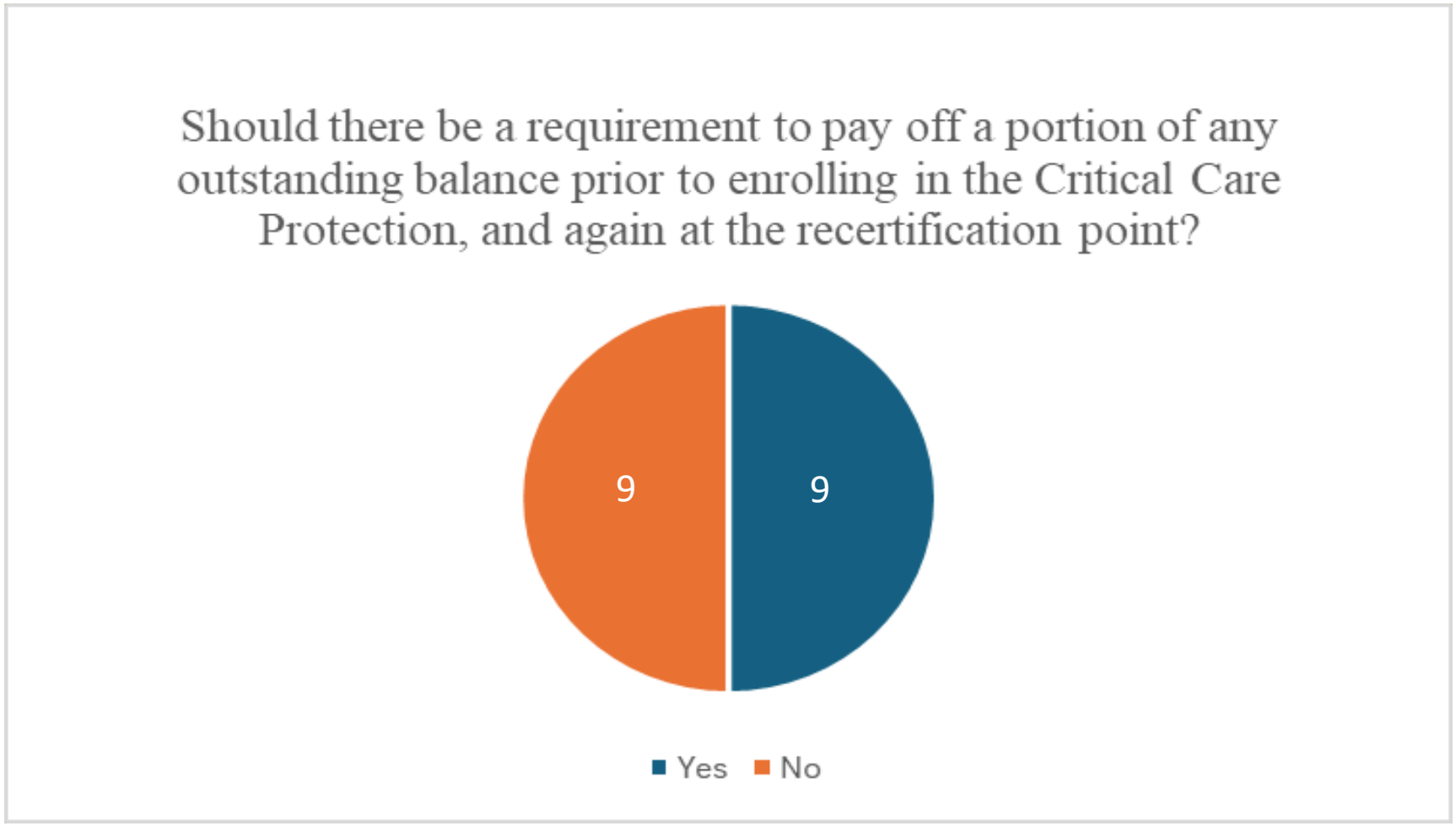
Survey Results Part 2



Survey Comments: Should there be a requirement for customers to apply for assistance prior to enrolling in the Critical Care Protection and again at the recertification point?

- All forms of assistance should be exhausted.
- Customer should be assigned someone to apply for assistance for them at time of application, shouldn't be an extra barrier for the customer.
- If customer is income eligible, they should be required to apply for assistance.
- Customer should apply for assistance prior to Critical Care. It should be the customers responsibility to exhaust all assistance options prior to enrolling in Critical Care.
- Yes, if it doesn't hold up the Critical Care process.
- Assistance process is time consuming.
- If customer has an account balance, they should show they are attempting to receive assistance prior to enrolling on Critical Care.
- Many customers do not want to go through the MDHHS process.
- Applying for assistance should be built into the Critical Care process and built into the recertification process.

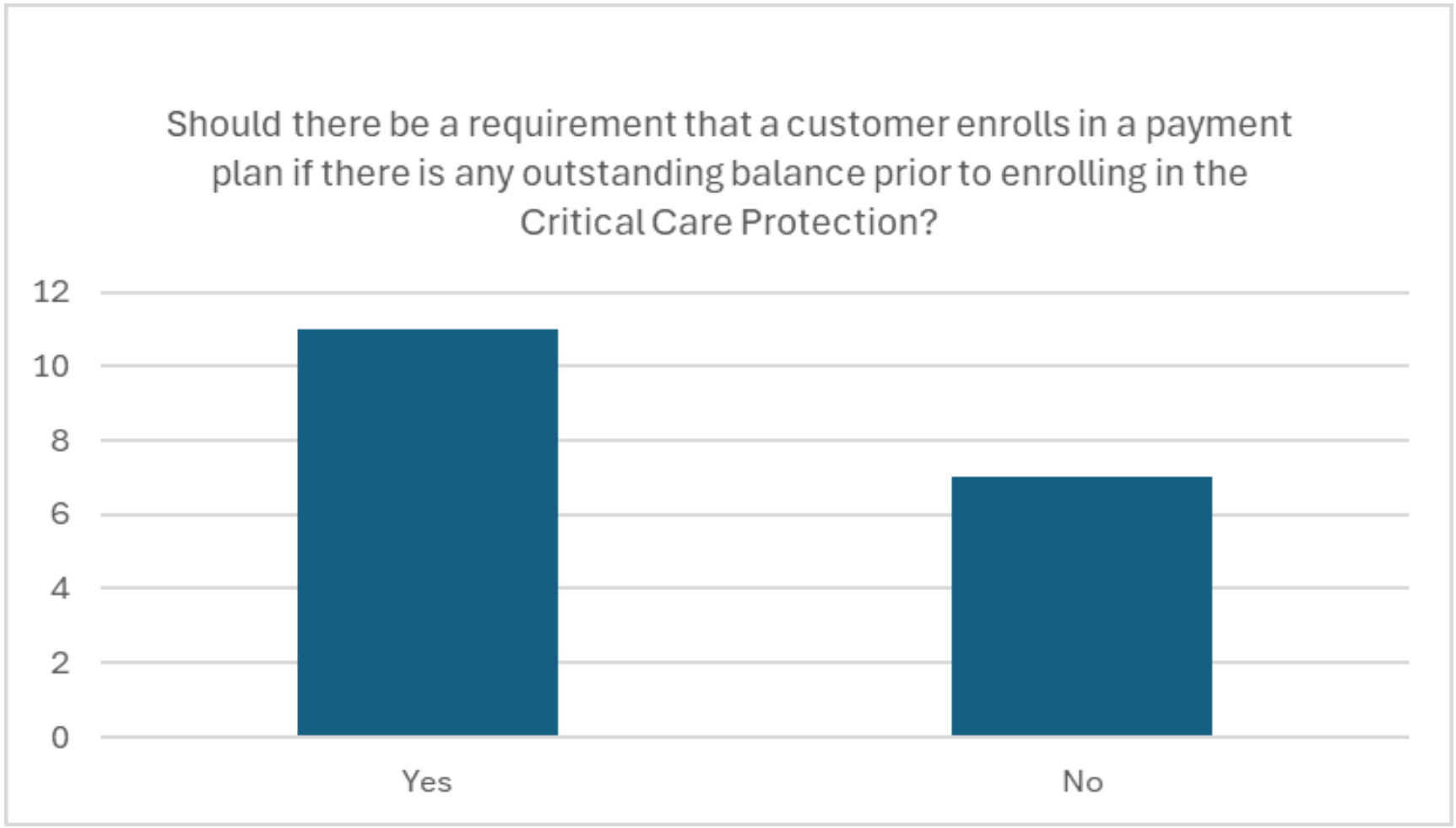
Survey Results Part 3



Survey Comments: Should there be a requirement to pay off a portion of any outstanding balance prior to enrolling in the Critical Care Protection, and again at the recertification point?

- It shows good faith by a customer to make payments and/or apply for assistance.
- No, medical emergency customers already have enough stress.
- Low-income customers should not be required to make a payment, there should be a sliding scale based on income levels.
- Yes, it is a great idea to lower arrearages, and it shows Critical Care is not a "free" program.
- Only if there are assistance funds available to help the customer.
- It should be encouraged but not required.
- Customers recertifying should be required to pay at least 20% or 30% of their current balance at recertification if they are not income qualified for assistance.
- Paying a balance would help the customer buy-in to the program and would result in better results.

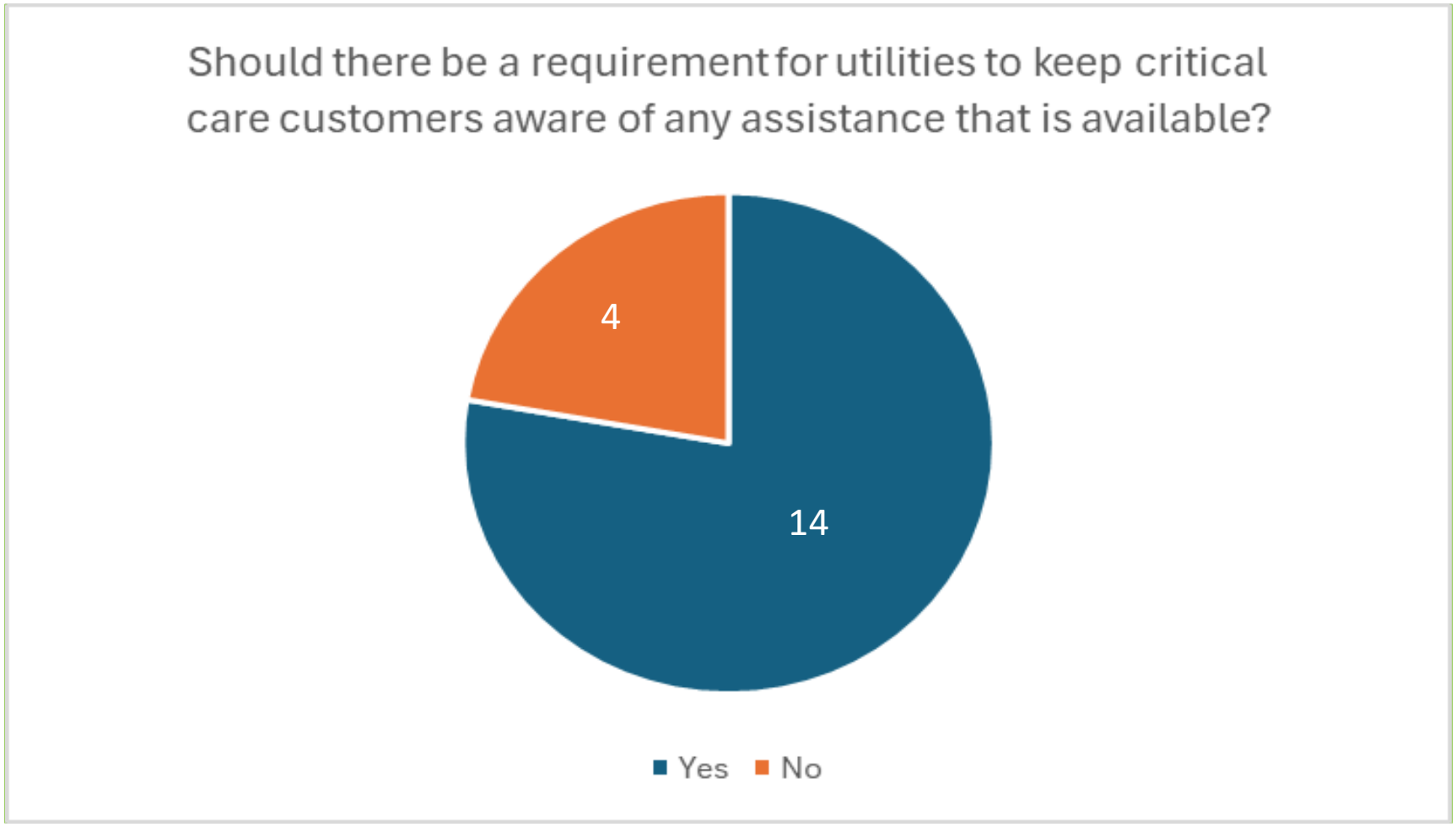
Survey Results Part 4



Survey Comments: Should there be a requirement that a customer enrolls in a payment plan if there is any outstanding balance prior to enrolling in the Critical Care Protection?

- If customer has an ability to pay a portion of their outstanding balance, then the customer should be enrolled in a payment plan.
- Customer should first apply for assistance, and applying for assistance should be wrapped into the Critical Care application process.
- No, if a customer could afford a payment plan, they would not be applying for Critical Care. If they get on a payment plan for this, they will just end up back where they started.
- Not if they are up to date on their payments.
- Yes, there is nothing wrong with a payment plan, it should be done based on income level. If there isn't a plan set up the customer might not make any payments and that will lead to a high arrearage.
- Yes, but we need to be flexible with the terms of any arrangement.
- No, payment plans have low success rates and do not work.

Survey Results Part 5



Survey Comments: Should there be a requirement for utilities to keep critical care customers aware of any assistance that is available?

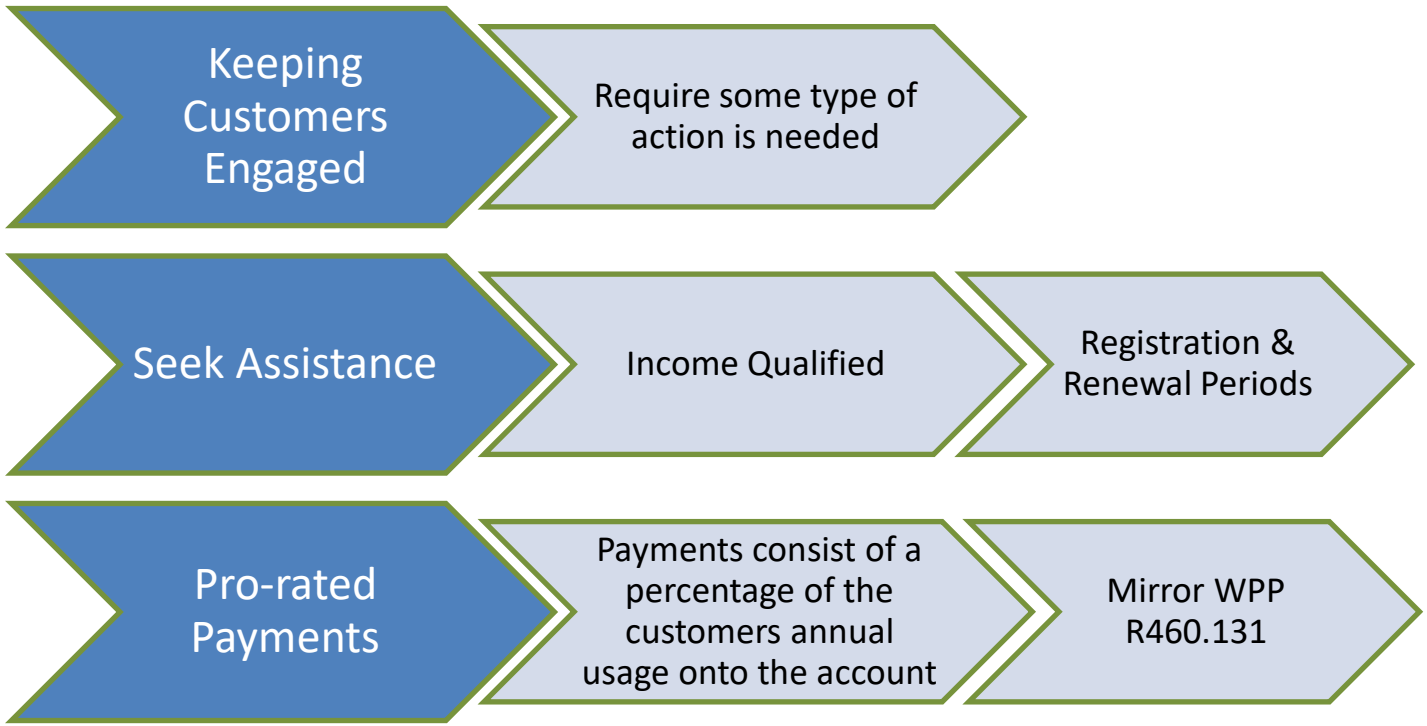
- No, it should not be the utility's responsibility. It should be the customers responsibility to reach out to agencies if they need assistance.
- No, it shouldn't be the utility's responsibility. Maybe the doctor could keep the customer informed of assistance available.
- Yes, it would help the customer feel like they are working as a team with the utility.
- Yes, if the utility's have the information they should be sharing it with these customers.
- MEAP Grantees should work with utilities to know who critical care customers are and work with the customers directly.
- Yes, anytime a customer inquires about Critical Care, they should immediately be given assistance information from the utility.
- Critical Care customers should be given a dedicated representative from the utility to keep them always informed of any assistance available during their Critical Care journey.

Survey Results – Other Comments

- The first purpose of the critical care protections is to improve customers' health outcomes. Do eligible customers know about the option, can they access it without too much trouble and can they renew as needed?
- We cannot limit our inquiry about health and welfare outcomes for critical care customers only to their financial outcomes.
- It's important to remember that the Critical Care program is a literal lifeline for those who need electricity to survive. As a result, if there are any additional requirements or restrictions imposed on the program, an important question needs to be addressed: if the condition(s) is/are not met, will a utility be permitted to disconnect utility service to a household where at least one individual, as certified by a doctor or public official, needs electricity to survive? Or should any requirements be strongly recommended but not mandatory (i.e., could not result in shut-off)?
- If payment-related requirements are imposed, should they apply equally to all applicants or just those who have a history of account arrears? While I understand that some customers may have high arrears, it did not seem like this is a prevalent problem. Consequently, should a customer who has consistently paid their bills on-time be treated the same as those who have 6-months of arrears without any payments? Or is this problem exacerbated by just a few individuals, and no overall changes should be made?
- Keep in mind customers may have trouble applying for assistance or applying for the critical care hold. regardless of how applications are submitted (phone, online, in-person, etc.), there may be additional economic costs as well (not to mention the physical and/or emotional stress that the application process may cause individuals who are already in precarious health). For example, a person may use all their allocated cell phone minutes while completing an application via phone, requiring them to purchase additional minutes. A person without a computer or internet access at home may need to travel to a public library to complete the process. And if travel is required for online or in-person applications, there will likely be transportation costs (gas, bus fare, taxi or ride-share fares, etc.).

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.



Solution/Recommendations

Keeping Customers Engaged

Clear-Cut Critical Care Definition

Qualifying Medical Equipment

Payment Plans

Assistance

Medical Vulnerable Rates

Other

Keeping Customer Engaged

Responsibility

- ✓ Require both the customer and utility to continue to communicate with each other while being on the program.
- ✓ Utility:
- ✓ Customer:

Outline processes through solutions:

- ✓ Payment Plans
- ✓ Assistance
- ✓ Special Rates

Do We Need a Clearer-Cut Critical Care Definition?

Current Definition

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. R 460.102(n)

Holston Electric Cooperative: Life Support Classification

A special classification for our customer, who either themselves or a person living in the customer's home, has a life-threatening medical condition which requires special equipment, as specified by the American Medical Association, to provide treatment that, based on reasonable medical judgement, sustains the life of a patient and **without which the patient will die**.

Questions to ask?

- Is the current definition clear to the end user that this protection is for "IMMEDIATELY" life-threatening, even though it is stated in the rule?
- Do we need to add additional notation to make it clearer – "without the patient will die?"

Qualifying Medical Equipment

Oklahoma

For purposes of this Section, a life-threatening situation is defined as one where the consumer or other permanent resident of the household is dependent upon equipment that is prescribed by a physician, operates on electricity, and is needed to sustain the person's life.

Examples of life-sustaining equipment would be: kidney dialysis machine, iron lung, oxygen concentrators and certain other oxygen machines, cardiac monitory, heating and air conditioning equipment, or any other equipment that is prescribed by a licensed medical doctor.

If the life-sustaining equipment without a battery backup is prescribed by a licensed medical doctor, then it shall be considered life-sustaining equipment.

The following are not considered to be life-sustaining equipment: hot water heater, refrigerator, range/stove, nebulizers that are battery-driven or hand-driven or self-contained, battery-driven sleep apnea monitors, battery-driven cardiac monitors.

(Medical Emergency : 30-day hold)

Holston Electric Cooperative

Qualifying Equipment:

- Kidney dialysis machine
- Apnea monitor for infants (24 months and under)
- Oxygen concentrator
- Respirator
- Ventilator
- Pressure breathing therapy
- Infusion feeding pump
- Peritoneal dialysis machine

American Medical Association

Critical Medical Device List: Summary and Recommendations (hhs.gov)

What are we missing?

How do we create an **ALL** encompassing list?

Payment Plans

1

Protected household can have **six months or one year**, no payment required but encouraged, while being protected. To renew the household will be required to make a payment of **1/12** of the outstanding bill. (similar to WPP). If payment is not made the household will be removed from the program.

2

Household will be protected for one year but required to enter into a payment plan reflecting **%% of the household's annual usage**. If payment is not made the household will be removed from the program.

3

Applicant household will be required to pay up to **10%** of delinquent balance up front. The household will then be protected for **one year** but will still be required to make **%% of arrearage balance** each remaining month of the protection period. Customer may be disconnected if they do not make the above payments. (portions from WA)

4

Other Options

Assistance Requirement

1

If income eligible, protected household will be required to seek assistance within **????** of submitting application. If assistance is not sought the household will be removed from program. During this time-frame the household will be temporarily protected.

2

If income qualified and payment plans are required, household will be required to seek assistance and make appropriate plan amount. If payment or assistance is not made the household will be removed from the program.

3 Other Options

- Is it enough with or without other options?
- Assist to financial impacts

* Not income qualified, proceed via agreed upon process

Medical Vulnerable Rates

Establish a new policy or rule requesting all utilities to have a medical vulnerable rate program (similar to R 460.134 Extreme Weather Condition Policy)

Within the utilities next rate case, a utility shall adopt and submit a medical vulnerable rate structure for residential customers who have special needs due to qualifying medical conditions to the commission for approval. It is based solely on medical conditions and there is no income requirement.

At a minimum, the following:

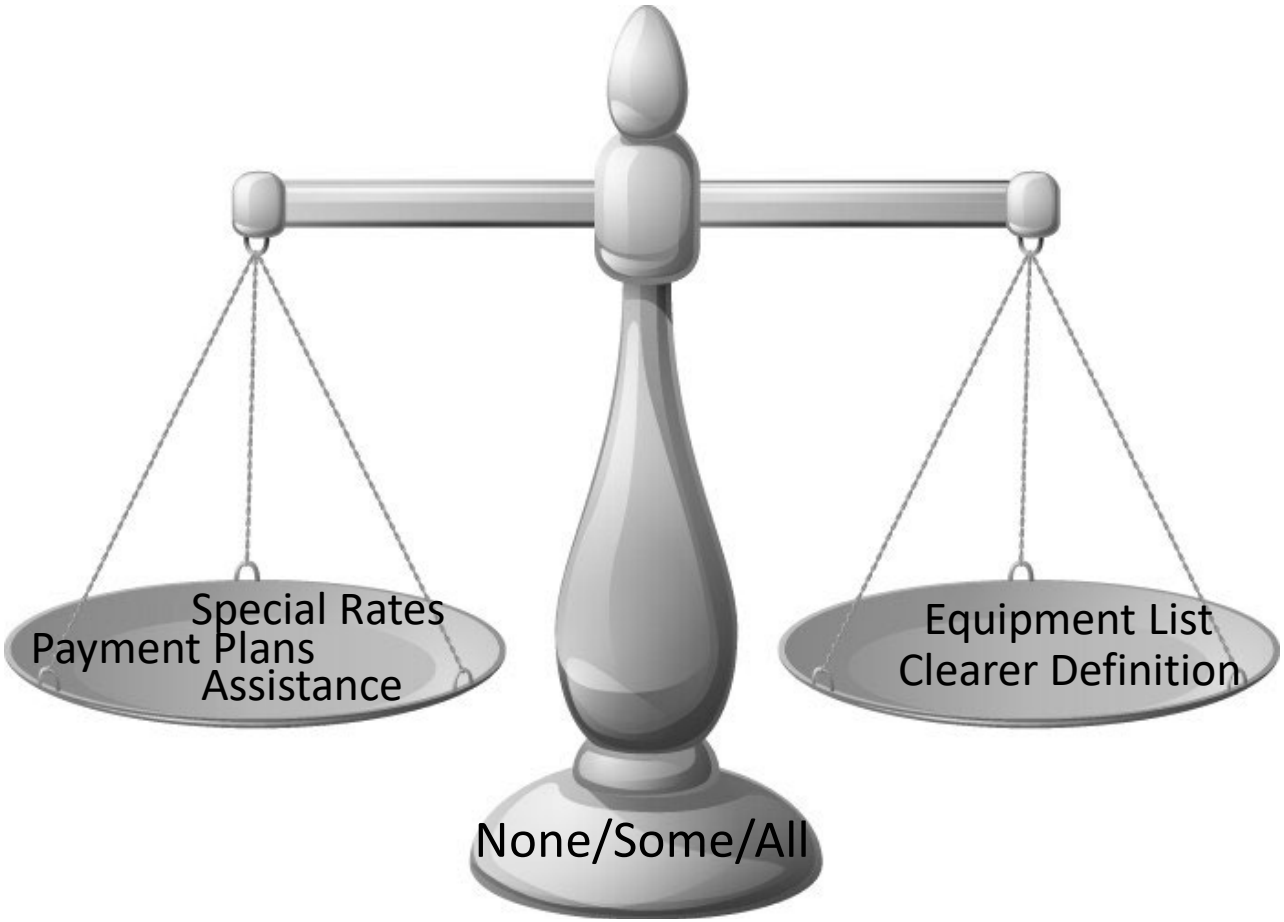
1) Discounted rate
2) Extra notification in advance of a utility shutoff
3) Identify qualifying medical device to treat ongoing medical conditions.

What Other Options?

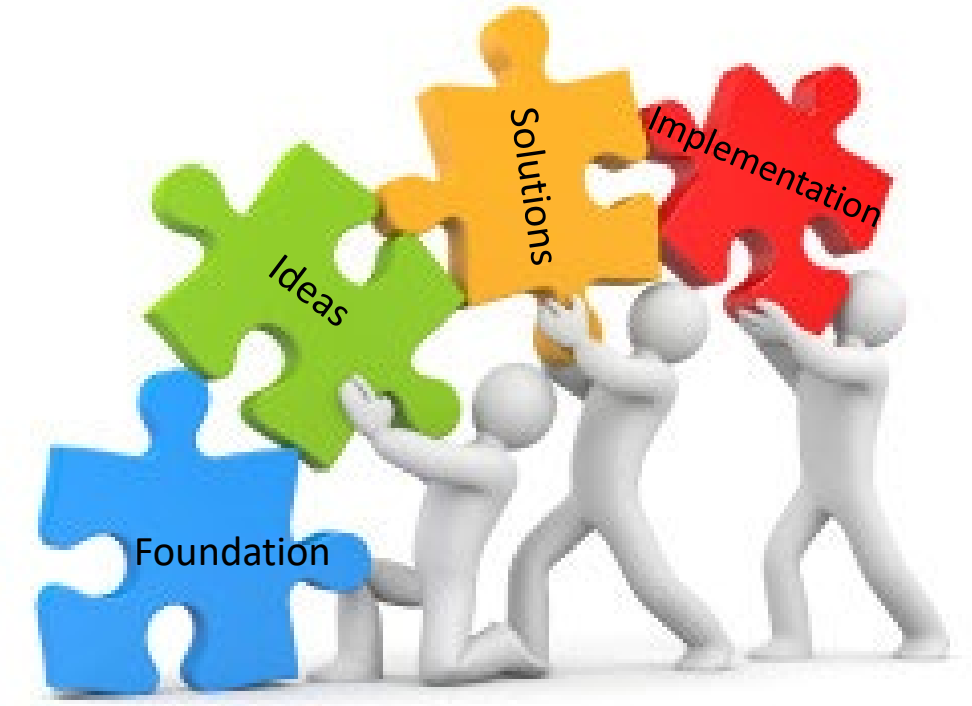
Open Forum

Weighing the Options …

Open Forum



How do we make this work?



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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What's next ….

- Survey will be sent August 15th on possible solutions
- Next meeting:

  August 29th at 9:30 a.m. – 12:00 p.m.

<u>Topics:</u>

- Continue Open Forum Discussion on Solutions
- Weigh the Different Solutions

Appendix

- Critical Care History:
  - Case No. U-18098
  - Case No. U-18099
- Survey Results
- California Rate Base Program

Survey Results Part 1 - Please share your thoughts about issues with the Critical Care Protection:

- I think that there are customers that could pay, but choose not to because of the protection. This is not fair to the customers that do pay their bill.
- Administrative burden for energy provider and especially customers. For customers at an extremely Burton some to provide verification and there is Little to no support to aid in that process. Lack of awareness, that program exist and additional assistance that may be available to support crisis aversion.
- The program should not offer no shut off without any type of payment. If the customer was paying prior to the critical care issues there should be an assumption that payments would continue. Only customers who are on EA should be in a no shut off protection plan. It would also be good to know as a team what the additional cost of medical equipment usage adds to a customer bill. Could that portion be deferred in lieu of all usage?
- I personally think that the Critical Care protection is being "abused" or used for the wrong reasons by customers. I don't think it is being used as it should be when the customer/patient is experiencing a medical crisis. I think some people are using it as a way to have their account protected and avoid making regular payments.
- "Any program has its challenges." "Unscheduled outages. We have now been without power for 24 hours."
- There should be requirements for enrolling in the Critical Care Protection Plan, required minimum payment (maybe based on household income), if payment is missed, follow ups regarding why, referrals to agencies for assistance, maybe a portion of past due balance paid to enroll, etc. Too many are enrolled and don't make any payments which cause their accounts to increase significantly to the point where no outside agencies can assist as the account balance is too high.
- Protection options are not always known to those in need. It isn't easy to ensure that those in need know that help is available and how to access it.
- I'd like to reframe the focus of this effort to actual protection of customers who are critically ill. Focusing on simply on major energy providers collecting debt from customers who may be having extreme health issues and difficulty paying may be perceived negatively. Perhaps reframe the focus to proactively protecting the customer for when their critical care protection ends.
- The bills get to large for SER and MEAP to be able to assist.

Survey Results Part 1 - Please share your thoughts about issues with the Critical Care Protection:

- Critical Care protection not requiring a payment or assistance application puts remaining household members at risk when they lose the protection. For utilities, it puts an undue burden creating high arrears while the protection without payment is allowed for even non-low income customers.
- Challenges faced with increasing arrears and no plans to require steps to reduce balance owed or prevent in the future; limited access to assistance/support once balances grow beyond assistance caps.
- The amount customer's owe keep building without someway for them to be paid down..
- The thought behind the critical care protection is wonderful. The protection is allowing customers to go extended periods of time without making any payments on their accounts. This is HURTING our customers, allowing them to build up arrears that they could never actually pay. In addition, the arrears are often too high for them to even be able to seek assistance.
- During the meeting, it was noted how much people can quickly owe. I think that if someone is in need of assistance, it shouldn't be delayed until they are in a big hole of debt to the extent possible.
- It should be a requirement that customers continue to make payments on their accounts. A special payment plan to help keep arrears down. This will also help with the agency's to provide payment assistance.
- The certification form states valid ID must be provided - who's ID is required? Customer or patient? The customer of record and who the critical care is for ID should be provided.
- If the medical form is for a minor there should be some validation the customer of record is the legal guardian
- Does the account type matter for critical care if it's gas only account, their medical equipment isn't being impacted. • Can a list of life treating medical equipment be provided?
- Not having any required payments creates unsustainable energy burdens for households. Customers need to be required to contribute something to their account in order to qualify and remain on Critical Care Protection.

Survey Results Part 2 - Comments

- All forms of assistance should be exhausted.
- Customer should be provided a navigator to support their enrollment and assistance program, but it should not be required as that is an additional barrier to them getting the support that they need.
- If the customer falls in the perimeters of the EA program they should be required to apply
- I think the customer should do anything they can to reach out and apply for assistance or any sort of help before turning to the Critical Care protection. Applying for any and all available assistance opportunities would benefit the customer in potentially getting help with paying balances and arrears and set the customer up for success going forward. The responsibility should be on the customer to seek assistance and should be a requirement before turning to Critical Care in most cases.
- Likely, but it should not hold up the process
- The assistance process is very time consuming and some of the information required may take time to gather. Separate is better s combination programs.
- They should show that they are seeking assistance and utilizing resources to lower their balance before entering the program. This could help lower their account balance before entering the program, so that they don't become too far behind that other agencies are unable to assist.
- Many in need do not want to go through the MDHHS certification process, or may lack a piece of information that is required through that process.

Survey Results Part 2 - Please share your thoughts about requiring customers to apply for assistance:

- All forms of assistance should be exhausted.
- Customer should be provided a navigator to support their enrollment and assistance program, but it should not be required as that is an additional barrier to them getting the support that they need.
- If the customer falls in the perimeters of the EA program they should be required to apply
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- Many in need do not want to go through the MDHHS certification process, or may lack a piece of information that is required through that process.

Survey Results Part 2 - Please share your thoughts about requiring customers to apply for assistance:

- All forms of assistance should be exhausted.
- Customer should be provided a navigator to support their enrollment and assistance program, but it should not be required as that is an additional barrier to them getting the support that they need.
- If the customer falls in the perimeters of the EA program they should be required to apply
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- Many in need do not want to go through the MDHHS certification process, or may lack a piece of information that is required through that process.

Survey Results Part 3 - Comments regarding a requirement to pay off a portion of an outstanding balance:

- It shows a good faith effort to take care of their own expenses.
- Depending on the income of the resident impacted, then they should be determined. Overall, if there's a need and the family or resident is low income, then they shouldn't be required to pay a portion. They should be a sliding fees scale to remain on the program.
- If customer was making payments prior to CC there should be a continuance. If customer is using EA that also should be considered.
- I think requiring customers to pay off a portion of any outstanding balances before being able to enroll in Critical Care protection would be a great idea. It would help reduce the arrears by some amount and show the customer is willing and, in a way, trying to take care of their arrears amount. It holds the customer responsible and is showing Critical Care is not just a "free" hold/protection on the account to avoid making payments.
- Not as long as you are up to date on payments
- If you have a medical emergency chances are stress is high. Adding to the already high stress does no customer any good.
- Since most of the households that are put on this program end up with large account balances, paying off a portion prior to enrolling shows their willingness to work with the program and efforts to become self-sufficient in continuation of their payments later.
- A reasonable amount (with consideration of income) to pay towards any arrears should be considered.
- Only if there are community, grant and/or philanthropic funds available to support a payment.
- That may not be possible and that could be another road block for a household in crisis.
- I would be concerned about a customer's ability to pay a downpayment unless receiving SER/MEAP assistance. I would focus on monthly payments after enrollment.
- Payment towards outstanding balance should be encouraged but not required given the need to understand and remain flexible for each case. Requiring steps toward applying for assistance may increase success and avoid further hardship.
- Yes, I am all for requiring SOME sort of payment from customers.
- I answered "No" because I assume that assistance is needed thus the ability to pay a portion of the balance is limited. Now if there are tiers of assistance based on income and debt them maybe paying a portion makes sense.

Survey Results Part 3 - Comments regarding a requirement to pay off a portion of an outstanding balance:

- Customers recertifying for critical care should pay at least 20% - 30% of their balance if they are above the income guidelines to seek energy assistance.
- Typically, in emergency services whether it's utilities, housing, and so on- there is a higher success rate if the clients/customers have some buy in. I would suggest it be only a 5-10% of the bill amount though. It should be something that is obtainable by most AND include a hardship application for those who absolutely are unable to pay.
- There should be a requirement for a customer payments, customers should have to contribute to their usage even if they need critical care protection. If bills go unpaid indefinitely this creates a bigger crisis eventually.

Survey Results Part 4 - Share any comments about a requirement to enroll in a payment plan:

- If there is any ability to pay any portion, the customer should make an effort.
- If the customer qualifies for the EA program that should be the first step to ensure that previous balances are reduced or eliminated. the stress of needing CC is also demanding, so could CE roll this all into one application? Are there other resources for braiding funds with CC?
- I don't think it should be a requirement that a customer enrolls in a payment plan if there is any outstanding balance prior to enrolling in the Critical Care Protection. If the customer can't keep up with the monthly amount of the payment plan and default off the plan, they would just end up right back where they started with an outstanding balance and maybe even a larger amount than before.
- Not as long as they are up to date on payments.
- Nothing wrong with a payment plan.
- A minimum required payment should be established based on the household's income to show good faith and effort in working towards lowering their account balance. If this is not established, the client may not make any payments as some haven't and end up with large account balances in which no outside agencies can assist.
- This is a good way to create a healthy transition for that customer to get back on track.
- -Customers who are on “critical care” should be given a set affordable rate to pay based on income and expenses. Most times they do not quality for low payment plans due to their usage. I feel like they are being punished due to their health issues, and it is unfair and inhumane. -Customers are deciding not to use oxygen tanks. etc. because they do not want their power to get shut off. We should not want our customers to choose between their health and utilities needed to maintain life. -Payments should be income based – not based on usage since these customers will most likely have high usage.
- I think all customers should be enrolled in a payment plan with the utility right from the beginning.
- Monthly payments of all customers should be encouraged in any circumstance.
- Payment plans terms would need to be further discussed. Given the severity and potential impact we would need flexibility, but should be doing something to continue to encourage payment activity. Further. requiring steps toward applying for assistance may increase success and avoid further hardship.

Survey Results Part 4 - Share any comments about a requirement to enroll in a payment plan:

- Again, all for it. Customers need to continue to pay on their accounts instead of going 365+ days without a payment while accruing balances.
- If this was done similar to medical bills such that the payment is based upon the ability to pay and may be as low as $5 then yes.
- Enroll the customer on a plan like LSP, where they are required to make a certain payment every month. Set a dollar amount, or % of based of their usage.
- Consumer's energy payment plans are one of the most difficult plans to stay on for low income households. I would be interested to see what the actual success rate is of these as in my experience, people will agree and have no shot of sticking to it- making them ineligible for future payment plans.
- setting customer payments, even if income based or other, will help the customer to avert a bigger crisis in the end.

Survey Results Part 5 - Comment about requiring utilities to keep critical customers aware of available assistance:

- The utilities already do enough. The customers should want to pay their fair share. They can seek out assistance on their own.
- this will keep CE in the loop and be an advocate for the customer in lieu of walking from them. The feeling of "count on us" could stand as we work as a team.
- I don't think it should be a requirement for the utilities to keep critical customers aware of available assistance. It should be the customers responsibility to reach out and seek assistance when they need it. In my personal experience, reaching out to medical/ Critical care customers to tell them directly there is assistance available did not have a great outcome. Very few customers, roughly less than 5-10% took advantage of the assistance opportunity.
- Yes, if they are willing.
- Shouldn’t be the utilities place. Maybe doctors? Maybe the utility could have a repository to direct customers that would have details.
- This is a yes and no. Providers should assist the client in any way possible so that their account balance does not become too high or outstanding. This is just common practice that should be taken to assist them in lowering their balance.
- Utilities have a duty to communicate available assistance options, and it is in their best interest to avoid past due situations.
- Utilities should work with MEAP grantees to share data on critical care customers. MDHHS should make adjustments to consider critical care customers as "crisis" customers and allow a maximum amount to be paid towards arears. Also, MDHHS/MPSC should consider allowing the MEAP cap to be waived for critical care customers.
- It could be a part of the agreement with the utility that the income-eligible household should apply to to SER and MEAP to make their payments manageable. The household could be placed on a payment plan with the utility regardless of SER and MEAP eligibility.
- It is in the customers and the utilities best interest to educate about assistance.
- All inquiries for critical care should be responded with information on available assistance for the customer. If it is determined that applying for assistance at the time of the critical care inquiry process is required then this communication would support the requirement.
- Our company constantly communicates assistance options to our customers.

Survey Results Part 5 - Comment about requiring utilities to keep critical customers aware of available assistance:

- This is important because it helps to break the cycle.
- Critical care customers can have a dedicated representative to contact them monthly, provide energy tips, payment plan options, and referred the customer to agencies for assistance.
- This just seems like it would be the best way to keep clients costs down and keep them from building a higher balance.
- utilities should inform customers of all assistance options available in attempt to reduce the customer balance and payment burden.

Survey Results Part 6 - Comment on any other ideas or suggestions regarding the current Critical Care Protection:

- Again it would be good to see what the increase in bill would be with CC. Having a liaison that could work with the customer on next steps and payment program - keeping CE at the forefront as an ambassador to the customer with other groups that maybe could assist. Involve the insurance companies as this is a direct cost associated with the CC - like meds etc. and advocate this across the state - be the change!
- 1.) Having a specific list of equipment/ conditions for what is approved and what is not approved for critical care would be extremely helpful and beneficial to the utility companies processing these forms on a daily basis. It makes it uniform across the board for all utilities on what is typically approved or denied for Critical Care. I think it would be helpful to have a list for medical emergency as well. 2.) Have a clear definition on the medical certification form defining what a public health official means in regards to the form. The form itself says under the section where the physician or public health official signs the form "I certify that the patient identified on this form has been examined by me and to the best of my knowledge, etc.." Not all public health officials can examine patients. So, to have a clear definition or list of what physicians and public health officials are authorized to complete and sign the medical certification form would be very beneficial. 3.) Updating the layout of the medical certification form to make the lines/boxes for Medical Emergency and Critical Care the exact same would help to have less confusion for physicians completing the forms. Medical Emergency has a spot for condition and equipment while Critical Care only has a spot for equipment. In my experience this leads to the physician selecting and writing in both Medical and Critical Care since there was not the condition lines under Critical Care. 4.) Having a guideline or list of reasons a medical certification form may be denied would be a good steppingstone to have. 5.) Updating the billing rules to be more specific, detailed and clear or "spelled out" regarding the Medical and Critical Care process.
- Thank you
- Power outages are a huge problem! Are the per hour/ per outage tracked for critical care recipients?
- None other than those indicated above.
- Utilities provide some MEAP grantees millions of dollars in donation funding. Why aren't those dollars being used to support critical care customers?
- I think they should look into somehow getting medical insurance to cover some of that cost.

Survey Results Part 6 - Comment on any other ideas or suggestions regarding the current Critical Care Protection:

- MPSC provide utilities a list of medical/critical care equipment/conditions that should fall into each category - Usage limitations or thresholds for usage, residential rate only. - Set up like other plans, where they are required to make a certain payment every month. Set $, or % of usage - Income verification or payment plan while on the program. - Form states a valid ID must be provided - who's ID is required? Customer or patient? - Does account type matter - gas only, electric only or combo? (If it's a gas only account, their equipment isn't being impacted since we aren't providing electricity.)
- Require a certain form to be completed by a medical professional that only gives the protection to qualified/approved customers. Require certification more frequently. Require minimum payment amounts or number of payments, either income based or other.

Other Comments

•First, as alluded to in the first meeting, it's important to remember that the Critical Care program is a literal lifeline for those who need electricity to survive. As a result, if there are any additional requirements or restrictions imposed on the program, an important question needs to be addressed: if the condition(s) is/are not met, will a utility be permitted to disconnect utility service to a household where at least one individual, as certified by a doctor or public official, needs electricity to survive? Or should any requirements be strongly recommended but not mandatory (i.e., could not result in shut-off)?

•Second, if payment-related requirements are imposed, should they apply equally to all applicants or just those who have a history of account arrears? While I understand that some customers may have high arrears, it did not seem like this is a prevalent problem. Consequently, should a customer who has consistently paid their bills on-time be treated the same as those who have 6-months of arrears without any payments? Or is this problem exacerbated by just a few individuals, and no overall changes should be made?

•Third, in keeping in mind my first point, if any requirements are imposed, what are the time and cost impacts on these customers? Again, this program is for those who need electricity to survive. Some of these individuals may have aggressive illnesses or limitations, requiring constant medical care. If, for example, they must apply to at least one utility funding assistance program, how much time will that take and is it taking away time that could have been used to address or treat their medical issues? Also, regardless of how applications are submitted (phone, online, in-person, etc.), there may be additional economic costs as well (not to mention the physical and/or emotional stress that the application process may cause individuals who are already in precarious health). For example, a person may use all their allocated cell phone minutes while completing an application via phone, requiring them to purchase additional minutes. A person without a computer or internet access at home may need to travel to a public library to complete the process. And if travel is required for online or in-person applications, there will likely be transportation costs (gas, bus fare, taxi or ride-share fares, etc.).

Other Comments

- In my view, the first purpose of the critical care protections is to improve customers' health outcomes. Do eligible customers know about the option, can they access it without too much trouble and can they renew as needed? We heard anecdotes about problems, but we don't have good data. I don't even know how to get systematic data, TBH. But, I think we have to try.
- I remarked during the first meeting that I thought the discussion was focused too much on arrearages. I won't dispute that high arrearages are a real problem, I just don't think they are the first problem. To illustrate, I would draw from the slides that were presented (p26).
- 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 cannot limit our inquiry about health and welfare outcomes for critical care customers only to their financial outcomes. For a lot of people, that would present really problematic optics, taken out of full context of the discussions we have had. Some people would even impute a primary concern with making sure utilities are able to collect on their bills, and I know that's not what we're about here.
- In short, I am not sure how we come up with solutions when we have yet to fully characterize the problems, so I'm worried that the proposed agenda for the next session may be putting the cart before the horse. I think part of what's going on here is that the Commission's order setting up this collaborative was most concrete in addressing customers' financial outcomes. But I don't think it would be inconsistent with the Commission's order to look more carefully at the effectiveness of the program in improving customers' health and welfare outcomes beyond financial issues.

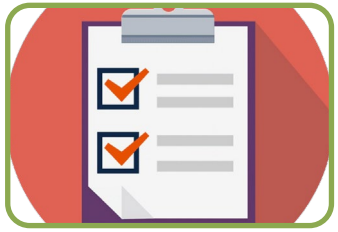
California:
Offers Rate Base Programs

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