

BEFORE THE PUBLIC UTILITIES COMMISSION OF
THE STATE OF CALIFORNIA

Order Instituting Rulemaking on the Commission's Proposed Policies and Programs Governing Post-2003 Low Income Assistance Programs.
And Related Matters:

R. 04-01-006

A.05-06-005
A.05-06-009
A.05-06-012
A.05-06-013

COMMENTS OF DISABILITY RIGHTS ADVOCATES

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I. INTRODUCTION

As an invited participant at the October 6, 2005 *en banc* hearing, Disability Rights Advocates (DRA) testified as to the unique impact that the anticipated upcoming increases in natural gas prices will have on persons with disabilities. In so doing, DRA sought to alert the utility companies to the issues that will create serious risks for low income persons with disabilities. While DRA is encouraged by the suggestions put forward by the utilities, and supports many of them, it maintains its concern that the specific needs of persons with disabilities will be overlooked during this crisis.

Persons with disabilities are particularly susceptible to an increase in natural gas prices and a subsequent increase in electricity prices. As set forth in detail in DRA's prior submissions, people with disabilities have three primary reasons that they are heavy users of energy: (1) people with particular medical conditions, such as multiple sclerosis, often need to maintain a consistent temperature in their homes; (2) people with disabilities spend more time at home; and, (3) many people with disabilities rely extensively on electricity to power assistive technology devices. To maintain even the most basic standard of living, persons with disabilities must often consume far greater amounts of energy than their non-disabled counterparts.

II. DISABILITY RIGHTS ADVOCATES SUPPORTS EXPANDED IMPLEMENTATION OF PROPOSALS SUBMITTED BY THE UTILITY COMPANIES

A. CARE Proposals

1. Increasing the Income Eligibility for Persons with Disabilities and Seniors

Proposals by all the utility companies request that the Commission modify the CARE income eligibility to expand the income guidelines for seniors and customers with disabilities from 175% to 200% of the Federal Poverty Guidelines. DRA endorses this modification. Raising the income eligibility level will ensure that households with a disabled family member will not be penalized for an overall higher income level while

still covering much larger energy costs. It also makes the process much simpler for persons with disabilities (as well as making administration simpler for the utilities) as this increase will bring the CARE income requirement in line with the LIEE income requirement, resulting in only one relevant income level guideline for assistance determinations.

2. Re-Certification Requirements for CARE

In order to facilitate continued enrollment in the CARE program, all the utilities, with the exception of Southwest Gas, propose varying measures to suspend CARE re-certification during the winter heating season. DRA supports the proposal of SDG&E/SoCalGas which is the most expansive and includes suspension of post-enrollment verification, suspension of recertification during the winter months, and enrollment for the CARE program by phone. This expansive retention measure should be put in place by all the utilities. In addition, DRA makes further recommendations with regard to CARE re-certification, as follows:

First, any and all suspensions of re-certification should be standardized across the utilities. Failure to do so will result in confusion among consumers as to what CARE re-certification requirements are still in place. As noted above, DRA endorses the SDG&E and SoCalGas proposals as the basis for the standardized CARE enrollment proposals.

Second, DRA requests that in this standardization, the utilities clarify and standardize the length of time that these proposals would apply. Currently, SDG&E/SoCalGas and SCE are seeking to extend the suspension through March 31, 2006 while PG&E seeks to extend the suspension through April 30, 2006. DRA supports the suspension of re-certification for the entire winter season, specifically, through April 30, 2006.

Third, DRA urges that individual customers should not be accountable for any erroneous re-certification which may result due to suspension of the CARE re-certification process for the winter months. DRA endorses a hold harmless policy similar

to that which the Latino Issues Forum recommends in the context of LIEE. Specifically, if through no fault of their own, a customer who does not qualify for the CARE program is re-certified, that customer will not be required to repay the difference between the discounted bill and what he or she would have paid.¹

B. LIEE Proposals

1. Increasing Enrollment

SDG&E/SoCalGas, PG&E and SCE offer proposals for increasing eligibility for LIEE programs among low-income persons, specifically through automatic enrollment based on self-certification, CARE eligibility or census data. DRA supports all these proposals. In implementing such proposals, DRA also endorses the Latino Issues Forum’s proposal to institute a “hold harmless policy” which would prevent a customer having to repay the costs of any energy efficiency measures that may be taken if, because of innocent mistake, the customer was not qualified for such measures. Again, DRA believes that all utilities, including Southwest Gas, should implement these proposals so that enrollment opportunities are standardized throughout the state.

2. LIEE Replacement Programs

SDG&E/SoCalGas, PG&E and SCE offer proposals to increase opportunities to replace inefficient forced air furnaces (PG&E and SDG&E/SoCalGas), refrigerators (SCE and SDG&E/SoCalGas) and install CFLs (SCE). DRA supports these energy efficiency measures across the board, again seeking broad opportunities at a standardized level throughout California.

¹ See Latino Issues Forum, *Comments on En Banc Hearing and Proposal*, p. 3.

C. Other Proposals

1. No Shut Off Policy

DRA supports SDG&E/SoCalGas' voluntary institution of a no-shut off policy for this winter for those customers who make minimum payments equal to the amount they were billed for the same period the prior year. This no-shut off policy is particularly important to persons with disabilities who may medically rely on heating and/or electricity and who spend much more time in their homes than their non-disabled counterparts. Consequently, DRA encourages the Commission to require all other utilities to institute a similar policy.

While this short term policy addresses the immediate concerns of low income customers, DRA shares the concerns expressed by the Latino Issues Forum that customers who have a backlog of unpaid bills may be unable to pay them at a later time. This is particularly true for persons with disabilities who live on fixed incomes and do not have additional sources of income available. Accordingly, DRA also urges the utilities and the Commission to further study this issue and develop plans to address this possible outcome, while minimizing the harm to the most vulnerable consumers.

2. Price Freeze for CARE Customers

Many of the consumer groups at the October 6, 2005 hearing recommended a price freeze for CARE customers.² None of the utilities' proposals, however, address this recommended price freeze. DRA reiterates its support for this recommendation, noting that many persons with disabilities utilize the CARE program. DRA asks the Commission to freeze rates for residential customers eligible for CARE, with any resulting revenue shortfall allocated consisted with allocation of the CARE discounts among all customer classes.

3. Outreach

Consumer groups who testified at the October 6, 2005 hearing repeatedly emphasized the need for outreach to low-income communities to inform these communities of the various low income assistance programs. However, with the exception of SDG&E/SoCalGas³, the utilities offered no proposals regarding outreach. Specifically, while the utilities' proposals do address ways to maintain current CARE customers (i.e. suspension of re-certification), they do not offer proposals to increase penetration of the CARE program.

DRA encourages the Commission to direct additional outreach efforts among the utilities. Such outreach could be compelled using the existing penetration benchmarks and an imposition of penalties for failure to reach a benchmark. Alternatively, outreach could be compelled through specific measures. For instance, the Commission could compile a list of community based organizations which must be contacted by their respective utility company regarding low income assistance programs.

III. THE UTILITY COMPANIES CONTINUE TO OVERLOOK PERSONS WITH DISABILITIES

A. Accessibility

DRA is disappointed by the failure of the utility companies to address accessibility issues in their proposals. Admittedly, accessibility goes hand in hand with outreach which itself was substantially disregarded in the utility proposals. However, DRA would like to emphasize again that any applications and/or communications regarding low income assistance programs should be accessible, meaning literature should be provided in accessible format and customer service information should be available by TTY at the same speed and level of service provided to voice customers.

² See *Comments of The Utility Reform Network, et al Presenting Proposals for Reducing Bill Impacts Associated with High Natural Gas Prices This Winter*.

To date, no utility provides online CARE information/application in large print. Nor do any utilities specify online whether TTY service is available at the phone numbers provided for the CARE program. Calls to customer service confirmed the internet findings.⁴ Accordingly, DRA recommends that all the utilities provide the CARE application and information in large print both online and in hard copy. In addition, all CARE information should note whether TTY service is available. On a related note, SDG&E/SoCalGas and SCE should be aware that enrollment by telephone may be difficult for persons with hearing impairments unless SDG&E/SoCalGas or SCE knows the customer is hearing impaired and accordingly, contacts them using either TTY or California Relay Service.

B. Medical Baseline Allowance Program

1. The Importance of the Medical Baseline Allowance to Persons with Disabilities

As with accessibility issues, the utilities' proposals did not address the Medical Baseline Allowance program. DRA reiterates the importance of this program for persons with disabilities.⁵ DRA re-emphasizes its concern that the utility companies are not in compliance with D.0204046.⁶ DRA asks that the Commission takes action on this proposal (1) by modifying D.0204046, as set forth in detail below, to ensure both compliance and an opportunity for people with disabilities to seek additional amounts of baseline priced energy if needed; and (2) by ordering a price freeze of baseline prices for the Medical Baseline Allowance program.

³ DRA would like to commend SDG&E/SoCalGas on its enumerated outreach efforts, including telephone enrollment of CARE customers and outreach to the senior and disabled communities regarding the increased income eligibility guidelines for CARE.

⁴ DRA made calls to PG&E, SCE, SoCalGas, SDG&E and Southwest Gas. Only SDG&E had large print applications available in hard copy to be mailed upon request.

⁵ See DRA, *Proposal for Changes to the Medical Baseline Allowance*, p. 1.

⁶ Further research indicates that, despite filing compliance advice letters to the contrary, PG&E, SDG&E and SoCalGas do not have the medical baseline form available in large print online. Moreover, PG&E and SoCalGas do not have the medical baseline form available in large print at all; SDG&E did have it available in hard copy to be mailed out. DRA was unable to locate a compliance advice letter from SCE.

2. DRA's Proposed Language for Modification of D0204026

Notwithstanding the requirements of Rule 47, DRA neglected to "propose specific wording to carry out all modifications to the decision" in its earlier submission. In order to comply with the rules, language for DRA proposed modifications to D.0204026 are set forth below.

Interim Order 13:

PG&E, SCE, SDG&E, and SoCalGas shall, in addition to English, provide all medical baseline forms in Spanish and in the most prevalent Asian language in their respective service territories. We also encourage these four utilities to provide medical baseline forms in additional languages, particularly languages spoken by significant percentages of their customers. In the alternative, these utilities may work with community groups to provide information in additional languages on the medical baseline program. These utilities are required to demonstrate compliance with these requirements by November 15, 2005 through a format to be specified by the Commission.

Interim Order 14:

If more than 10% of the customers of a utility not covered by the previous ordering paragraph speak as their primary language any language other than English, that utility shall make its medical baseline forms available in the second most common language in its service territory. We also encourage these utilities to perform outreach on medical baseline in additional languages, but the Commission will leave the determination of the best approach up to each utility. These utilities are required to demonstrate compliance with these requirements by November 15, 2005 through a format to be specified by the Commission.

Interim Order 15:

All respondent gas and electric utilities shall have all medical baseline information and forms available in large print (at least 16- to 18-point type) and should be provided upon request. Large print versions shall be made available immediately, and need not await the revision of the forms. During this interim period, these large print materials need not match the format of the standard size material, and can

be a simple enlargement of the existing materials. Utilities are required to demonstrate compliance with these requirements by November 15, 2005 through a format to be specified by the Commission.

Interim Order 18:

The respondent gas and electric utilities shall perform reasonable outreach regarding the medical baseline program to Independent Living Centers and Senior Organizations in their service territories. They shall describe in detail how they are performing this outreach in the compliance advice letters we require in this decision by November 15, 2005.

Interim Order 21

Any utility that currently offers any of its customer forms online must add its current medical baseline form to its website within 20 days of the date of this order. Other utilities shall have the form available on the website within 30 days of the revised form becoming available, if they are required to, or actually do, maintain a website. All utilities shall have information about medical baseline on their websites, including a telephone number to call to request medical baseline forms, and a means to request medical baseline forms by e-mail, within 20 days of the date of this order. Utilities are required to demonstrate compliance with these requirements by November 15, 2005 through a format to be specified by the Commission.

Interim Order 23

Any electric utility whose electric medical baseline allowance is lower than the allowances of the three major electric utilities shall revise upward its medical baseline allowance to match those of the three major electric utilities in this proceeding, and to implement this change by advice letter filing within 30 days of the effective date of this decision. Any revenue shortfall resulting from this change should be recorded in the BBA. In addition, for the 2005-2006 winter season, electric and gas utilities must provide additional allotments of baseline priced energy to persons enrolled in the Medical Baseline Allowance program who require more than the standard allotted 16.5 kilowatt-hours of electricity per day and/or .822 therms of natural gas per day. The process for seeking more allocations must be

accessible and straightforward, with prompt resolutions and an appeals process if a request is denied.

IV. CONCLUSION

Disability Rights Advocates supports the proposals submitted by the utility companies but does not believe that the proposals go far enough with respect to meeting the needs of persons with disabilities. DRA respectfully requests that the Commission take action with regard to issues of price freeze, outreach, accessibility and the medical baseline allowance program.

Respectfully submitted,

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