

19.7 PUBLIC UTILITY PROGRAMS

A. SPECIAL REDUCED RESIDENTIAL SERVICE RATE (20% UTILITY DISCOUNT PROGRAM)

1. Introduction

During the months of November through March, certain recipients of SSI, WV WORKS and certain Food Stamp recipients who are age 60 or older are eligible for a 20% discount from their gas and electric companies. The Department's role is to send application kits to recipients of the qualifying benefits and to supply the utility companies with lists of customers who have become ineligible for the discounts because they have ceased receiving the qualifying benefits.

2. Operation

In October application kits are mailed from the State Office to recipients of SSI, WV WORKS and recipients of Food Stamps who are age 60 or older.

During the program months (November through March), application kits are mailed by the State Office to new and reopened cases that are approved for the qualifying benefits.

During the program months, an application will be mailed by the State Office to **an individual** who requests an application if he is a recipient of a qualifying benefit and has lost or failed to receive his original application kit. If he is not a recipient of a qualifying benefit, he will receive a notice from the State Office explaining why he is not eligible for the discount.

The client completes the application and submits it to the utility company.

The utility company determines eligibility for the discount and applies the reduced rate to the eligible client's account. Approved applications are sent by the utility company to the State Office.

Each month the State Office sends to each participating utility company a list of its customers who have become ineligible for the discount because they are no longer receiving the qualifying benefits. The company will then remove the discount from those accounts.

After March, all discounts are removed by the companies.

3. Application Form

When the application is received by the recipient, it will contain the name and birth date of all **eligible** persons in the assistance group (**AG**), effective date, case number, address, the Social Security number for the primary person and a date by which the **application should be returned** to the utility company. In addition, a waiver on the reverse side must be signed by the payee to allow the Department to verify eligibility of the **AG** to the gas and electric utility company.

4. Role Of the Local Office

- (a) Refer inquiries about the program from utility companies to the Division of Family Assistance.
- (b) Send to the Division of Family Assistance the name, address, case number and social security number of persons claiming to be qualified for the discount who **reported** they did not receive an application kit or whose original kit has been lost or destroyed.

B. SEASONAL PROGRAMS

1. Introduction

The Public Utility Programs consists of one seasonal utility program, Neighbor to Neighbor – American Electric Power Company (AEP).

This program is co-sponsored by AEP and the Department of Health and Human Resources and assists the public utility customers with payment of overdue utility bills. AEP has expanded the Neighbor to Neighbor Program to include their Wheeling Power operating area in Northern West Virginia. The Neighbor to Neighbor Program covers **23** counties (see Appendix A for a listing).

Program funding is provided by private donations from AEP customers and matched dollar for dollar by that company up to a set maximum amount.

2. Application Period

- (a) The application period for this program begins upon notification to the local offices via memorandum from the Division of Family Assistance. This memorandum will also include **information** regarding the closing date. Local offices will receive their initial allocation of funds prior to the start-up date.

Emergency And Special Assistance Programs

- (b) Each Community Services Manager (CSM) or person designated by the CSM must assure that the allocated amount is not exceeded.
- (c) Any exceptions to this policy must have prior approval of the **Division of Family Assistance**.

3. Eligibility Guidelines

In order to be found eligible for program benefits, the applicant must meet the following qualifications:

- (a) The applicant must have a residential customer account with AEP. This does not mean that the electric bill must necessarily be listed in the applicant's name. If he is making payments to AEP for bills not listed in his name, he is considered to be a customer of AEP.
- (b) The applicant must meet the LIEAP eligibility guidelines. **See Section 26.2.**
- (c) The applicant must submit a notice of termination received from AEP.
- (d) The applicant must submit his AEP Account Number.

NOTE: It is NOT necessary for electric power to be the primary source of home heating in order to be found eligible for the program benefits.

4. Application Process

- (a) Form **DFA**-LIEAP-1

The LIEAP application form will be used to determine eligibility for program benefits.

(1) Completion of the Form

- Enter "N-to-N" in the upper right-hand corner to distinguish from regular or Emergency LIEAP applications.
- The remainder of the form will be completed as follows:

Emergency And Special Assistance Programs

Section 1 - Identifying Information

Items B and C will NOT be completed. Please complete all other Items in Section I.

Section 2 - Home Heating Information

Items A, B, C, D, and E will NOT be completed. Items F and G must be completed.

Section 3 - Signatures and Statements of Liability

The client must complete all items in Section III.

Section 4 – Department of Health and Human Resources or Other Agency Use Only

Item A - Please complete as appropriate.

Item B - The Worker will indicate in this space whether the client submitted a notice of termination received from AEP. THE APPLICANT WILL BE FOUND INELIGIBLE IF THIS NOTICE IS NOT SUBMITTED.

Items C, D, and E - The Worker will complete as appropriate. The Worker will record whether the applicant was found eligible or ineligible and the amount of benefits that will be paid on behalf of the client.

The Worker will sign and date the form.

5. Determining The Amount Of Payment

The amount of benefits will be determined as indicated below.

Eligible customers will be entitled to a single benefit or payment that is based on the amount of their total current outstanding electric bill as indicated in the following chart:

Amount of Bill	Amount of Benefits
1. Under \$50	1. The actual amount of the bill
2. \$50 up to but not exceeding \$200	2. \$50

Emergency And Special Assistance Programs

Amount of Bill	Amount of Benefits
3. \$200 up to but not exceeding \$600	3. 25% of the amount of the bill

LIEAP, the appropriate utility program, and Emergency Assistance must be used in that order to eliminate the emergency of the applicant or **AEP** customer. The following instructions will be applied to determine the amount of benefits under the **LIEAP**, Neighbor to Neighbor Program and Emergency Assistance Program:

- (a) The applicant will first be evaluated for benefits under the LIEAP program when the primary source of home heating is electricity via **AEP**. If the applicant is found eligible, the amount of LIEAP benefits is deducted from the next overdue utility bill. **See Chapter 26.**
- (b) Next, the applicant's eligibility for the Utility Program is determined. If the applicant is found eligible, the amount of the payment will be determined from the balance remaining after the LIEAP payment is deducted.
- (c) Finally, the applicant's eligibility for Emergency Assistance is determined. If the applicant is found eligible, the amount of Emergency Assistance payment is determined from the balance remaining after the Utility Program benefit is deducted. **See Section 19.2.**

EXAMPLE: The applicant has a termination notice from the Utility Company and an overdue bill of \$600 accumulated over a period of six months (184 days):

1. **Regular LIEAP pays \$150.** (Once implemented, Emergency LIEAP may be evaluated in addition to the regular LIEAP benefits.)
2. The applicant is found eligible for Utility Program. The amount of benefits is \$112.50 ($\$600 - \$150 = \$450 \times 25\% = \112.50 . The fraction is dropped.)
3. The applicant is found eligible for Emergency Assistance. The amount of payment is \$55.20.

$$(\$450 - \$112.50 = \$337.50 \text{ divided by } 184 \text{ days} \times 30 = \$55.20)$$

Total benefits award the client via the three programs is \$317.70.

The remaining balance of \$282.30 is the responsibility of the client.

6. Payment Authorization Process

The Department will not make the actual payment on behalf of an eligible client. Rather, the Department will provide written authorization to the appropriate bank and the utility company to make payment on behalf of the eligible client. After receiving written authorization, the appropriate bank will transfer funds from the Special Account and the utility company will credit the payment to the correct customer account.

(a) Procedure

- (1) Each Friday, the local office is to submit the appropriate log sheet with only approved utility company applications.
- (2) The invoice/log sheet lists the date of application, the customer's account number, name, address, the amount of benefits, and the counties' remaining balance.
- (3) A new invoice is used each week even if there is only one name on the form.
- (4) The log will be sent to the appropriate utility company by the State Office and is the payment authorization. The form should either be typed or written in black ink so that the names and account numbers are clearly legible and dark enough to be copied.

7. Notification To The Client

The appropriate notification form will be used to notify the client about the decision made on his application.

(a) Denials

When the application is denied, the following statement will be entered: "Your application for benefits under the (appropriate utility program) has been denied because _____. " Worker will enter name of utility company and reason for denial. The policy which governs this decision can be found in Section 19.7, Public Utility Programs.

Emergency And Special Assistance Programs

(b) Approvals

When the application is approved, the Worker will enter the following statement: "You have been found eligible for benefits under the (appropriate utility program) in the amount of \$_____, based on the availability of funds donated to the (appropriate utility company) by their customers. If the funds are available, payment of this amount will be made on your behalf to (appropriate utility company) and will be credited to your account."

8. Verification

Verification of gross monthly income in determining eligibility for program benefits will be at the Worker's discretion. Unlike the LIEAP program, this will also apply to income received from employment. The notice of termination and the account number, however, must be submitted by the applicant.

9. Effect Upon Other Programs

(a) LIEAP

Applicants requesting program benefits under the Neighbor to Neighbor program and whose primary source of home heating is electric must first be evaluated for benefits under the LIEAP program (if still in operation for the season).

(b) Emergency Assistance Program

Applicants for Emergency Assistance who are requesting payment of overdue AEP electric bills must first be evaluated for benefits under the appropriate utility program. Provided that all eligibility guidelines are met, payment of Emergency Assistance benefits may be used in conjunction with utility program benefits to eliminate the emergency.

(c) **Food Stamp**, WV WORKS, **Medicaid**, and SSI Programs

Benefits received from the utility programs will not be counted as income or as any resource in determining eligibility for any of these programs.

10. Fair Hearing

Fair hearings will be conducted for applicants of the utility programs following the same guidelines as for LIEAP. Please refer to **Section 26.5** for instructions on when the client has a right to a fair hearing and processing requests for fair hearings.

11. Program Ending Date

The program will end when all funds allocated have been exhausted or on a specified date established between the utility company and the Department.

- (a) In the event that there are unexpended funds on the specified date Appalachian Power will extend the program to additional eligibles, or make a second distribution on a pro-rata basis to previous recipients.

12. Forms

DFA-LIEAP-1

ES-NL-A

Neighbor to Neighbor invoice/log sheet

C. PROJECT HELPING HAND

1. Introduction

Project Helping Hand is a program co-sponsored by West Virginia-American Water Company (WVAWC) and the **Department of Health and Human Resources**. This program will assist customers of WVAWC in **12** counties (see **Appendix C**) with payment of overdue water bills. The payment will be for water and water tax charges only. The fund will not be used for associated sewer or sewer tax charges.

2. Application Period

- a. The application period for this program begins upon notification to the local offices via memorandum from the **Division of Family Assistance**. This memorandum will also include **information** regarding their initial allocation of funds and the start-up date.

Emergency And Special Assistance Programs

- b. This program will operate continuously until it is terminated by WVAWC.
- c. Each Community Services Manager (CSM), or person designated by the CSM, must assure that the allocated amount is not exceeded.
- d. Any exception to this policy must have prior approval of the **Division of Family Assistance**.

3. Eligibility Guidelines

In order to be found eligible for program benefits, the applicant must meet the following qualifications.

- a. The applicant must have a residential customer account with WVAWC. This does not mean that the bill must necessarily be listed in the applicant's name. If he is making payments to WVAWC for bills not listed in his name, he is considered to be a customer of WVAWC.
- b. The applicant must meet Emergency Assistance guidelines. **See Section 19.2.**
- c. The applicant must submit a cut off notice received from WVAWC including his WVAWC account number.

4. Application Process

a. Form ES-CHET-1

The Emergency Assistance application form will be used to determine eligibility for program benefits.

b. Completion of the Form

All sections are to be completed as for Emergency Assistance to include the following changes:

- Enter "WVAWC" in the upper right-hand side to distinguish this program.

NOTE: In the upper right hand side of the form enter **whether or not the application** was approved or denied.

5. Determining The Amount Of The Payment

In order to eliminate the emergency of the applicant or WVAWC customer, monies for Project Helping Hand will be utilized first, then Emergency Assistance.

- a. The applicant's eligibility for Project Helping Hand is determined. If the applicant is found eligible, he will be entitled to payment based on the amount of his total bill which includes the cutoff amount, not to exceed \$150.00.
- b. There is no time period for eligibility for WVAWC Programs other than the following:
 - (1) The applicant is limited to \$150.00 per consecutive twelve month period of time.
 - (2) The first day of this eligibility period begins with the date the water bill is approved for payment by the **Worker** contacting WVAWC.
 - (3) The eligibility period for this program ends twelve consecutive months later or when \$150.00 has been spent for payment of overdue water bills before the end of the twelve month period.

NOTE: WVAWC will keep a control of the money amount paid and the dates.

- (4) As long as the applicant has not utilized \$150.00 for payment for water cutoff during the twelve consecutive months, he will not be referred to available community resources or considered for Emergency Assistance monies.
- (5) The amount of Emergency Assistance for payment of the water bill is taken into consideration after the available monies (\$150.00) for the client has been utilized.

6. Payment Authorization Process

The Department will not make the actual payment on behalf of an eligible client. The Worker in the local office will call WVAWC and identify the customer(s) that are going to be approved. The Department will provide written authorization to WVAWC to make payment on behalf of the eligible client.

Emergency And Special Assistance Programs

After receiving written authorization, WVAVWC will credit the payment to the correct customer account. WVAVWC will also maintain information regarding the client's amounts received for payment by Project Helping Hand and the twelve month period of time.

a. Procedure

- (1) As a client is approved for Project Helping Hand, the Worker **must** call WVAVWC, 1-800-285-3470, ask for the Credit Supervisor and identify the client(s). The Credit Supervisor will then place a hold on the cutoff notice.
- (2) Each Friday, the local office **must** submit the log sheet with only the approved Project Helping Hand applicants.
- (3) The invoice/log sheet lists the date of the application, the customer's account number, name, Social Security number, address, the amount of benefits, and the counties' remaining balance.
- (4) A new invoice is used each week or each time a submittal is made even if there is only one name on the form.
- (5) The log will be sent to WVAVWC by the State Office and will be the payment authorization submitted by the Department to WVAVWC. The form should either be typed or written in black ink so that the names and account numbers are clearly legible and dark enough to be copied.

7. Notification To The Client

The appropriate notification form will be used to notify the client about the decision made on his application.

a. Denials

When the application is denied, the following statement will be entered: "Your application for benefits under the West Virginia-American Water Company Project Helping Hand has been denied because. . . (Enter the reason for the denial). The policy which governs this decision can be found in Section **19.7**, Public Utility Programs.

Emergency And Special Assistance Programs

b. Approvals

When the application is approved, the Worker will enter the following statement: "You have been found eligible for benefits under West Virginia-American Water Company Project Helping Hand in the amount of \$ _____ based on the availability of funds donated to WVAWC by their customers. If the funds are available, payment of this amount will be made on your behalf to WVAWC and will be credited to your account."

8. Verification

Verification of income in determining eligibility for program benefits is the same as that for Emergency Assistance. **See Section 19.2.**

9. Effect Upon Other Programs

a. Emergency Assistance Program

Applicants for Emergency Assistance who are requesting payment of overdue WVAWC bills must first be evaluated for benefits under Project Helping Hand. Provided that all eligibility guidelines are met, payment of Emergency Assistance benefits may be used in conjunction with Project Helping Hand benefits to eliminate the emergency.

b. **Food Stamp**, WV WORKS, **Medicaid**, and SSI Programs

Benefits received from Project Helping Hand will not be counted as income or as any resource in determining eligibility for any of these programs.

10. Fair Hearings

Fair Hearings will be conducted for applicants of Project Helping Hand following the same guidelines as **LIEAP**. Please refer to **Section 26.5,I** for instructions on client's rights to a Fair Hearing and processing requests for Fair Hearings.

11. Forms

ES-CHET-1

ES-NL-A

WVAWC Project Helping Hand invoice/log sheet