

19.7 PUBLIC UTILITY PROGRAMS

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

1. Introduction

During the months of November through March, recipients of SSI, WV WORKS, and **recipients of Food Stamp benefits** 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 **packets** 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 **are no longer eligible for** the qualifying benefits.

2. Operation

In October, application **packets** are mailed to recipients of SSI, WV WORKS, and recipients of Food Stamp **benefits** who are age 60 or older.

During the program months of November through March, application **packets** are mailed to new and reopened **AGs** that are approved for the qualifying benefits.

In addition, an application will be mailed to an individual **upon request** if he is a recipient of a qualifying benefit and has lost or failed to receive his original application **packet**. If he is not a recipient of a qualifying benefit, he will receive a notice from **DFA** 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 **DFA**.

Each month, **DFA** 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 removes the discount from those accounts.

Dependent upon the company, all discounts are removed by the end of March or April.

3. Application

When the application is received by the recipient, it contains 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 for gas and electric utility company.

4. Role Of The Local Office

The local office must:

- Refer inquiries about the program from utility companies to **DFA**.
- Send **DFA** 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 **packet** or whose original **packet was** lost or destroyed.

NOTE: If the recipient claims the original application has been lost or stolen and does not report a new address, the Worker must issue a duplicate form from RAPIDS screen CNHS. If a new address is reported by the recipient, then the new address, along with the case name, number, and Social Security Number must be forwarded to DFA, so the address can be updated on the form. A duplicate is issued by DFA.

B. NEIGHBOR TO NEIGHBOR

1. Introduction

The public utility programs consists of one seasonal utility program, Neighbor to Neighbor (**NTN**).

This program is co-sponsored by **American Electric Power Company (AEP)** and the Department of Health and Human Resources (**DHHR**) and assists public utility customers with the payment of overdue utility bills. AEP has expanded the **NTN** Program to include their Wheeling Power operating area in Northern West Virginia. The **NTN** Program covers 23 counties. See Appendix **B** 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

- The application period for this program begins upon notification to the local offices via memorandum from **DFA**. 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.
- Each Community Services Manager (CSM) or person designated by the CSM must assure that the allocated amount is not exceeded.
- Any exceptions to this policy must have prior approval **from DFA**.

3. Eligibility Guidelines

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

- 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 still considered to be a customer of AEP.
- The applicant must meet the **Low Income Energy Assistance Program (LIEAP)** eligibility guidelines. See Section 26.2.
- The applicant must submit a notice of termination received from AEP.
- 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 is used to determine eligibility for program benefits.

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(1) Completion of the Form

Enter **NTN** in the upper right-hand corner to distinguish from regular or Emergency LIEAP applications.

Section 1 - Identifying Information

Items B and C are not be completed. **All other items in Section 1 must be completed.**

Section 2 - Home Heating Information

Items A, B, C, D, and E **are not** 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 - Complete as appropriate.

Item B - The Worker **must** indicate in this space **whether or not** the client submitted a notice of termination received from AEP.

NOTE: The applicant is ineligible if this notice is not submitted.

Items C, D, and E - The Worker completes as appropriate. The Worker records **whether or not** the applicant was found eligible or ineligible and the amount of benefits that are paid on behalf of the client.

The Worker signs and dates the form.

5. Determining The Amount Of Payment

The amount of **payment** is based on the amount of **the client's** total current outstanding electric bill.

Amount of Bill	Amount of Benefits
Less than \$50	The actual amount of the bill
\$50 up to but not exceeding \$200	\$50
\$201 or more	25% of the amount of the bill

LIEAP, **NTN**, and Emergency Assistance (**EA**) must be used in that order to eliminate the emergency of the applicant or AEP customer. The following instructions are applied to determine the amount of benefits **for these programs**:

- The applicant is first 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 the LIEAP benefit is deducted from the overdue utility bill. See Chapter 26.
- The applicant's eligibility for **NTN** is determined. If the applicant is found eligible, the amount of the payment is determined from the balance remaining after the LIEAP payment is deducted.
- The applicant's eligibility for **EA** is determined. **See Section 19.2. The maximum payment is determined using the amount before any LIEAP or NTN payments are applied.**

EXAMPLE: During open application intake period for regular LIEAP, an applicant has a termination notice from the utility company for \$600, accumulated over a period of 184 days and no income in the household.

STEP 1: Determine eligibility for Regular LIEAP.

The applicant is determined eligible for a regular LIEAP payment of \$150. The client still needs \$450 (\$600 - \$150) to avoid termination. Proceed to Step 2.

STEP 2: Determine eligibility for NTN

The applicant is found eligible for a NTN payment of \$112.50 ($\$600 - \$150 = \$450 \times 25\% = \112.50). The client still needs \$337.50 ($\$600 - \$150 - \112.50) to avoid termination. Proceed to Step 3.

STEP 3: Determine eligibility for EA

The applicant is found eligible for an EA payment of \$97.80 ($\$600/184 \text{ days} \times 30 \text{ days} = \97.80). The client still needs \$239.70 ($\$600 - \$150 - \$112.50 - \$97.80 = \239.70) before the EA payment may be authorized.

The LIEAP and NTN payments are made. The client must secure the remaining balance of \$239.70 before the EA payment may be authorized.

6. Payment Authorization Process

The Department does not make the actual payment on behalf of an eligible client. Rather, the Department provides 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 transfers funds from the Special Account and the utility company credits the payment to the correct customer account. **The following describes the local office procedures:**

- Each Friday, the local office must submit **to DFA** the appropriate **invoice/log** sheet with only approved utility company applications.
- The invoice/log sheet **must** list the date of application, the customer's account number, name, address, the amount of benefits, and the remaining balance.
- A new **invoice/log must be** used each week, even if there is only one name on the form.

The log is sent to the appropriate utility company by **DFA and serves as** the payment authorization. The form **must** either be typed or written in black ink so the names and account numbers are clearly legible and dark enough to be copied.

7. Notification To The Client

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

(a) Denials

When the application is denied, the following statement is entered: "Your application for benefits under the **NTN** Program has been denied because _____. The policy which governs this decision can be found in Section 19.7 **of the Income Maintenance Manual.**" The Worker will enter name of utility company and reason for denial.

(b) Approvals

When the application is approved, the Worker enters the following statement: "You have been found eligible for benefits under the **NTN** Program in the amount of \$_____, based on the availability of funds donated to **AEP** by their customers. If the funds are available, payment of this amount will be credited to your account."

8. Verification

Verification of gross monthly income in determining eligibility is at the Worker's discretion. Unlike the LIEAP Program, this applies 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) **Low Income Energy Assistance Program** (LIEAP)

Applicants requesting program benefits under the **NTN** 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.

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(b) Emergency Assistance (EA) Program

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

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

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

10. Fair Hearing

Fair hearings are conducted for applicants of the utility programs following the same guidelines as for LIEAP. See Section 26.5.

11. Program Ending Date

The program ends when all allocated funds have been exhausted or on a specified date established between AEP and the Department.

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

12. Forms

The following forms are used for NTN:

- DFA-LIEAP-1
- ES-NL-A
- Neighbor to Neighbor invoice/log sheet

C. PROJECT HELPING HAND

1. Introduction

Project Helping Hand (PHH) is a program co-sponsored by West Virginia-American Water Company (WVAWC) and the DHHR. This program assists customers of WVAWC in 12 counties with payment of overdue water bills. See Appendix B. The payment is for water and water tax charges only. The funds are not used for associated sewer or sewer tax charges.

2. Application Period

The application period for this program begins upon notification to the local offices via memorandum from the **DFA**. This memorandum includes information regarding initial allocation of funds and the start-up date.

This program operates continuously until it is terminated by WVAWC.

Each Community Services Manager (CSM), or person designated by the CSM, must assure that the allocated amount is not exceeded.

Any exception to this policy must have prior approval of the **DFA**.

3. Eligibility Guidelines

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

- 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 **still** considered to be a customer of WVAWC.
- The applicant must meet **EA** guidelines. See Section 19.2.
- The applicant must submit a cut off notice received from WVAWC including his WVAWC account number.

4. Application Process

The application form, **OFS-2**, is used to determine eligibility for program benefits. All sections are to be completed as for **EA** to include the following changes:

- Enter WVAWC in the upper right-hand side to distinguish this program.
- 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, monies for **PHH** are utilized first, then **EA**. 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.

There is no time period for eligibility for the WVAWC Program other than the following:

- The applicant is limited to \$150 per consecutive twelve month period of time.
- The first day of this eligibility period begins with the date the water bill is approved for payment by the Worker contacting WVAWC.
- The eligibility period for this program ends 12 consecutive months later or when \$150 has been spent for payment of overdue water bills before the end of the 12 month period.

NOTE: WVAWC maintains a control of the money paid and the dates.

- As long as the applicant has not utilized \$150 for payment for water cutoff during the 12 consecutive months, he is not referred to available community resources or considered for **EA**.
- **EA is only considered** after the available monies (\$150) for the client have been utilized. See **Section 19.2**.

6. Payment Authorization Process

The Department does not make the actual payment on behalf of an eligible client. The Worker in the local office calls WVAWC and identifies the customer(s) that are approved. The Department provides written authorization to WVAWC to make payment on behalf of the eligible client.

After receiving written authorization, WVAWC credits the payment to the correct customer account. WVAWC also maintains information regarding the client's amounts received for payment by **PHH** and the **12** month period of time.

The procedure is as follows:

- **When** a client is approved for **PHH**, the Worker must call WVAWC, ask for the Credit Supervisor, and identify the client(s). The Credit Supervisor will then place a hold on the cutoff notice.
- Each Friday, the local office must submit **to DFA** the log sheet with only the approved **PHH** applicants.
- The invoice/log sheet **must** list the date of the application, the customer's account number, name, Social Security number, address, the amount of benefits, and the **county's** remaining balance.
- A new **invoice/log** is used each week or each time a submittal is made even if there is only 1 name on the form.
- The **invoice/log** is sent to WVAWC by **DFA and serves as** 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 **must** be used to notify the client about the decision made on his application.

a. Denials

When the application is denied, the following statement is entered **on the notification letter**: "Your application for benefits under the West Virginia -American Water Company **PHH** has been denied because. . . (Enter the reason for the denial). The policy which governs this decision is found in Section 19.7 **of the Income Maintenance Manual.**"

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b. Approvals

When the application is approved, the Worker enters **on the notification letter** 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 credited to your account."

8. Verification

Verification of income **requirements are** the same as that for **EA**. See Section 19.2.

9. Effect Upon Other Programs

a. Emergency Assistance Program

Applicants for **EA** who are requesting payment of overdue WVAWC bills must first be evaluated for benefits under **PHH**. Provided that all eligibility guidelines are met, payment of **EA** benefits may be used in conjunction with **PHH** benefits to eliminate the emergency. **See Section 19.2.**

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

Benefits received from **PHH** are not counted as income or as any resource in determining eligibility for any of these programs.

10. Fair Hearings

Fair Hearings are conducted for applicants of **PHH** following the same guidelines as LIEAP. See Section 26.5.

11. Forms

The following forms are used for PHH:

- **OFS-2**
- ES-NL-A
- WVAWC Project Helping Hand invoice/log sheet