Medical-Legal Partnership Project News November 2006

Utility Shutoffs: A Primer for Pediatric Clinicians

by Gladys Nieves, Senior Staff Attorney, and Tara Liscombe, Legal Intern, Medical-Legal Partnership Project

One area of the law that often frustrates primary care providers is the issue of utility shutoffs and the "hardship" cases which exempt families from shutoffs. Since winter is on the horizon, this article is intended to clarify some of the misconceptions about utility shutoffs and provides some guidance to clinicians who treat low-income families who present utility hardship forms to clinical providers.

What is a utility?

A utility is gas, electricity, or water supplied by a utility company.

When can a utility be shut off?

Most often, a utility may be shut off after a failed attempt to make reasonable payment arrangements on a delinquent account. Other reasons for shutoff include failure to provide reasonable access to equipment, emergency, lack of identity, fraud, failure to provide required certifications, and/or noncompliance with rules.

Are there any exceptions?

Yes, the main exceptions include hardship and life threatening situations. Other exceptions include, but are not limited to, delinquency by previous occupant, failure of utility company to provide notice of customer rights, and/or failure to pay for merchandise purchased from the utility company.

What is a hardship?

A hardship is a situation that qualifies a family for protection from shutoff during the fall/winter months (November 1 through April 15). During the spring/ summer months (April 16 through October 31), a hardship case will only be protected if the family has made a payment arrangement with the utility company. The following cases qualify as a hardship:

1. Person receiving local, state, or federal public assistance (e.g. Medicaid, SSI, cash assistance)

2. Person whose sole source of income comes from social security, veteran's or unemployment compensation benefits

3. Person head of household and unemployed and income of all adults in home is less than 300% of the federal poverty level

4. Serious illness

5. Person's income is less than 125% of the federal poverty level

6. Circumstances threaten deprivation of food and the necessities of life if payment of a delinquent utility bill is required. Please note necessities of life means those things without which survival would be endangered, including but not limited to: food, clothing, shelter, medical expenses, and heat.

What is a life threatening situation?

A life threatening situation is defined as a condition certified by a licensed physician that would endanger the life of the customer or a member of the customer's household if gas or electric service is terminated.

What is a serious illness?

No definition of serious illness is provided in the Connecticut statutes or regulations.

Is serious illness considered a hardship?

Yes, it is considered just one of many hardship scenarios that would provide families with limited protection from shutoffs, as defined above.

When can a physician certify a patient to be in a life threatening situation or to have a serious illness?

Connecticut law gives a physician full discretion to determine what is considered a serious illness and what is a

life threatening situation. While it is unlikely that a physician's decision would be challenged, it is possible that the decision may be reviewed and scrutinized by the utility company.

How does a family apply for a hardship?

The family must call their utility company and state that they are eligible for a hardship. In the case of serious illness, the physician must fill out a form certifying that the patient has a serious illness. These medical forms must contain the name and address of the patient, the length of the serious illness, and the physician's office address and phone number. The physician need not specify the exact illness. Other hardships are to be documented to the utility companies via bank statements, pay stubs, etc.

Hardship requests and medical forms discussed above must be submitted no later than 13 days after the mailing of the



termination notice. The medical forms must be renewed every 15 days, unless the length specified for the illness is longer, at which point it must be renewed when that time expires.

Connecticut utility companies have different procedures for submission of hardship requests. For more information, please ask the family to contact their local utility company: Connecticut Light and Power (CL&P): 860-947-2828.

Connecticut Natural Gas (CNG): 860-727-3000

Yankee Gas: 800-286-5844 for serious illness 800-438-2278 for all other hardships

Will the family always be protected in the winter because of a hardship?

If a family asked for protection via a hardship before and the family did not make a payment arrangement (or failed to make minimum payments) and/or agree to pay at least \$100 or 20% of amount owed to a gas company, the *gas* company may legally opt to discontinue service throughout the winter. Please ask the family to call the electric company for their latest policy.

How is a life threatening situation protected?

A life threatening situation is protected from shutoff year round, regardless of the amount of money the customer owes. Please note that this does not prevent the utility company from suing a customer for failure to make payment.

Are there any forgiveness programs?

Yes. Please encourage families to inquire about forgiveness programs. Most Connecticut utility companies offer payment plans to low-income families which "forgive" back debt in exchange for making regular payments, as long as the family uses the utility for heat and they are receiving energy assistance.

Where can a family receive energy assistance?

Energy assistance information:

Infoline 24-hour Hot Line: 211

Community Renewal Team: 860-560-5800

Energy Assistance Hotline: 800-842-1132

Energy Assistance Website: *www.ct.gov/staywarm*

For more information, please contact Gladys Nieves, MLPP Senior Staff Attorney, at *gnieves@ccmckids.org* or 860-545-8581.

Important Medicaid Change Requiring Documentation Threatens Eligibility

by Gladys Nieves, Senior Staff Attorney, Medical-Legal Partnership Project

Effective July 1, 2006, a new federal law requires United States citizens who apply for Medicaid, or wish to renew their coverage, to provide proof of citizenship.

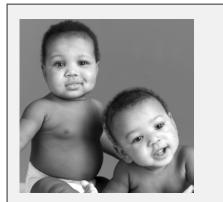
In order to prove citizenship, individuals must produce an original or certified copy of a birth certificate, passport, adoption decree, citizen ID card or other accepted official record. This requirement will inevitably result in delays in coverage and in many cases, denial of coverage to eligible applicants.

The State of Connecticut may lose millions in federal dollars if it fails to comply with the new federal requirements. Interestingly, Connecticut, even if it complies, may still incur higher costs due to the increase in treatment for the uninsured, a problem that will most likely occur to many families who are simply unable to verify citizenship status.

Verifying citizenship status may seem like an easy feat to many, however, in reality many citizens do not have at their disposal original copies of their birth certificates and were born out of state, or, in many cases, out of the country. These families will have a difficult time tracking down their birth records, not just due to bureaucratic delays they will encounter, but also because many will lack the financial means needed to obtain these records in a timely manner. The state is allowing, in worst case scenarios, individuals who cannot track down important governmental documents to submit an affidavit, signed under penalty of perjury; however, these affidavits must also be signed by two individuals, one of whom cannot be related to the applicant, who can verify the applicant's citizenship status. These individuals must be US citizens themselves, and provide such proof upon submission.

While there are some exemptions allowed under the law, such as for women with breast or cervical cancer and/or Medicare enrollees applying or renewing Medicaid coverage, the law affects over 300,000 Connecticut citizens. In an important recent development, federal judge Ronald Guzman issued an interim ruling in regard to Plaintiffs' motion for a preliminary injunction in the nationwide class action lawsuit, *Bell v. Leavitt*, filed June 28 2006 against Mike Leavitt, Secretary of the U.S. Department of Health and Human Services. In his opinion, Judge Guzman ruled that he would likely order an injunction exempting 500,000 children in foster care from a new Medicaid regulation requiring recipients to show proof of citizenship. See www.povertylaw.org/news-andevents/misc/medicaid-lawsuit/default

If your patient or family is denied Medicaid because of citizenship/ documentation requirements, please call the MLPP at 860-714-1412 or 860-545-8581.



We'd like to hear from you!

To submit questions for the next edition of MLPP News, or to refer a case to the MLPP, contact jsicklic@kidscounsel.org or, call Jay Sicklick at 860-714-1412.

For information about the Medical-Legal Partnership Project, go to www.ccmckids.org/mlpp or www.kidscounsel.org/ aboutus_programs_mlpp

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