

**A.11-05-017 et al.; 2012-2014 CARE/ESAP Budget Proceeding
Recommendations of the Center for Accessible Technology Regarding (C
June 5, 2012**



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High-Use CARE Customers:

- The Parties have reached a consensus on CARE customers with the highest levels of use (>400% of average).
- All parties agree that these customers should face a review, and that safeguards should be incorporated to protect legitimate CARE customers and help them reduce their usage.
- The PD should be modified to incorporate the agreed-upon safeguards (effective notice, enrollment in ESAP, reasonable time for reductions in usage, opportunity for appeal).

90% Enrollment Goal:

- While no party sought changes to the long-standing enrollment goal of 90% of eligible households, the PD would de-emphasize this goal and prioritize “quality” enrollments.
- Under the vision of the PD, high levels of enrollment constitute a problem to be fixed, not a sign of effective outreach.
- The PD treats CARE customers as likely proponents of fraud, and treats all Categorical Eligibility enrollments as suspect.

Categorical Eligibility:

- The PD would effectively eliminate the use of Categorical Eligibility and thus lead to the removal of hundreds of thousands of eligible CARE customers. By requiring all new CARE enrollees to produce income-documentation within three months of enrollment, the PD makes Categorical Eligibility meaningless.
- The PD also requires 25% of all CARE customers to undergo Post-Enrollment Verification annually, and it requires income documentation for all renewals.
- The documentation requirements will result in the loss of many eligible customers from the CARE program with no showing that it will target ineligible customers, or even that there is an issue of ineligible customers enrolling in CARE.
- The PD goes far beyond the authority sought by the IOUs, citing minimal and misstated evidence in support of its changes.
- The PD’s changes will result in extensive and undetermined new administrative costs.

Recommendations:

- Revise high-usage provisions to incorporate agreed-upon safeguards.
- Remove language that conveys hostility toward low-income ratepayers and incorporate recognition of the importance of CARE as an affordability tool for low-income households.
- Maintain the 90% enrollment goal.
- Retain a meaningful Categorical Enrollment process, including recertification.
- Adopt modest increases in post-enrollment verification based on evidence provided during the pending proceeding.
- Hold workshops as part of a second phase of the proceeding to address any concerns regarding the potential lack of alignment in eligibility guidelines between some of the Categorical Eligibility programs and CARE.