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Witness: Sylvie Ashford

PREPARED TESTIMONY OF SYLVIE ASHFORD

ADDRESSING CARE AND FERA

Submitted on Behalf of

THE UTILITY REFORM NETWORK

360 Grand Avenue, #150
Oakland, CA 94610

Telephone: (415) 929-8876
Facsimile: (415) 912-1422
E-mail: sashford@turn.org

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TABLE OF CONTENTS

I. INTRODUCTION AND SUMMARY 1

II. BACKGROUND 2

A. The CARE Program is Essential and Must Be Protected 2

B. FERA Enrollment is Inadequate and Must be Expanded 3

III. ISSUE 4.A - CARE AND FERA ELIGIBILITY, ENROLLMENT, RECERTIFICATION, AND POST-ENROLLMENT VERIFICATION 4

A. The Commission Must Reject SCE's Upfront Verification Proposal 4

1. SCE's Proposal Will Reduce CARE and FERA Participation 5
2. SCE's Proposal Addresses an Unevidenced Problem 9
3. SCE's Proposal is Not Cost-Effective 13
4. SCE's Proposal Increases Administrative Burden and Harms Equity 15
5. SCE's Other Arguments Are Not Compelling 17

B. The Commission Should Deny SCE and SDG&E's Proposals for a Standalone FERA Application Form 18

C. The Commission Should Reject SDG&E's Request to Increase the PEV Cap to 20% and Deny SoCalGas's Request for PEV Flexibility 21

D. The Commission Should Reduce PG&E's Request for PEV Spending 25

IV. ISSUE 1.A - CARE 26

A. The Commission Should Apply the Escalation Recommendations in Ex. TURN-01 (ESA) to CARE and FERA Costs 26

V. ISSUE 2.A – FERA 27

A. The Commission Should Require PG&E and SCE to Adopt More Ambitious Goals for FERA Enrollment 27

VI. ISSUE 1.B – CHANGES 31

A. The Commission Should Authorize $4.3 million Annually for CHANGES 31

B. The Commission Should Assume Responsibility for CHANGES Evaluations 34

C. The IOUs Should Uniformly Report CHANGES Funding 35

APPENDIX A 36

I. INTRODUCTION AND SUMMARY

On January 9, 2026, Pacific Gas and Electric Company (PG&E), Southern California Edison Company (SCE), San Diego Gas & Electric (SDG&E), and Southern California Gas Company (SoCalGas) (collectively the "IOUs") filed Applications (A.) 26-01-003 et al., requesting approval of their individual 2028-2033 Income-Qualified Programs.[1] On February 10, 2026, Administrative Law Judge Toy consolidated the applications into a single proceeding.[2]

This testimony presents the recommendations of The Utility Reform Network (TURN) regarding IOU proposals for the California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) programs. Separate exhibits present TURN's recommendations related to the Energy Savings Assistance (ESA) programs, process issues, and definitional issues.[3] This testimony is sponsored by Sylvie Ashford with a statement of qualifications included as Appendix A.

SUMMARY OF RECOMMENDATIONS

Issue 4.A: Eligibility, Enrollment, Recertification, and Post-Enrollment Verification

- The Commission must reject SCE's proposal to replace self-attestation with upfront income verification for CARE and FERA enrollment. SCE's proposal would reduce participation in low-income programs, addresses a problem that SCE has failed to demonstrate exists, is not cost-effective, and would impose an administrative burden on the state's most vulnerable low-income households. Rejecting the proposal reduces SCE's CARE and FERA administrative budget by $8.635 million over the cycle and supports access to the important benefits of CARE and FERA for eligible customers.

- The Commission should deny SCE's and SDG&E's proposals to create a standalone FERA application form, which would introduce costs without demonstrated benefits. Rejecting these proposals reduces SCE's FERA Outreach budget by $450,000 and SDG&E's FERA IT budget by at least $219,675 over the period.

[1] A.26-01-003 (PG&E); A.26-01-005 (SCE); A.26-01-010 (SDG&E); A.26-01-011 (SoCalGas).
[2] A.26-01-003 et al., Administrative Law Judge's Ruling Consolidating Proceedings and Setting Prehearing Conference, February 10, 2026.
[3] See Ex. TURN-01 (Prepared Testimony of Jennifer Kallay) on ESA programs; Ex. TURN-03 (Prepared Testimony of Julia de Lamare) on definitional issues, and TURN-04 (Prepared Testimony of Hayley Goodson) on process issues.

- The Commission should reject SDG&E's request to increase its CARE PEV cap from 6% to 20% and deny SoCalGas's request for uncapped PEV flexibility. Higher PEV rates create enrollment barriers and impose administrative costs, and neither utility has demonstrated that its existing cap will prevent it from reaching enrollment targets.

- The Commission should deny PG&E's $2.7 million request for a new third-party PEV platform for CARE and FERA because it is costly and untested, and instead direct PG&E to submit a Tier 2 Advice Letter reporting pilot results to seek additional funding.

Issue 1.A: CARE and FERA Cost Escalation

- The Commission should apply the cost escalation recommendations in Ex. TURN-01 (ESA) to the IOUs' presentation of CARE and FERA costs.

Issue 2.A: FERA Goals

- The Commission should adopt a PY 2033 FERA enrollment goal of at least 50% of the eligible population for SCE and PG&E, and 70% for SDG&E. Expansion of the eligible population, introduction of the BSC discount, and increased ME&O spending support higher enrollment expectations than the IOUs' proposed goals.

Issue 1.B: CHANGES

- The Commission should authorize $4.3 million annually for the CHANGES program for the 2028-2033 cycle, consistent with the May 2026 CPUC Staff Proposal.

- The Commission should assume responsibility for CHANGES evaluation contract management, rather than delegate to an IOU.

- The IOUs should uniformly present the CHANGES budget as a separate line item within the CARE administrative budget.

II. BACKGROUND

A. The CARE Program is Essential and Must Be Protected

The California Alternate Rates for Energy (CARE) program provides a discount on electric and gas service to low-income customers. As established by Public Utilities Code § 739.1, the large IOUs are required to offer eligible customers a discount of 30 to 35% on their electric bills and 20% on gas bills. Households are eligible for CARE if their income is below 200% of the Federal Poverty Level (FPL) or if they participate in a qualifying public assistance

program such as Medi-Cal, SNAP, or the Low-Income Home Energy Assistance Program (LIHEAP).[4]

CARE is a vital resource for energy affordability. As of July 2026, about 3 million households were enrolled in CARE through the electric IOUs, or approximately 25% of all customers.[5] The enrollment rate is currently at or near 100% of the eligible population in each IOU service territory.[6] As utility bills have risen dramatically in recent years, CARE has only grown more critical for households to afford essential utility services. The large IOUs' electricity rates have increased 69-101% since 2016, and as of May 2026, more than one in five households were behind on paying their energy bills, with over $500 in average outstanding debt.[7] The Commission's determinations in this proceeding regarding CARE funding, enrollment processes, and enrollment targets will be consequential for millions of low-income California residents.

B. FERA Enrollment is Inadequate and Must be Expanded

The Family Electric Rate Assistance (FERA) program provides an 18% discount on electric bills for households with income between 200 and 250% FPL.[8] As required by Public Utilities Code § 739.12, the large electric IOUs (PG&E, SCE, and SDG&E) administer FERA and SoCalGas, as a gas-only utility, does not. Until recently, FERA eligibility was limited to households with three or more residents. Senate Bill (SB) 1130 (2024) removed this limitation and extended FERA eligibility to all household sizes.[9]

Compared to CARE, FERA is significantly under-enrolled. As of July 2026, about 135 thousand customers were enrolled in FERA, just 18% of approximately 750 thousand eligible

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[4] "CARE/FERA Program," The California Public Utilities Commission, accessed September 2026 at: https://www.cpuc.ca.gov/industries-and-topics/electrical-energy/electric-costs/care-fera-program

[5] CARE participants and total residential accounts per the IOUs' Monthly Reports on Low Income Assistance Programs for July 2026, "CARE Program Table 2," available at A.19-11-003. CARE customer counts: SoCalGas 1,662,817, PG&E 1,360,581, SCE 1,348,960, and SDG&E 280,814. Total residential accounts: SoCalGas 5,781,309, PG&E 5,737,907, SCE 4,673,926, and SDG&E 1,470,281.

[6] See Table 6 below (Percent of Eligible Customers Enrolled in CARE by IOU).

[7] "Q2 2026 Rates Report," Public Advocates Office, pp. 4-5. https://www.publicadvocates.cpuc.ca.gov/-/media/cal-advocates-website/files/press-room/reports-and-analyses/260727-public-advocates-office-q2-2026-electric-rates-report.pdf

[8] "CARE/FERA Program," The California Public Utilities Commission, accessed September 2026 at: https://www.cpuc.ca.gov/industries-and-topics/electrical-energy/electric-costs/care-fera-program

[9] California Senate Bill 1130 (2024), available at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1130

customers across the electric IOUs.[10] However, multiple recent developments may drive higher enrollment. In 2018, SB 1135 codified FERA in statute and raised the discount from 12 to 18%, increasing the incentive for customers to enroll.[11] In 2024, SB 1130 enlarged the pool of potential FERA customers by expanding eligibility to one- and two-person households. Between October 2025 and March 2026, each of the large electric IOUs implemented the new Base Services Charge, which is discounted 50% for FERA customers, providing an additional $12 in monthly savings for customers enrolling in the program.[12] The Commission's determinations in this proceeding regarding funding, enrollment processes, and enrollment targets should seek to facilitate higher enrollment and ensure FERA supports its growing customer base.

III. ISSUE 4.A - CARE AND FERA ELIGIBILITY, ENROLLMENT, RECERTIFICATION, AND POST-ENROLLMENT VERIFICATION

A. The Commission Must Reject SCE's Upfront Verification Proposal

SCE proposes redesigning the CARE and FERA enrollment process to require upfront income verification through supporting document submission.[13] Currently, IOU customers enroll in CARE and FERA by self-attesting their eligibility based on income qualification or categorical eligibility via participation in a qualifying assistance program.[14] Within two to six years, customers are prompted to recertify eligibility through another round of self-attestation.[15] To ensure that enrollees meet eligibility criteria, IOUs perform post-enrollment verification (PEV) on a random sample of participants, as well as customers with very high usage.[16]

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[10] FERA participants and total residential accounts per the IOUs' Monthly Reports on Low Income Assistance Programs for July 2026, "FERA Program Table 2," available at A.19-11-003. FERA customer counts: PG&E 56,912, SCE 52,911, and SDG&E 24,619. FERA eligible accounts: PG&E 314,839, SCE 357,896, and SDG&E 80,558.
[11] California Senate Bill 1135 (2018), available at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1135
[12] D. 24-05-028, p. 3. ("Customers enrolled in the Family Electric Rate Assistance program…shall automatically pay a discounted fixed amount (approximately $12 per month).")
[13] Ex. SCE-03, p. 11.
[14] *Id*, p. 15.
[15] *Id*, pp. 16-17.
[16] Ex. SCE-03, pp. 17-19.

Under SCE's proposal, customers seeking to enroll in CARE or FERA would be required to submit documents with their application such as "pay stubs, tax returns, or proof of participation in qualifying public assistance programs" for each working member of the household.[17] Instead of recertifying, customers would be required to submit new supporting documents every three years.[18] With this upfront verification process, SCE would phase-out traditional (random) PEV, while continuing to monitor high-usage customers.[19]

TURN urges the Commission to reject this proposal in full. As established in the following sections, SCE's proposal would reduce participation in low-income programs, addresses a fraud problem SCE has failed to demonstrate exists, is not cost-effective, and would impose an administrative burden on the state's most vulnerable low-income households. Rejecting SCE's upfront income verification proposal reduces SCE's CARE and FERA administrative budget forecast by $8.635 million over the cycle, or $1.439 million annually, and increases the subsidy budget by $666.2 million, or $111 million annually.[20] Along with rejecting this proposal, the Commission should authorize SCE to instead continue funding traditional PEV and its customer eligibility propensity model, in line with the other IOUs.

1. SCE's Proposal Will Reduce CARE and FERA Participation

SCE proposes a CARE enrollment goal of 92% for the 2028-2033 cycle.[21] This represents a decline from present levels; SCE's enrollment rate ranged from 91% to 104% between 2021 and 2025,[22] and was 104% as of July 2026.[23] SCE states that this goal represents "both a performance benchmark and a strategic objective."[24] Transitioning to upfront income verification, SCE acknowledges, "may introduce new challenges to sustaining high enrollment levels for eligible customers in the upcoming program cycle," and requests that the Commission "remain flexible" if SCE seeks to revise – in other words, further reduce – its CARE penetration

[17] *Id*, p. 28.
[18] *Id*, p. 23 (Figure III-1) and p. 32.
[19] *Id*, pp. 33-34.
[20] Ex. SCE-07, pp. 7-8.
[21] *Id*, p. 46.
[22] *Id*, p. 44 (Table III-3).
[23] A.19-11-003 et al., Monthly Report of Southern California Edison Company on Low Income Assistance Programs for July 2026, August 21, 2026, p. 45. https://docs.cpuc.ca.gov/PublishedDocs/Efile/G000/M615/K927/615927641.PDF
[24] Ex. SCE-03, p. 46.

goals in the future.[25] In contrast, none of the other IOUs propose upfront income verification approaches to achieve their enrollment goals. PG&E proposes a CARE enrollment goal of 93% (with actual enrollment at 99% in 2025),[26] SDG&E proposes 90% (101% in 2025),[27] and SoCalGas proposes 95% (109% in 2025) for the 2028-2033 period.[28]

The Commission should not authorize SCE's upfront income verification proposal because it could cause CARE participation to decrease unacceptably, and result in the unenrollment of eligible customers. SCE's estimates of enrollment levels under its proposal rely on multiple faulty assumptions. First, SCE assumes that new CARE enrollments will decline by 35% under the new system.[29] SCE saw 305,842 new CARE enrollments in 2024, and expects those enrollments to increase through 2028, until decreasing to 220,183 in 2029 upon implementation of the upfront verification process.[30] Second, SCE assumes that 70% of existing CARE customers selected for enrollment review will successfully meet the requirements for re-enrollment.[31]

These assumptions are not supported by the observed behavior of customers under the current PEV system, where response rates to requests for income documentation are consistently low. Tables 1 and 2 below present the CARE and FERA response rates to PEV from 2022 through 2025. This data indicates that across IOUs, a majority of those selected for CARE PEV do not respond to the utility's request, typically between 50 and 80% of customers.

[25] Ex. SCE-03, p. 44.
[26] Ex. PG&E-01E, p. 2-14.
[27] Ex. SDG&E-02, p. 4.
[28] Ex. SCG-01, p. OV and RC-20.
[29] SCE Response to TURN DR 5, Q21.
[30] SCE Response to TURN DR 6, Q9, Attachment (CARE Participation %).
[31] SCE Response to TURN DR 5, Q21.

Table 1: CARE PEV Response Rates, PY 2022-2025[32]

Year	PG&E	SDG&E	SCE	SoCalGas
2022	24%	30%	2%	45%
2023	34%	40%	9%	39%
2024	35%	42%	50%	34%
2025	28%	44%	25%	32%

Table 2: FERA Traditional PEV Response Rates, PY 2022-2025[33]

Year	PG&E	SDG&E	SCE
2022	n/a	77%	2%
2023	23%	35%	2%
2024	23%	43%	28%
2025	7%	37%	9%

SCE's assumptions that requiring document submission upon enrollment will only reduce new enrollments by 35%, and that upon prompting for re-enrollment, 70% of customers will successfully re-enroll, appear unfounded. These assumptions would require the Commission to expect that customers will engage in a document intensive process at roughly twice the rate that customers respond to PEV today. Instead, it is more plausible to expect that a higher percentage of customers will be discouraged from applying, or from responding to a recertification request. Using SCE's enrollment estimation tool, altering only the assumption of re-enrollment success from 70% to 60% would cause SCE's CARE population to fall to 89% – below the Commission's minimum goal of 90% – by 2031.[34]

Importantly, SCE provides no evidence that these customers are ineligible for CARE. As SCE acknowledges, "this transition may result in some attrition, as customers who are unable or unwilling to complete the verification process may exit the program."[35] Of the customers who do respond to SCE's traditional PEV requests, the vast majority are found eligible.[36]

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[32] Data provided in SCE response to TURN DR 5, Q12; PG&E response to TURN DR 3, Q15; SoCalGas response to DR 6, Q6; SDG&E response to TURN DR 6, Q9 ("SDG&E PEV Table - Response"). PEV rates here reflect both high-usage and traditional PEV rates, as not all IOUs provided rates separately.
[33] Data provided in SCE response to TURN DR 5, Q29; PG&E response to TURN DR 9, Q11; SDG&E response to TURN DR 7, Q8 ("SDG&E FERA PEV Table - Response").
[34] Tool from SCE response to TURN DR 6, Q9, "Care Participation %.xlsx."
[35] Ex. SCE-03, p. 44.
[36] SCE response to TURN DR 5, Q12.

SCE's proposal also threatens to harm FERA participation. SCE proposes a FERA enrollment goal of 30% by 2033, up from 10% in 2025.[37] The utility cites expanded FERA eligibility and benefits, as well as planned FERA marketing, education, and outreach activities, for this increase. In addition, SCE forecasts another 5 percent increase in 2029 FERA enrollments due to the new upfront verification process.[38] SCE expects this trend because, it asserts, "Historically, many FERA-eligible customers have enrolled in the CARE program when self-certifying their eligibility."[39] By way of evidence SCE provides ten examples of CARE customers providing income documentation which confirms their eligibility for FERA.[40] SCE also claims that it has identified 23,000 CARE participants with household and income characteristics in line with FERA, due to the misalignment between CARE income boundaries and categorical eligibility pathways identified by the 2023 Evergreen Economics Study.[41] This small sample of cases, however, does not provide support for SCE's calculation that FERA will see a 5% enrollment increase from the new upfront verification process.

SCE also assumes that 70 percent of FERA customers selected for re-enrollment will successfully meet requirements for reenrollment.[42] This assumption is not supported by recent data. As shown in Table 2 above, SCE's FERA PEV response rate has been below 30 percent each year 2022 to 2025. Using SCE's enrollment estimation tool, altering the assumption of re-enrollment success from 70% to 60%, and the impact of upfront verification on initial enrollments from +5% to -35% (the same reduction SCE assumed for CARE customers from the burden of upfront verification), SCE's FERA enrollment would only reach 25% by 2033.[43]

The Commission has consistently embraced a goal of high enrollment in CARE. PUC § 739.1, which codifies the CARE program, directs the Commission to "examine methods to improve CARE program enrollment and participation" and to "improve the CARE program application process…to ensure that all gas and electricity customers eligible for public assistance programs in California that reside within the service territory of an electrical corporation or gas

[37] Ex. SCE-03, p. 81.
[38] SCE Response to TURN DR 5, Q30.
[39] Ex. SCE-03, p. 24, lines 16-17.
[40] SCE Response to TURN DR 5, Q14, p. 1.
[41] *Id.*
[42] SCE Response to TURN DR 5, Q30.
[43] Tool from SCE Response to TURN DR 5, Q30, "FERA Upfront_Enrollment."

corporation, are enrolled in the CARE program."[44] In D.02-07-033, the Commission stated that "Simply put, our goal is to reach 100% of low-income customers who are eligible for, and desire to participate in, the CARE program."[45] In D.08-11-031, the Commission adopted the 90% enrollment goal which is still in effect today, stating that "[w]hile we do not abandon a 100% CARE penetration target, we recognize the difficulty of reaching this goal."[46] Each subsequent decision on CARE has affirmed this 90% enrollment goal as a minimum floor for participation, and encouraged the IOUs to expand access for low-income customers.

Towards this goal, for decades, customers have been able to enroll in CARE through self-certification. In 1996, the Commission authorized a SoCalGas pilot to test the impacts of upfront verification on program enrollment. With that approval, the Commission required SoCalGas to collect data to demonstrate whether "rates of ineligibility and cost savings outweigh the barrier to participation caused by up-front income verification."[47] Ultimately, the pilot resulted in a decline in CARE program participation and an increase in administrative verification costs.[48] In the nearly thirty years since, the Commission has continued to authorize self-certification as an appropriate enrollment method for CARE, paired with a post-enrollment verification (PEV) process. As articulated by the previous IQPs decision D.21-06-015, the PEV process "balances the desire for the maximum number of eligible customers to participate with the need to verify participant eligibility."[49] The Commission should reject SCE's upfront verification proposal because it upsets this balance and risks removing a significant number of eligible CARE customers from the program.

2. SCE's Proposal Addresses an Unevidenced Problem

The Commission should reject SCE's claim that fraudulent enrollment in CARE is a problem which necessitates its upfront income verification proposal. SCE asserts that "there may

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[44] PUC § 739.1 (emphasis added).
[45] D.02-07-033, p. 4.
[46] D.08-11-031, pp. 6-7.
[47] Resolution G-3182, March 13, 1996, p. 7. Accessed at: https://files.cpuc.ca.gov/gopher-data/energy_division/res-g1117-g3214/G-3182.pdf
[48] SoCalGas saw its CARE population decline by 97,000 customers, a portion of which it attributed to the pilot, per Sempra Advice No. 2748, October 1, 1998, Attachment B-4, p. 2. Accessed at: https://liob.cpuc.ca.gov/wp-content/uploads/sites/14/2020/12/Al2748.pdf
[49] D. 21-06-015, p. 22.

be customers receiving CARE benefits that are not income-qualified to receive them."[50] In discovery, TURN asked SCE to provide all evidence of fraudulent enrollment in CARE. SCE offers three responses, which we address here.

First, SCE asserts that consistent enrollment over 100% of the eligible population is evidence that ineligible customers are receiving CARE benefits.[51] Contrary to SCE's characterization, program participation has *not* consistently exceeded 100% of the eligible population. SCE's CARE participation rate was lower than 100% in five of the past nine years. Participation was below the Commission's minimum goal of 90% enrollment as recently as 2017, 2018, and 2019 (84-89%), and dipped below 100% in 2022 and 2023.[52]

There are multiple reasons why enrollment rates have risen in recent years including expanded marketing, education and outreach (ME&O) efforts, and changes to the eligible population over time.[53] Another factor is PEV utilization. SCE is permitted to subject up to 7% of CARE customers to PEV annually. As shown in Table 3 below, in each year during the 2017-2025 period when enrollment exceeded 100%, SCE subjected less than 1% of CARE customers to traditional PEV.[54] In contrast, in the years with enrollment below 100%, SCE subjected between 1.9% and 6.8% of customers to traditional PEV. This pattern suggests that SCE's CARE over-enrollment is not a chronic problem nor an intractable one under the current self-attestation and PEV process.

[50] Ex. SCE-03, p. 5.
[51] SCE Response to TURN DR 5, Q4, p. 2.
[52] *Id,* pp. 1-2.
[53] SCE Response to TURN DR 5, Q27.
[54] SCE Response to TURN DR 9, Q1.

Table 3: SCE PEV Utilization and CARE Enrollment Rates, 2017-2025[55]

	Traditional PEV	High Usage PEV	CARE Enrollment Rate
2017	3.9%	4.1%	84%
2018	3.8%	5.4%	85%
2019	6.8%	1.8%	89%
2020	0.6%	0.2%	107%
2021	0.0%	0.1%	104%
2022	3.9%	2.7%	91%
2023	1.9%	0.3%	98%
2024	0.9%	0.3%	104%
2025	0.7%	0.6%	106%

Setting aside SCE's mischaracterization of its enrollment trends, program enrollment above 100% does not prove that ineligible customers are enrolled in CARE. Over enrollment is just as likely to indicate that estimates of customer eligibility *undercount* eligible customers. Evidence suggests that this may be the case. The Joint Utility Eligibility Study Methodology estimates the number of households that meet CARE income eligibility criteria based on Census demographic and geographic mapping data.[56] But because of the aforementioned differences between certain categorical eligibility programs and the CARE income requirements, this approach may undercount the customers who are eligible for CARE through other public assistance pathways – for example, customers eligible for Medi-Cal with income above 200% FPL. SCE acknowledges this in discovery, stating that "the current methodology reflects income-based eligibility estimates and may not fully capture all customers who qualify for CARE through categorical eligibility pathways."[57] The IOUs are currently exploring whether the eligibility study should include an evaluation of both income-based and categorical eligibility pathways in the future.[58]

SCE also points to an analysis it performed using U.S. Census Data at the ZIP code level.[59] SCE identified 190 ZIP codes in its service territory with potential over enrollment compared to demographic estimates of the eligible population. However, SCE has 770 ZIP codes

[55] SCE response to TURN DR 9, Q1 Atch 1, and SCE response to TURN DR 5, Q4, pp. 1-2.
[56] *Id*, p. 3.
[57] *Id*, p. 4.
[58] *Id*, p. 4.
[59] Ex. SCE-03, p. 21.

– 60 of which it has also identified as having potential CARE under enrollment compared to demographic data.[60]

Second, SCE highlights that CARE customers have been removed from the program for ineligibility through the PEV process. Between 2022 and 2025, SCE de-enrolled 203 customers who were found to be income ineligible through the PEV process.[61] But that represents just 0.1% of the 144,135 customers subjected to PEV over the period; 14% were successfully verified, while 66% did not respond to the PEV request. The small number of customers de-enrolled for ineligibility pales in comparison to the large number of customers de-enrolled for non-response, a population likely to contain *eligible* customers discouraged by the administrative burden of the PEV requirement. Outside of this small number of de-enrolled customers, SCE does not have additional evidence of ineligible customers currently enrolled in CARE because it "does not maintain a population of customers determined to be ineligible for CARE while simultaneously receiving CARE benefits."[62]

Table 4: SCE CARE PEV Outcomes, 2022-2025[63]

	Customers	% of Total Subjected to PEV
Income Verified	20,266	14.1%
De-enrolled (No Response)	95,557	66.3%
De-enrolled (Income Ineligible)	203	0.1%
Other	28,109	19.5%
Total Subjected to PEV	**144,135**	**100.0%**

Third, SCE cites the 2023 Evergreen Economics Categorical Eligibility Report, arguing that the report's identification of misalignment between the income criteria of certain categorical eligibility programs and CARE's income thresholds demonstrates that ineligible customers are enrolled in CARE.[64] But because customers enrolled via categorical eligibility are not required to separately provide income information, SCE only confirms that 24,426 categorically-enrolled customers who have provided income information have incomes in excess of the CARE income

[60] SCE Response to TURN DR 5, Q13, pp. 1-2.
[61] SCE response to TURN DR 5, Q4, p. 2.
[62] SCE response to TURN DR 5, Q4, p. 3.
[63] Data provided in SCE response to TURN DR 5, Q4, p. 2.
[64] SCE response to TURN DR 5, Q4, p. 2.

thresholds,[65] or 1.8% of 1,348,960 total CARE customers as of July 2026.[66] More critically, this argument is misplaced because the question of whether customers are enrolled in CARE due to misalignment between categorical and income eligibility pathways is entirely different from the question of enrollment process integrity. SCE's proposed upfront verification process would not resolve the issue, as customers enrolled through a categorical pathway that SCE considers "misaligned" would still satisfy the program enrollment documentation requirements. SCE's proposed solution is unrelated to the problem SCE claims to identify.

In sum, SCE provides insufficient evidence to suggest that customers ineligible for CARE are receiving benefits. Neither its enrollment rates, PEV de-enrollment data, nor the Evergreen study demonstrate that there is a problem of fraudulent enrollment which needs to be addressed with an upfront income verification process. The Commission should not authorize a new upfront income verification process, which increases costs and enrollment barriers, to solve a problem that SCE has failed to show exists.

3. SCE's Proposal is Not Cost-Effective

The Commission should also reject SCE's proposal because it is not cost-effective. First, SCE's proposal will increase administrative costs significantly, by $8.635 million over the period.[67] SCE forecasts that the average processing cost to enroll or re-enroll a customer in CARE will be $8.59.[68] This represents a 68% increase over the forecast of $5.10 per enrollment or recertification in 2028.[69] For FERA, SCE forecasts that costs will be $10.73 compared to $8.58.[70] This higher cost "reflects the additional effort required to review and validate documentation demonstrating customer eligibility."[71] SCE plans to conduct this document review in-house, but in the future "may evaluate third-party income verification services to determine whether outsourcing certain activities could provide operational or cost efficiencies."

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[65] *Id*, p. 3.
[66] A.19-11-003 et al., Monthly Report of Southern California Edison Company on Low Income Assistance Programs for July 2026, August 21, 2026, p. 45. https://docs.cpuc.ca.gov/PublishedDocs/Efile/G000/M615/K927/615927641.PDF
[67] Ex. SCE-07, p. 8.
[68] SCE Response to TURN DR 5, Q28, pp. 1-2.
[69] *Id.*
[70] *Id*, pp. 2-3.
[71] *Id*, p. 3.

[72] To date, SCE has not evaluated or compared the costs of existing third-party income verification offerings.[73] Without such a comparison, SCE has not demonstrated that its proposed budget increase represents a reasonable spending level.

SCE's assessment of implementation-related costs may also be incomplete. Customers who struggle to submit required documents may make additional calls to SCE's customer service centers and seek more assistance from community-based organizations (CBOs) to complete the process. This transition could also increase demand for programs such as the CPUC's Community Help and Awareness with Natural Gas and Electricity Services (CHANGES), which provides bill assistance to Limited English Proficient customers. SCE only proposes increasing the CHANGES budget by 2% annually to account for inflation in this program cycle.[74]

Second, SCE has not shown that reducing the CARE subsidy is a benefit worthy of administrative dollars spent. SCE's primary argument for the new process is the growing CARE discount subsidy, noting that the actual CARE subsidy was approximately twice SCE's forecast for 2025 adopted in the previous IQPs proceeding.[75] However, a subsidy increase reflects changes besides the impact of additional CARE enrollments, including changes in rates, customer usage, and other factors.[76] In discovery, SCE acknowledged that it had not analyzed the responsibility of each potential factor driving the higher CARE subsidy.[77]

SCE frames its proposal as cost-effective because it will reduce subsidy expenditures by $666.2 million over the 2028-2033 cycle while increasing administrative costs by $8.635 million.[78] But this framing rests on the unproven assumption that the customers who would fail to complete the upfront verification process are ineligible for CARE. As discussed in Section III.A.2 above, SCE has not demonstrated that there is fraudulent enrollment in CARE at any

[72] *Id*, p. 3.
[73] *Id*, p. 3.
[74] Ex. SCE-03, p. 53.
[75] SCE Response to TURN DR 5, Q5, p. 1.
[76] *Id*, p. 2.
[77] *Id*, p. 2.
[78] Ex. SCE-07, p. 10.

scale approaching the magnitude of these subsidy savings.[79] Non-response to PEV is typical (see Tables 1 and 2 above), and findings of actual ineligibility are rare.[80]

Thus, if many of the customers who cannot or will not navigate the verification process are eligible low-income households, then the $666.2 million in projected subsidy 'savings' instead represents a loss for deserving customers. In contrast, the cost of maintaining the current self-attestation process is relatively minimal for non-CARE residential customers, increasing bills over the next program cycle by approximately $0.77 per month to cover incremental subsidy and administrative costs associated with SCE's CARE enrollment forecasts under current enrollment procedures.[81] The Commission should weigh this ratepayer cost against the risk of denying benefits to potentially hundreds of thousands of eligible low-income households.

4. SCE's Proposal Increases Administrative Burden and Harms Equity

Customers currently enroll in CARE by self-attesting income or categorical program eligibility through a simple form. SCE's proposal to replace this with upfront income documentation requirements would increase the administrative burden placed on customers to enroll. Administrative burden, defined as the "learning costs, psychological costs, and compliance costs that citizens face in their interactions with government,"[82] impacts eligible as well as ineligible customers. Intuitively, gathering and submitting documents takes time and resources, which the neediest households may be least able to spare. Depending on the effort required, the perceived costs of compliance may outweigh the perceived benefits of enrollment. This challenge is illustrated by longstanding enrollment gaps in means-tested benefits programs.[83] In 2023, for example, the participation rate in the federal Supplemental Security

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[79] SCE response to TURN DR 5, Q4, p. 2.
[80] Between 2022 and 2025, SCE de-enrolled just 203 customers who were found to be income ineligible through the PEV process, per SCE response to TURN DR 5, Q4, p. 2.
[81] Ex. SCE-07, pp. 8-9.
[82] Moynihan, Donald, Pamela Herd, and Hope Harvey, "Administrative Burden: Learning, Psychological, and Compliance Costs in Citizen-State Interactions", *Journal of Public Administration Research and Theory*, Volume 25, Issue 1, January 2015, pp. 43-69. https://doi.org/10.1093/jopart/muu009
[83] *Id*, p. 48.

Income (SSI) program was 54.3% of the eligible population, and the participation rate in Temporary Assistance for Needy Families (TANF) was just 22.1%.[84]

Controlled studies provide evidence that administrative burdens suppress the enrollment of eligible recipients in social programs, with disproportionate impacts on the most vulnerable households. A 2019 study on disability program enrollment found that increasing administrative burdens by closing assistance offices drove a decline in enrollment with outsized impacts for low-income and low-education individuals.[85] A 2024 national assessment concluded that increases in administrative burden, such as more frequent or involved income verification requirements, harmed child enrollment in public health insurance over the 2016-2019 period.[86] The authors found that these drops in enrollment were most significant for "Hispanic children, children with non-citizen parents, and children whose parents reported that they did not speak English well."[87] Where burdens increased, participants often lost benefits for reasons unrelated to ineligibility; in 2018, for example, 60% of healthcare program terminations in Arkansas were due to administrative issues such as enrollees failing to return paperwork on time, while 11% were due to ineligibility.[88]

The CPUC's 2016 Low Income Needs Assessment (LINA) study, which conducted outreach to CBOs about the CARE and ESA programs, also made observations about the impacts of increasing enrollment requirements on vulnerable populations. One such group in SCE's Southern California territory are immigrant and mixed-status households. Per the LINA study, these customers tended to be more hesitant to formally engage with programs: "A large barrier to participation of undocumented customers is their perception that participation could involve answering questions they would prefer not to answer regarding their documentation

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[84] "Welfare Indicators and Risk Factors, 25th Report to Congress," U.S. Department of Health and Human Services, April 2026, p. 7. Accessed at: https://aspe.hhs.gov/sites/default/files/documents/9726be6ff81604c026fb82eceec5d716/25th%20Welfare%20Indicators%20Report%20to%20Congress.pdf

[85] Deshpande, Manasi, and Yue Li, "Who Is Screened Out? Application Costs and the Targeting of Disability Programs," *American Economic Journal: Economic Policy*, Volume 11, Issue 4, pp. 213-48. https://doi.org/10.1257/pol.20180076

[86] Arbogast, Iris et al. "Administrative Burdens and Child Medicaid and CHIP Enrollments." *American Journal of Health Economics*, Volume 10, Issue 2, 2024, pp. 237-271. https://doi.org/10.1086/728170

[87] *Id.*

[88] *Id.*

status or having their status revealed in the process."[89] The study also found that providing income documentation, in particular, was more burdensome for some groups than others, finding that "[p]roviding income documentation is more likely to be "very hard" for those households with a disabled resident (12% compared to 7% of households without a disabled resident)."[90]

SCE broadly acknowledges these concerns, stating that "this transition may result in some attrition, as customers who are unable or unwilling to complete the verification process may exit the program."[91] Its opening testimony also cites research on the impact of administrative burdens on social program uptake.[92] As a result, SCE proposes several measures to reduce the burden on customers, such as an AI-powered virtual assistant, higher capitation fees for CBOs, and a digital portal for uploading documents.[93] But none of these measures fully address the harm of a documentation barrier, which SCE proposes as the solution to an enrollment integrity problem that it has not shown exists.

5. SCE's Other Arguments Are Not Compelling

The Commission should reject SCE's other arguments for upfront income verification. SCE argues that upfront verification is important for CARE because it increasingly serves as a gateway for enrollment in other low-income programs and services.[94] These include benefits such as the discount Base Services Charge, access to the Arrearage Management Program, and certain electric vehicle incentives.[95] TURN agrees with SCE that the CARE program confers additional benefits to customers besides the statutory discount. However, TURN disagrees that this finding is a reason to limit access to CARE. The CARE program is unique in providing benefits to a majority of eligible customers, and consequently, connecting those customers with other critical services. If the Commission approves SCE's upfront verification proposal, it will result in eligible customers not only losing CARE benefits, but other forms of support as well.

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[89] 2016 LINA Study, pp. 121-122. https://www.calmac.org/publications/2016_LINA_Final_Report_-_Volume_1_of_2.pdf
[90] *Id,* p. 132.
[91] Ex. SCE-03, p. 44.
[92] *Id*, p. 91.
[93] *Id*, p. 2.
[94] *Id*, pp. 25-26.
[95] *Id.*

SCE also claims that its proposal reflects state policy goals, such as Governor Newsom's October 2024 executive order (EO) to reduce costs for electric ratepayers.[96] However, the EO was specifically focused on reducing spending on underperforming or underutilized programs, and CARE is neither.[97] The EO further directed government agencies to enhance benefits for low-income Californians through modifying the California Climate Credit.[98] SCE's proposal would have the effect of reducing enrollment in the CARE program, taking away benefits from eligible low-income households, in conflict with the spirit of the Governor's EO.

Overall, SCE fails to present a logical basis for diverging from the existing CARE enrollment process of self-attestation paired with PEV. The Commission should reject SCE's upfront verification proposal in its entirety, reducing SCE's administrative budget by $8.635 million over the cycle, and direct SCE to continue funding traditional PEV and its customer eligibility propensity model consistent with the other IOUs.

B. The Commission Should Deny SCE and SDG&E's Proposals for a Standalone FERA Application Form

SCE proposes creating a separate FERA application form, in a change from the current combined CARE and FERA application form.[99] SCE asserts that a separate FERA application form will "reduce confusion," "enable clearer, targeted outreach," "improve enrollment accuracy," and "streamline the customer experience."[100] In combination with other FERA-specific initiatives, SCE argues that this approach will also "improve customer awareness and participation among FERA-eligible households."[101] SDG&E also proposes transitioning to a standalone FERA application, which it expects "will have a positive effect on FERA enrollments."[102]

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[96] Ex. SCE-03, p. 25. SCE response to TURN DR 5, Q15 clarified that: "[SCE's] testimony incorrectly refers to a July 2025 Executive Order; however, the correct reference is Governor Newsom's Executive Order N-5-24, which was issued on October 30, 2024."
[97] SCE Response to TURN DR 5, Q15.
[98] SCE Response to TURN DR 5, Q15.
[99] Ex. SCE-03, pp. 71-72.
[100] *Id*, p. 12, 71-72.
[101] SCE Response to TURN DR 5, Q31, p. 1.
[102] Ex. SDG&E-02, p. 43, lines 3-4.

The Commission should deny both proposals because SCE and SDG&E provide no evidence to support their claims. SCE's only cited evidence is the 2025 Evergreen Economics FERA Enrollment Barriers study, which concluded that some FERA-eligible customers may be enrolling in CARE.[103] But the study did not specifically attribute this mis-enrollment to the combined application form, instead pointing to other causes such as the self-attestation process as a whole, and customer difficulty calculating total household income.[104] SCE stated that it did not evaluate any other studies to develop its proposal.[105] SCE's other assertions that a standalone form will improve customer experience, awareness, and understanding, are entirely unsupported.

A standalone form may instead increase customer confusion. PG&E does not propose a standalone FERA application,[106] asserting that the combined CARE/FERA application simplifies the customer enrollment process, mitigates the risk of a household who is eligible for CARE inadvertently enrolling in FERA, and simplifies matters for CBOs assisting customers through the process.[107] As PG&E explains, "[i]t is more practical for CBOs to manage a single, combined CARE/FERA application—available in multiple languages and accessible formats—than to navigate separate versions for each program." [108] TURN agrees. Separating the application forms would also impose secondary costs on CBOs and outreach partners to the extent that they need to update educational materials, retrain staff, and re-educate customers about the change.

Establishing a separate FERA application would also be costly. SCE proposes spending $450,000 over 2028-2033 for "developing, implementing, operating, and maintaining" the new form.[109] SDG&E's testimony does not specify costs, but identifies the "standalone FERA enrollment application" as a driver of its proposed 738 percent increase in IT spending.[110] In a previous 2025 funding request, it estimated that form set-up costs would total $219,675 over two

[103] Ex. SCE-03, p. 72.
[104] FERA Enrollment Barriers Study, p. 46.
[105] SCE response to Cal Advocates DR 6, Q14.
[106] Ex. PG&E-01E, pp. 3-21 to 3-22.
[107] *Id.*
[108] *Id.*
[109] SCE response to Cal Advocates DR 6, Q12.
[110] Ex. SDG&E-04, p. KO-8.

years.[111] PG&E, although not proposing a standalone FERA application, estimates that a form would entail one-time set-up costs of $260,000 and ongoing annual costs of $110,000.[112]

Finally, the Commission has recently addressed this issue. Resolution E-5448, issued on February 26, 2026, denied SDG&E's request for $219,675 to establish a standalone FERA application form. The Commission rejected the proposal "because it is not required by SB 1130, it is costly, and there is a lack of evidence that it will increase enrollment."[113] It continued:

> "While a standalone FERA application and marketing may help reduce confusion for some FERA-eligible customers, this change may also create customer confusion, such as for CARE-eligible customers that receive a FERA application form and circulating to customers both a combined CARE and FERA application and a standalone FERA application. Without sufficient evidence that the standalone application will yield measurable success in new enrollments, the high cost to create a new application form is not reasonable."[114]

The Resolution did permit SDG&E to establish a separate FERA application form using its existing FERA budget, as long as it maintained the combined CARE/FERA form.[115]

The Commission should reach the same conclusion here. SCE and SDG&E have not demonstrated that a separate FERA form will deliver any benefits to justify the costs and potential harms. The Commission should deny SCE and SDG&E's proposals to develop standalone FERA application forms, reducing SCE's FERA Outreach budget by $450,000 over the period, and SDG&E's FERA IT budget by at least $219,675. The Commission should also reduce SCE and SDG&E's marketing budgets to the extent that those budgets contain additional costs to educate customers about a new standalone form.[116] Consistent with Resolution E-5448, if an IOU wishes to test a standalone FERA form alongside the combined CARE/FERA form, it should only do so using a mid-cycle budget surplus.

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[111] Resolution E-5448, p. 6.
[112] Ex. PG&E-01E, p. 3-23.
[113] Resolution E-5448, p. 2.
[114] *Id*, p. 6.
[115] *Id*, p. 6.
[116] TURN is in the process of conducting discovery on the total budget amounts associated with the standalone application form.

C. The Commission Should Reject SDG&E's Request to Increase the PEV Cap to 20% and Deny SoCalGas's Request for PEV Flexibility

SDG&E seeks authorization to increase its PEV cap for CARE from 6% to 20%.[117] Currently, the IOUs are permitted to subject a percentage of CARE customers to PEV up to an annual percentage cap pursuant to D.12-08-044. The Decision established that the verification rate "shall not exceed 200% of the IOU's 2011 post enrollment verification rate."[118] SDG&E proposes this increase on the grounds that it met its CARE enrollment goal in 2018, and has exceeded 100% enrollment in recent years.[119] The higher PEV cap, it claims, will "enable SDG&E to confirm CARE eligibility for a larger percentage of enrolled customers, strengthening the CARE Program's integrity and supporting affordability for all ratepayers."[120]

TURN opposes SDG&E's request on multiple grounds. First, the Commission should be cautious to authorize a higher PEV rate because PEV increases administrative burdens for low-income customers. As discussed in Section III.A.2 on SCE's upfront income verification proposal, requiring customers to complete income verification steps inherently creates a barrier to participation, which may disproportionately impact lower-income, disabled, and undocumented customers. A large portion of customers fail to respond to PEV requests today, including customers who are likely eligible for CARE, as discussed in Section III.A.1.

To assuage these concerns, SDG&E cites the 2016 Low Income Needs Assessment (LINA), which conducted outreach to CBOs and determined that CARE program income documentation requirements do not pose a major obstacle to participation.[121] The study, however, determined that the current process was reasonable; it did not recommend that the IOUs increase PEV frequency. The study also noted that the burden of providing income documentation was higher for households with a disabled resident.[122] SDG&E also points to its 2024 CARE Outreach Effectiveness and Customer Satisfaction Survey, in which 86% of CARE

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[117] Ex. SDG&E-02, p. 10.
[118] D.12-08-044, p. 361.
[119] Ex. SDG&E-02, pp. 9-10.
[120] *Id*, p. 10.
[121] Ex. SDG&E-02, p. 10.
[122] "Providing income documentation is more likely to be "very hard" for those households with a disabled resident (12% compared to 7% of households without a disabled resident)." (2016 LINA Study, p. 132. https://www.calmac.org/publications/2016_LINA_Final_Report_-_Volume_1_of_2.pdf)

customers stated that they would provide income verification if asked by SDG&E.[123] But the share of customers in a 400-person survey who state willingness to verify income, in a survey response to the utility company, is not necessarily representative of the share of all customers who would be aware of and able to comply with such a request in practice. It is reasonable, for example, to expect that the customers responding to a survey may be over representative of customers with the ability to review and respond to utility messages. The survey also showed that just 54% of CARE customers were aware that income verification could be requested, suggesting that challenges to PEV understanding persist.[124]

Second, additional PEV results in higher administrative costs. In supplemental testimony, SDG&E argues that its proposed PEV rate would reduce non-CARE customer bills, due to lower enrollment in the CARE program.[125] However, SDG&E also notes that administrative costs would be higher as a result of performing up to four times as much PEV as the status quo.[126] SDG&E forecasts $359 thousand for PEV in 2028, compared to $133 thousand in actual PEV expenses in 2025.[127] Overall, SDG&E's CARE application processing and income verification costs would increase 130% in this program cycle.[128]

Third, SDG&E has not demonstrated that a PEV rate of 20% is necessary to reach its enrollment goals. As shown in Table 5, no IOU has subjected more than 10% of its CARE customers to PEV in the past decade.[129] Although PG&E has a PEV selection cap of 22%,[130] it has not approached it in recent years. TURN notes that the Commission suspended PEV during parts of 2020 and 2021 due to the COVID-19 pandemic.[131] But even outside of those years, the

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[123] Ex. SDG&E-02, pp. 10-11.
[124] SDG&E 2024 CARE Outreach Effectiveness and Customer Satisfaction Survey (provided in SDG&E response to TURN DR 6, Q10).
[125] SDG&E supplemental testimony, p. KO-12.
[126] *Id*, p. KO-11.
[127] SDG&E response to TURN DR 6, Q6, Atch ("CARE Auth v Proposed Budgets").
[128] Ex. SDG&E-02, p. 5.
[129] Note, this table may overstate performed PEV for PG&E because the figures include both traditional and high-usage PEV performed. According to SCE response to TURN DR 9, Q1, Atch, high-usage PEV does not count against the PEV cap: "Advice Letter 2814-E established a seven percent maximum CARE post-enrollment income verification rate effective December 27, 2012. D.17-12-009, OP 85 subsequently directed the IOUs not to count High Usage Verification (HUV) requests toward the 7% verification threshold."
[130] Ex. PG&E-01E, p. 2-4.
[131] Res. M-4842, p. 5, and Res. M-4849, p. 6.

IOUs have not consistently conducted PEV at authorized levels; SDG&E conducted PEV below its authorized level in 2016, 2018, 2019, and 2022. SDG&E offers no explanation for why 20% is the appropriate ceiling, nor does it provide analysis for why a rate below 20% would not be sufficient. Based on SDG&E's CARE enrollment data, it appears that the current 6% PEV cap has been producing the intended effect. SDG&E subjected 6% of customers to PEV each year 2023-2025, and saw enrollment decline by 2-11 percentage points each year (Table 6). Assuming a continued decline of 2% annually, SDG&E's enrollment rate appears on track to decline from 104% in 2025 to 98% or below by 2028.

Table 5: Rate of CARE PEV Authorized and Performed by IOU (2015-2025)[132]

	PG&E		SCE		SDG&E		SoCalGas	
PY	Authorized	Completed	Authorized	Completed	Authorized	Completed	Authorized	Completed
2015	22%	6%	7%	2%	6%	6%	7%	2%
2016	22%	6%	7%	5%	6%	4%	7%	2%
2017	22%	6%	7%	4%	6%	6%	7%	2%
2018	22%	5%	7%	4%	6%	5%	7%	3%
2019	22%	5%	7%	7%	6%	5%	7%	3%
2020	22%	0%	7%	1%	6%	0%	7%	1%
2021	22%	5%	7%	0%	6%	2%	7%	1%
2022	22%	8%	7%	4%	6%	3%	7%	1%
2023	22%	9%	7%	2%	6%	6%	7%	4%
2024	22%	9%	7%	1%	6%	6%	7%	3%
2025	22%	10%	7%	1%	6%	6%	7%	6%

[132] Data from PG&E response to TURN DR 9, Q1, SCE response to TURN DR 9, Q1, SoCalGas response to TURN DR 8, Q1, SDG&E response to TURN DR 6, Q9 ("SDG&E PEV Table - Response").

Table 6: Percent of Eligible Customers Enrolled in CARE by IOU (Actual and Goal)[133]

Year	SCE	PG&E	SDG&E	SoCalGas
Actual				
2021	104%	107%	108%	106%
2022	91%	105%	123%	111%
2023	98%	100%	112%	110%
2024	104%	95%	106%	107%
2025	104%	99%	104%	110%
Goal				
2028	92%	93%	96%	100%
2029	92%	93%	95%	98%
2030	92%	93%	93%	97%
2031	92%	93%	92%	96%
2032	92%	93%	91%	95%
2033	92%	93%	90%	95%

SoCalGas also proposes a change to its PEV cap. Rather than a specific threshold, it "requests CPUC authorization for flexibility in PEV rates" to bring CARE participation down from 110% in 2025 to 95% by 2033.[134] To support this request, SoCalGas notes that its program participation has consistently exceeded 100% since 2020.[135] TURN opposes this request for general "flexibility" on the same grounds as SDG&E's proposal. Higher rates of PEV create enrollment barriers and impose administrative costs, and SoCalGas has not explained why it needs uncapped PEV to reach its enrollment goals. While SoCalGas's CARE enrollment is higher than the other IOUs at 109% in 2025, Table 5 also shows that SoCalGas has not exercised its full PEV cap of 7% recently, verifying just 1-6% of customers in each of the past five years. Therefore, SoCalGas has not shown that its PEV cap is a binding constraint on reaching its target, let alone that an unlimited cap is necessary. For the same reasons, the Commission should deny both SDG&E and SoCalGas's requests to increase or remove their PEV cap.

[133] Ex. PG&E-01E (Table 2-3); Ex. SCE-03 (Table III-3); Ex. SDG&E-02 (Table 2) and SDG&E response to TURN DR 6, Q4; Ex. SCG-01 (Table 9).
[134] Ex. SCG-01, p. OV and RC-27.
[135] SCG testimony, p. OV and RC-24.

D. The Commission Should Reduce PG&E's Request for PEV Spending

PG&E requests $450,000 annually, $2.7 million over the cycle, for a new third-party platform which would allow customers to provide income documentation for the PEV process.[136] PG&E proposes allocating 80 percent of these costs to the CARE budget and 20 percent to FERA. The platform would allow customers to upload documents, and also provide customers with the option to select their employer, rather than locate, photograph, and manually upload documents. Beginning in 2026, PG&E plans to test the platform as a pilot.

TURN supports efforts by PG&E to reduce incomplete PEV (currently at 5.6%) and improve PEV response rates (currently at 34%).[137] However, it is important that the PEV process remain cost-effective. PG&E estimates that the cost of the platform per responding customer (i.e. 35% of customers selected for PEV) would amount to between $11 and $15.[138] Currently, PG&E's average cost of PEV is $8.50 per selected customer, which includes outreach and call center support costs, but does not include all assistance associated with incomplete PEV or re-enrollments.[139] Regardless of the pilot's outcome "PG&E does not plan to phase out the existing PEV processes."[140] As customers opting to use the new platform would not submit documents to PG&E, PG&E asserts that the new channel cost would "replace" the $8.50 associated with existing channels for that customer. However, this does not seem entirely accurate, as costs associated with outreach and support would also persist.

In addition to these costs, the benefits of the platform are not yet clear. PG&E has not estimated the impacts of the new platform on PEV response or completion rates.[141] There are no initial results from the pilot; while PG&E expected to launch it in "early 2026", it was still in the pre-contract phase as of August 2026.[142] PG&E expects to have results between 12 and 18 months after the pilot begins.[143] In the event that the pilot does not improve PEV outcomes, PG&E states that it will stop using the platform and instead "apply the budget towards other

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[136] Ex. PG&E-01E, p. 2-30.
[137] Ex. PG&E-01E, pp. 2-30 to 2-31.
[138] PG&E Response to TURN DR 5, Q2.
[139] *Id.*
[140] *Id.*
[141] PG&E response to TURN DR 9, Q5.
[142] *Id*, and PG&E Response to TURN DR 5, Q2.
[143] PG&E response to TURN DR 5, Q2.

solutions that may simplify PEV for CARE customers."[144] But PG&E has not identified what these solutions might be, nor provided project or funding details.[145]

The Commission should not authorize $2.7 million for a platform that has not been tested nor demonstrated cost-worthiness. The Commission should remove the platform budget from PG&E's PEV request and require PG&E to submit a Tier 2 Advice Letter presenting pilot results to seek authorization for platform funding during the 2028-2033 cycle. If the Commission does decide to authorize the costs of the platform in this proceeding, it should direct PG&E to return the funds to customers if the pilot is unsuccessful, rather than permit PG&E to reallocate the costs to unidentified and untested alternatives.

IV. ISSUE 1.A - CARE

A. The Commission Should Apply the Escalation Recommendations in Ex. TURN-01 (ESA) to CARE and FERA Costs

In Ex. TURN-01 (Prepared Testimony of Jennifer Kallay), TURN raises multiple concerns with the escalation rates assumed for ESA costs.[146] Ex. TURN-01 finds that besides identifying escalation rates, the IOUs apply different methodologies to escalate different parts of the forecast, do not justify their assumptions, and do not present forecasts without escalation for comparison. Ex. TURN-01 recommends that the Commission require the IOUs to: (1) provide budgets without escalation, budgets with escalation, and isolate for any proposed escalation by program and cost category for transparency, and; (2) provide the methodology used to calculate escalation by program and cost category and the justification for the applied methodology.

The same concerns apply to the escalation of CARE and FERA costs. For CARE and FERA, SDG&E applies a 3% annual escalation rate for labor, and 2.5% escalation rate for non-labor costs.[147] SDG&E explains that it based these rates on its last General Rate Case (GRC) for the 2025-2027 period, considering the base margin revenue increase "with long-term inflationary trends and utility sector cost forecasts."[148] SoCalGas applies a 3% escalation rate based on the

[144] Ex. PG&E-01E, p. 2-31.
[145] PG&E response to TURN DR 5, Q4.
[146] See Ex. TURN-01 (Prepared Testimony of Jennifer Kallay), Issue 3.A – Budgets & Budget Escalation.
[147] SDG&E response to TURN DR 6, Q3.
[148] *Id.*

rate approved in its last GRC.[149] SCE applies a 3% annual escalation rate for labor, and a 2% escalation rate for non-labor, citing the S&P HIS Market escalation rate.[150] PG&E proposes a 3.75% escalation rate for labor, and 3% escalation rate for non-labor costs.[151] PG&E did not base these assumptions on studies or prior decisions, instead estimating rates "based on observed general wage increases and contract price adjustments in the CARE Program during the current program cycle."[152] However, as with ESA, the IOUs' approach for applying these escalation rates within CARE and FERA cost categories is not transparent. The IOUs also do not provide alternative forecasts without escalation for comparison. Thus, TURN urges the Commission to adopt and apply the escalation recommendations in Ex. TURN-01 to the IOUs' presentation of CARE and FERA costs.

V. ISSUE 2.A – FERA

A. The Commission Should Require PG&E and SCE to Adopt More Ambitious Goals for FERA Enrollment

The Commission should require PG&E and SCE to increase their FERA enrollment goals. In the last IQPs proceeding, the Commission established a FERA enrollment goal of 50% of the eligible population by 2023 and 70% by 2026 for SDG&E, PG&E, and SCE.[153] Actual FERA enrollment has lagged behind those targets. As shown in Table 7, SDG&E's enrollment peaked at 31%, PG&E's at 25%, and SCE's at 15% in 2024. All three IOUs subsequently saw enrollment declines in 2025 due to the new eligibility of 1-2 person households under SB 1130, which increased the denominator of eligible customers.[154] Over the first half of 2026, FERA enrollment increased significantly for SDG&E (from 23% to 31%) and SCE (from 10% to 15%).

[149] SoCalGas response to TURN DR 6, Q3.
[150] SCE Response to TURN DR 5, Q32.
[151] Ex. PG&E-01E, pp. 2-65 and 3-47.
[152] PG&E response to TURN DR 4, Q4.
[153] D.21-06-015, p. 91.
[154] Ex. PG&E-01E, pp. 3-8 to 3-9.

Table 7: FERA Enrollment Goals and Actual Enrollment (2021-2026 YTD)[155]

Year	FERA Goals Approved	FERA Enrollment		
		SDG&E	PG&E	SCE
2021	30%	28%	20%	14%
2022	40%	28%	21%	12%
2023	50%	24%	23%	14%
2024	60%	31%	25%	15%
2025	65%	23%	16%	10%
2026 YTD	70%	31%	18%	15%

In this proceeding, none of the IOUs expect to achieve the 70% enrollment goal established by D.21-06-015 in the immediate future. By 2033, only SDG&E proposes an enrollment goal of 70%, while SCE and PG&E propose goals of 30 and 35% respectively.[156] For SCE and PG&E, this represents about twice the program enrollment as of July 2026 (Table 8).

Table 8: Comparison of IOU Proposed FERA Enrollment Goals[157]

	Year	SDG&E			PG&E			SCE		
		Enrolled	Eligible	%	Enrolled	Eligible	%	Enrolled	Eligible	%
ACTUAL	2025	18,936	81,019	23%	49,207	315,626	16%	35,723	357,233	10%
	2026*	24,619	80,558	**31%**	56,912	314,839	**18%**	52,911	357,896	**15%**
GOAL	2028	38,484	81,019	48%	94,688	315,626	30%	71,447	357,233	20%
	2029	42,535	81,019	53%	97,844	315,626	31%	78,591	357,233	22%
	2030	46,586	81,019	58%	101,000	315,626	32%	85,736	357,233	24%
	2031	50,637	81,019	63%	104,157	315,626	33%	92,881	357,233	26%
	2032	54,283	81,019	67%	107,313	315,626	34%	100,025	357,233	28%
	2033	56,713	81,019	**70%**	110,469	315,626	**35%**	107,170	357,233	**30%**

TURN recommends that PG&E and SCE adopt higher enrollment goals due to recent changes impacting the FERA program. First, in late 2024, SB 1130 increased eligibility for

[155] 2021-2025 enrollment and FERA goals from SDG&E response to TURN DR 7, Q2 ("FERA Annual Growth Goals"), Ex. PG&E-01E, Table 3-4 and PG&E response to TURN DR 9, Q10, and Ex. SCE-03, p. 81. YTD 2026 enrollment from the IOUs' Monthly Reports on Low Income Assistance Programs for July 2026 (FERA Table 2).
[156] Ex. SDG&E-02, p. 36.
[157] 2025 enrollment and 2028-2033 goals from SDG&E response to TURN DR 7, Q2 ("FERA Annual Growth Goals"), Ex. PG&E-01E Table 3-6 and PG&E response to TURN DR 9, Q10, and Ex. SCE-03, pp. 81-82. YTD 2026 enrollment from the IOUs' Monthly Reports on Low Income Assistance Programs for July 2026 (FERA Table 2).

FERA to include 1-2 person households for the first time.[158] This change "effectively doubled" PG&E's eligible FERA pool.[159] PG&E asserts that this change will not impact overall goal attainment because "structural barriers to participation remain unchanged" as identified by a 2025 Evergreen Economics study of PG&E's FERA program ("FERA Barriers Study - An Assessment of Achievable Enrollment and Program Efforts").[160] However, 1-2 person households are still far under-enrolled in FERA relative to other households. PG&E estimates that approximately 9% of eligible 1-2 person households are currently enrolled, as opposed to 27% of eligible households with 3 persons or more.[161] As newly eligible households continue to learn about the program for the first time, enrollment will continue to increase.

These households also represent a new demographic, with potentially different interest, awareness, and follow-through in the FERA enrollment process. While the FERA Barriers Study stated that it did not expect to see different trends among these customers, citing consistent survey responses across household sizes, the study relied on a survey containing just 116 FERA-eligible households.[162] It is not yet clear whether the IOUs will observe different enrollment trends among 1-2 person households compared to households with 3+ members.

Second, FERA customers are now eligible for an additional discount on the Base Services Charge. Between October 2025 and March 2026, each of the large electric IOUs implemented the Base Services Charge with a discount of 50% for FERA customers, providing an additional $12 in monthly savings for customers enrolled in the program.[163] This represents a significant change which may drive program enrollment. As noted by PG&E's FERA Barriers Study, "[h]igher discounts are likely to have more appeal" and "one would surmise that a larger discount would increase the appeal and enrollment rate."[164] Relatedly, the IOUs have conducted separate ME&O to inform customers about the BSC, in part to drive enrollment in CARE and

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[158] Ex. PG&E-01E, p. 3-8.
[159] *Id.*
[160] Ex. PG&E-01E, p. 3-9.
[161] PG&E Response to TURN DR 9, Q9.
[162] Evergreen Economics and Resource Innovations, FERA Barriers Study - An Assessment of Achievable Enrollment and Program Efforts, Final Report (Aug. 22, 2025) (FERA Barriers Study), p. 12, available at: https://pda.energydataweb.com/#!/documents/4156/view
[163] D.24-05-028, p. 3. ("Customers enrolled in the Family Electric Rate Assistance program…shall automatically pay a discounted fixed amount (approximately $12 per month).")
[164] FERA Barriers Study, p. 37.

FERA. Between 2024 and Q2 2026, SCE and PG&E each spent approximately $3 million, and SDG&E $850 thousand, on these efforts.[165] The higher effective discount, paired with a new marketing angle, may improve FERA enrollment.

Third, the IOUs' strategies and budgets for ME&O continue to evolve. In June 2026, CPUC staff determined that the IOUs made reasonable efforts to enroll customers in FERA during PY 2025.[166] To reach that determination, CPUC staff found the IOUs had initiated a host of new ME&O strategies in 2025, and were preparing to launch new strategies in 2026, including outreach pilots.[167] Over the 2028-2033 cycle, the IOUs are proposing to do far more. PG&E proposes a FERA outreach budget of about $3 million in 2028, 48% higher than recorded spending in 2025, amounting to $19 million over the period.[168] SCE proposes $2.4 million in 2028, roughly tripling its spend of $780 thousand in 2025, totaling $15 million over the period.[169] SDG&E proposes $1 million, roughly tripling its spend of $358 thousand in 2025, totaling $6.5 million over the period.[170] Dividing each IOU's proposed 2028 outreach budget by its targeted 2028-2029 increase in program enrollments (Table 8) yields an outreach cost per new customer of $936 for PG&E, $333 for SCE, and $262 for SDG&E. It is reasonable to expect that the efforts underlying these high costs will drive enrollment faster than in recent years.

Considering these factors, the Commission should adopt higher enrollment goals for PG&E and SCE than the 30-35% presented in testimony. Expansion of the eligible population, introduction of the BSC discount, and increased ME&O spending all support higher enrollment expectations than the goals proposed. Further, SDG&E proposes an enrollment target of 70% by the end of the cycle. While SCE and PG&E are operating from a lower enrollment starting point than SDG&E (as shown in Table 8), such a significant difference in proposed enrollment goals is

[165] Data from the Q2 2026 Monthly BSC Implementation Reports, Advance Demand Flexibility OIR R.22-07-005, available at: https://www.sce.com/regulatory/regulatory-information/open-proceedings/cpuc-open-proceedings
[166] A.19-11-003, "Commission Staff Annual Assessment of Electrical Corporations' Reasonable Efforts to Enroll FERA-eligible Customers," CPUC, June 1, 2026, p. 1.
[167] *Id*, pp. 3-4.
[168] PG&E response to TURN DR 9, Q14, Atch 01.
[169] SCE response to TURN DR 5, Q10, Atch 01.
[170] SDG&E response to TURN DR 7, Q1, Atch.

not supported. As a result, TURN recommends that the Commission adopt goals for PG&E and SCE of at least 50% FERA enrollment by 2033.

VI. ISSUE 1.B – CHANGES

The CPUC's Community Help and Awareness with Natural Gas and Electricity Services (CHANGES) program was established by Decision 15-12-047.[171] CHANGES enables a statewide network of Community-Based Organizations (CBOs) to provide outreach, education, and bill assistance services to Limited English Proficient (LEP) customers of natural gas and electric utilities.[172] Over 8% of California households qualify as LEP, including approximately one million households in IOU service territories.[173] The program is managed by the CPUC's Consumer Affairs Branch and funded by customers of the large IOUs through the CARE administrative budget.

Because the program is operated by the CPUC, IOU testimony in this proceeding pertains only to funding, evaluation, and oversight. Related to these proposals, TURN recommends that the Commission:

1) Authorize higher CHANGES funding of $4.3 million for the 2028 PY as recommended by the May 2026 CPUC Staff Proposal, due to recent spending and program growth. If the program cycle is four years instead of six, reduce funding to support one instead of two evaluation reports.
2) Shift responsibility for CHANGES program evaluation to the CPUC Consumer Affairs Branch for greater transparency and credibility.
3) Approve SoCalGas's proposal for the IOUs to present CHANGES funding as a separate line item under CARE administrative costs.

A. The Commission Should Authorize $4.3 million Annually for CHANGES

The annual budget for CHANGES has been $1.75 million each year 2017 to 2026. In testimony, PG&E, SDG&E, and SoCalGas do not propose any adjustments to this funding level

[171] D.15-12-047, p. 1, in A.14-11-007 et al., (2015-2017 Income Qualified Programs).
[172] 2022-2024 Evaluation of the Community Help and Awareness of Natural Gas and Electricity Services (CHANGES) Program, Verdant Associates, LLC, December 19, 2025, p. 86.
[173] 2022-2024 CHANGES Evaluation, p. 67.

for the 2028 PY cycle.[174] SCE proposes modestly escalating the CHANGES budget by 2 percent each year to account for inflation.[175] However, the recent Decision 26-07-007, which authorized IQPs funding for the 2027 bridge year, increased the CHANGES budget by $855,000 to $2.6 million.[176] The Decision approved this increase in light of the growing costs and scope of the program, as recommended by a November 2025 CPUC staff proposal.[177] Staff proposed increasing the CHANGES budget due to inflation, growing and unmet program demand, and the importance of bill assistance services for reducing uncollected debt.[178]

In May 2026, a second CPUC staff proposal recommended increasing the CHANGES budget further to an average of $4.3 million annually over the 2028-2033 cycle.[179] The proposal highlighted the importance of the program amidst a worsening affordability crisis, and calculated the budget based on 24/25 PY recorded spending in addition to new activities.[180] The proposed budget would expand the CBO network from 25 to 32 organizations, as well as boost education and outreach funding to account for the "cannibalization" of these funds for bill assistance services in recent years.[181]

TURN recommends that the Commission authorize $4.3 million annually in the 2028-2033 cycle as proposed by staff. First, the CHANGES program has spent most or all authorized funding in recent years. Over the past five years, spending was at least 90% of authorized each year and over 100% for the period (Table 9).[182] The 2025 Verdant Associates evaluation report issued found that, following a drop in spending during the COVID years, CHANGES exhausted its budget in PY 22/23 and PY 23/24.[183] In the June 24, 2026 CHANGES Program Report to the

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[174] Ex. PG&E-01E, p. 2-33; Ex. SCG-01, p. OV and RC-65; Ex. SDG&E-02, p. 31.
[175] Ex. SCE-03, p. 53.
[176] D.26-07-007, pp. 55-56.
[177] *Id.*
[178] A.25-06-022 et al., Assigned Administrative Law Judge's Ruling Allowing Party Consideration of Staff Proposal for Community Help and Awareness of Natural Gas and Electricity Services Program, Attachment 1, Staff Proposal, November 10, 2025. Accessed at: https://docs.cpuc.ca.gov/PublishedDocs/Efile/G000/M586/K376/586376806.PDF
[179] "Recommended Modifications to the Community Help and Assistance with Natural Gas & Electric Services (CHANGES) Program," CPUC Consumer Affairs Branch, May 20, 2026. https://docs.cpuc.ca.gov/PublishedDocs/Efile/G000/M607/K356/607356441.PDF
[180] *Id*, p. 44.
[181] *Id,* p. 17.
[182] Note: Fluctuations year-to-year may reflect the fact that contract years differ from calendar years.
[183] 2022-2024 CHANGES Evaluation, p. 75. https://pda.energydataweb.com/api/view/4257/CHANGES%20Evaluation%20Report_Final.pdf

Low Income Oversight Board, the CPUC Consumer Affairs Branch reported that PY 25/26 data further supports their proposal for $4.3 million in annual funding because the higher budget is "needed to meet full operations objectives."[184]

Table 9: Annual CHANGES Program Spending, 2021-2025 (All IOUs)[185]

	2021	2022	2023	2024	2025	Total
Authorized	$1,752,502	$1,752,502	$1,752,502	$1,752,502	$1,752,502	$8,762,510
Actual	$1,650,714	$2,044,796	$1,569,780	$1,887,530	$1,769,460	$8,922,281
% Spent	94%	117%	90%	108%	101%	102%

Second, the CHANGES program has delivered impressive results for money spent and continued to grow in recent years. According to the Verdant evaluation, there are "[n]o directly comparable offerings" that provide both language access and individualized assistance.[186] The program received far less funding than the CBO pilot over two years ($3.5 million compared to $8.5 million) yet accomplished more for customers (13,379 compared to 12,000 case assistance services, as well as outreach and education activities). As a result, it concludes that "the CHANGES Program is significantly underfunded compared to similar initiatives."[187] Even as its budget stayed the same for 10 years, without adjustment for inflation, CHANGES has increased its scope of work. In each year of the 2022-2024 period, CHANGES supported approximately 5,000 customers with payment difficulties, 900 customers with monthly bill reductions, and hundreds of customers with other issues – nearly twice as many annually compared to the 2016-2021 period.[188] This growth has partially relied on CBOs completing "significant uncompensated work" including uncompensated case assistance, outreach activities, and educational events.[189]

To expand a successful, long-running program and adequately compensate CBOs for their work, TURN urges the Commission to adopt the funding level proposed by staff for the 2028-2033 cycle, with one modification. If the approved program cycle is four instead of six

[184] CHANGES Program Report to the Low Income Oversight Board, CPUC, June 24, 2026, Slide 10. https://liob.cpuc.ca.gov/wp-content/uploads/sites/14/2026/06/Item-4-CHANGES-Presentation.pdf
[185] Data provided in IOU responses to: TURN SCE DR 5, Q8; TURN PG&E DR 9, Q7; SoCalGas DR 6, Q17; and SDG&E DR 6, Q15.
[186] 2022-2024 CHANGES Evaluation, p. 86.
[187] *Id*, p. 86.
[188] *Id*, pp. 53-54.
[189] *Id*, pp. 96-97.

years, the budget for program evaluation should be reduced to scope just one evaluation report. Four years is not sufficient time to complete two evaluation reports. Finally, TURN agrees with the IOUs that CHANGES should continue to be funded through the current allocation across IOUs (PG&E 30%, SCE 30%, SoCalGas 25%, and SDG&E 15%) and collected through the CARE administrative budget.[190]

B. The Commission Should Assume Responsibility for CHANGES Evaluations

In the 2021-2026 program cycle, the Commission assigned PG&E to lead contract management for two third-party CHANGES program evaluations.[191] The 2019-2021 evaluation report was completed by Opinion Dynamics in 2023,[192] and the 2022-2024 evaluation report by Verdant Associates in 2025.[193] Following the release of the first report, however, several CBOs raised concerns about the arrangement, including "a conflict of interest with IOU involvement, lack of transparency regarding vendor selection, and findings being independent and valid."[194] In response, PG&E requests that the Commission assume contract management responsibility for CHANGES evaluations during the 2028-2033 program cycle, rather than delegate responsibility to an IOU. The May 2026 CPUC staff proposal makes the same recommendation, citing better stakeholder alignment, credibility, and operational efficiency.[195]

TURN supports this recommendation. Evaluator independence is important for the CHANGES program, which involves CBOs mediating disputes between customers and IOUs, the same entities which currently manage the evaluation of the program's effectiveness. The Commission is better positioned than the IOUs to serve as a neutral contract manager, as it did in the 2015 program cycle.[196] The CPUC may have functionally assumed this role again in the latter

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[190] For example, Ex. SCG-01, pp. OV and RC-65 to 66.
[191] Ex. PG&E-01E, p. 2-34.
[192] "Community Help and Awareness with Natural Gas and Electricity Services (CHANGES) Program Process Evaluation Study (2019-2021)", Opinion Dynamics, May 2023. Accessible at: https://www.cpuc.ca.gov/-/media/cpuc-website/divisions/news-and-outreach/reports/cab/changes/2019-2021-evaluation-of-the-changes-program.pdf
[193] 2022-2024 CHANGES Evaluation.
[194] 2019-2021 CHANGES Evaluation, p. 11, FN 7.
[195] Recommended Modifications to the Community Help and Assistance with Natural Gas & Electric Services (CHANGES) Program," CPUC Consumer Affairs Branch, May 20, 2026, p. 42. https://docs.cpuc.ca.gov/PublishedDocs/Efile/G000/M607/K356/607356441.PDF
[196] D.15-12-047, pp. 48-49.

half of the current cycle. According to a SoCalGas monthly report, the IOUs were instructed to end contact with Verdant Associates during the 2025 evaluation:

> "To preserve evaluator independence and mitigate any perception of bias, the IOUs were directed not to participate in subsequent phases of the evaluation, and CPUC Consumer Affairs Branch (CAB) further recommended that all direct engagement with the evaluator be limited to CPUC staff."[197]

The Commission should formalize its responsibility for evaluation contract management to eliminate perceived conflicts and produce findings that stakeholders can trust.

C. The IOUs Should Uniformly Report CHANGES Funding

While none of the IOUs recommend specific adjustments to CHANGES funding, SoCalGas "recommends moving this allocation out of the general administrative category" and presenting the CHANGES budget as "a separate, clearly defined line item within the CARE budget."[198] SoCalGas proposes this change because the budget directly funds CBOs, as opposed to IOU administrative activities. SCE similarly states that, going forward, it will present the CHANGES line item under a new "CPUC" budget category, on the same basis.[199] PG&E and SDG&E both appear to provide CHANGES as a distinct line item in their opening testimony.[200]

TURN recommends that the IOUs standardize their presentation of the CHANGES budget as a separate line item within the CARE budget. In future testimony related to CHANGES funding, the IOUs should also present authorized and recorded spending over the prior period. This information will facilitate clearer review of future program spending and funding proposals. There is no reason for inconsistency in the treatment and presentation of CHANGES, or other CARE administrative budget items, between IOUs.

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[197] A.19-11-003 et al., "Monthly Report of Southern California Gas Company on Low-Income Assistance Programs for July 2026", August 21, 2026, p. 57.
[198] Ex. SCG-01, p. OV and RC-65, lines 7-9.
[199] Ex. SCE-03, p. 53.
[200] Ex. PG&E-01E, p. 2-32 (Table 2-8); Ex. SDG&E-02, Attachment G Table B-1.

APPENDIX A
STATEMENT OF QUALIFICATIONS OF SYLVIE ASHFORD

Sylvie Ashford is an Energy and Climate Policy Analyst at The Utility Reform Network (TURN). Since September 2023, she has represented TURN on energy regulatory and policy matters related to equitable rate design, electric distribution spending, and wildfire costs.

She has sponsored testimony before the California Public Utilities Commission (CPUC) on behalf of TURN in multiple proceedings, including: Track A of the Demand Flexibility proceeding (R.22-07-005) on the income-graduated fixed charge; SCE's 2025 General Rate Case (A.23-05-010), Liberty's 2025 General Rate Case (A.24-09-010), and PG&E's 2027 General Rate Case (A.25-05-009) on electric distribution capital expenditures; PG&E's 2023 General Rate Case Phase 2 (A.24-09-014) on revenue allocation and residential rate design; SoCalGas's application for a Microgrid Optional Tariff (A.25-04-006); SDG&E's application to establish an SB 410 ratemaking mechanism (A.25-04-015); and Sempra's 2025 Cost Allocation Proceeding (A.25-09-014) on SoCalGas's customer fixed charge.

She has also sponsored testimony in multiple reasonableness reviews, including PG&E's 2020-2022 Wildfire and Gas Safety Costs proceeding (A.23-06-008), PG&E's 2022 Wildfire Mitigation and Catastrophic Events proceeding (A.23-12-001), and Track 3 of SDG&E's 2024 GRC (A.22-05-016) concerning wildfire mitigation spending. She further advocates for ratepayers through media and legislative outreach.

Prior to joining TURN's staff, she worked as a Schneider Sustainable Energy Fellow with the Natural Resources Defense Council (NRDC) Climate and Clean Energy Program, conducting research and advocacy to decarbonize California's buildings and power sectors. At NRDC, she participated in regulatory proceedings at the California Energy Commission (CEC) and the CPUC. She has also conducted policy research at thinktanks such as the Hoover Institution and Stanford University's Center on Democracy, Development, and the Rule of Law.

Her education includes a B.A. in International Relations with Honors (2021) and an M.A. in International Policy, specialized in Energy, Natural Resources, and the Environment (2022), both from Stanford University.