



Critical Care Rulemaking

U-21939

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Executive Summary

The Michigan Public Service Commission (MPSC or Commission) issued an order on June 12, 2025, in Case No. U-20757 that responded to Commission activities which included recommendations made by the Commission's Critical Care Collaborative (CCC) submitted on December 26, 2024.¹ The Commission supported the CCC efforts to keep a customer engaged during the critical care shut off protection process by requiring participation in a payment plan or seeking energy assistance while requiring engagement from the utility. The Commission adopted Staff's recommendation to move forward with the ratemaking process.

On August 7, 2025, the Commission opened a new docket, in Case No U-21939, to establish a workgroup to review and recommend improvements to the critical care shut off protection under R 460.130a. The Collaborative was instructed to specifically work toward initiating a rulemaking process implementing Recommendation 1.3, Critical care shut off protection – Journey.² The Commission outlined a goal to have the CCC provide a foundation for a rule change that provides shut off protection for critical care customers as well as a process to prevent the customer from incurring unmanageable high energy costs. The Commission further directed Staff to file a report with its findings by March 27, 2026.

This report summarizes the CCC activities and recommends a draft rule revision for the critical care shut off protection. The draft rule encompasses the entire process for both the customer and utility from start to finish, specifically requiring the utility to work hand-in-hand with the customer by providing guidance with energy assistance, and payment plan options. The customer's responsibility, if in arrears, is to seek assistance, or enter a payment plan and make monthly payments on the account.

¹ [Case No. U-20757-0729](#)

² [Case No. U-20757-0729](#), pp. 16-22

Directive – Critical Care Collaborative Rulemaking

Committee Process

Overview

On June 12, 2025, in an [order](#) in Case No. U-20757, the Commission supported the CCC [Staff Report](#) Recommendation 1.3, requiring customers who participate in the critical care shut off protection to seek energy assistance, enter into a payment plan, and if the customer defaults, the customer may be disconnected. In this order, the Commission directed Staff to move forward with the rulemaking process.

Then on August 7, 2025, the Commission ordered Staff in Case No. [U-21939](#), to establish a workgroup to review and recommend rulemaking for the critical care shut off protection, under R 460.130a.

Goals

The goal of this workgroup was to create and recommend a new critical care customer shut off protection rule, R 460.130(a), that prioritizes payment energy assistance, a new payment plan, and a default process that could result in a customer having service disconnected.

Participation

Under the leadership of Christina Forist, Manager, and Jake Thelen, Department Specialist, both within the Compliance and Investigation Section at the MPSC, over 390 invitations were sent to potentially interested parties. This resulted in diverse participation from government agencies (MPSC, Michigan Department of Health and Human Services, Michigan Department of Treasury, Michigan Department of Environment Great Lakes and Energy, and the Michigan Executive Office of the Governor), human service agencies, advocacy groups (low-income, environmentalists, and economists), and utilities. Each participant was provided with the subcommittee's charge, agenda, and timeline, and encouraged to forward the information to other interested parties.

Action Steps – Collaborative Session One

Session one was held virtually using the Microsoft Teams meeting platform on September 18, 2025, from 9:30 a.m. to 11:00 a.m. The full session is available here [Critical Care Collaborative Rulemaking Session 1 09/18/2025](#).

Staff provided background on the MPSC's Consumer Standards and Billing Practices for Electric and Natural Gas Service R 460.130(a), and a review of the CCC's 2024 recommendations with a focus on the Commission directive of rewriting the rule to include payment plan options and a default process.

Staff provided insight into why the CCC recommended adding a payment plan requirement and default process to R 460.130(a). It was also stressed during this meeting that it is imperative to keep the customer engaged during the critical care shut off protection process, so that the customer is aware of energy assistance options, current and past due balances, and any impending disconnection. CCC leadership asked the group to brainstorm payment plan options for critical care customers and to come to the next session ready to discuss these options. It was proposed and accepted that any payment plan should meet or exceed the parameters set forth by R 460.131, Winter Protection Plan for eligible low-income³ customers (WPP). The WPP states that a customer shall pay a monthly amount equal to 7% of their estimated annual bill during the heating season months (November 1 through March 31) and that any utility can offer an alternate payment plan that meets or exceeds the WPP.

Action Steps – Collaborative Session Two

Session two was held virtually using the Microsoft Teams meeting platform on October 8, 2025, from 9:30 a.m. to 11:00 a.m. Staff reviewed the CCC customer journey presented in the December Staff Report⁴ and discussed all customer-related issues pertaining to the critical care shut off process. The full session is available here [Critical Care Collaborative Payment Plan and Default Process 10/08/25](#). This included applying for the hold, seeking assistance, entering into a payment plan, defaulting from the payment plan, and finally having service disconnected.

The customer journey walkthrough was conducted to show the group what a customer would experience from start to finish during the new critical care shut off process. This outlined the initial hold to allow the customer time to submit their medical certification form, the 60-day hold that is then placed on the account to allow time for the customer to apply for energy assistance, the customer being placed on a payment plan, the default and notification process if the customer does not make the required payment, and finally the notification process for when the critical care designation expires at the 12-month mark.

The group then discussed payment plan options. One option that was offered is similar to the WPP, where a customer would pay a percentage of 7% or less of their estimated annual bill amount. The only difference from WPP is the payment plan would be for 12-months instead of only during the heating season. This would cause a critical care customer to have an outstanding balance at the end of their critical care shut off protection period, but it would also keep the customer engaged with monthly payments.

³ R 460.102(s): "Eligible low-income customer" means a utility customer whose household income does not exceed 150% of the federal poverty guidelines as published annually in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or who receives any of the following: (i) Supplemental security income from the Social Security Administration or low-income assistance through the department of health and human services or a successor agency. (ii) Food stamps. (iii) Medicaid.

⁴ [Case No. U-20757-0729](#)

The next payment plan option that was discussed was for utilities to enroll a customer in any currently available payment plan; these plans are already programmed into the company's billing systems and may be more beneficial to a customer than percentage of annual bill payment plan. This is because if a customer qualifies for a MEAP payment plan, the customer may be eligible for arrearage forgiveness and/or for an energy assistance agency to pay a portion of the outstanding balance.

The third option presented was for each utility company to create a critical care payment plan and to submit those plans to the Commission for approval. This option has the most flexibility -- each utility could create a standard payment plan for customers that meets or exceeds WPP but could also offer a critical care customer any other payment plans the utility offers that may be more beneficial for the customer. These plans would be submitted to the Commission for approval, similar to how the Commission approves the utilities' extreme weather condition policy.⁵ The CCC expressed the most interest in this option, because of its flexibility and the potential for future changes to the critical care payment plan.

Concluding the session, a default process was discussed. It was agreed that because of the vulnerability of critical care customers, any customer on the critical care payment plan will not default from the plan until they have missed two or more of the required payments. After the second default the utility may begin the collection and ultimately the disconnection process. It was also discussed that communication with these customers is of utmost importance, and that a customer will be communicated with multiple times before, during, and after the default process. It is also imperative that customers are made aware of any energy assistance options that are available.

Action Steps – Collaborative Session Three

Session three was held virtually using the Microsoft Teams meeting platform on January 22, 2026, from 9:00 a.m. to 10:30 a.m. The full session can be found here [Critical Care Collaborative Draft Rule Review Meeting 01/22/2026](#).

The agenda for this meeting was to review the new draft rule with the CCC. Prior to the meeting, Staff compiled all the recommendations and authored a new critical care shut off protection rule.

The CCC went through the new rule section by section, reviewing the language, and allowing individuals an opportunity to voice concerns or suggestions. This area of the report will not detail the individual comments or suggestions that were shared, as they are incorporated in the new rule which is included in the recommendation section of this report.

⁵ R 460.134 Extreme weather condition policy

Recommendation to the Commission

Recommendation Draft Rule

The goal of the protection is to ensure customers have energy services to meet their medical needs. Medically vulnerable programs, like critical care shut off protection, allow customers peace of mind that their utility service is protected from disconnection. Due to many pitfalls, it was identified through complaints, media, comments, and Collaborative efforts that once the protection was put in place, customers are no longer engaged with the utility. This resulted in energy assistance opportunities being missed while the customer was on the critical care shut off protection. The Commission directed the Collaborative to engage in rulemaking specifically the payment plan, seeking assistance, and default process.

The Collaborative drafted the following proposed ruleset⁶ that highlights the process from start to finish. The paragraphs following the proposed rule will explain what the proposed rule represents, positions, and recommendations.

Key to proposed rules:

Current Rule = Regular Font

New Rule Language = **Bold Font**

Current Rule Language to be Removed = ~~Strikethrough~~

R 460.130a Critical care customer shut off protection

Rule (1):

(1) A utility shall restore or refrain from shutting off utility service to a critical care customer ~~due to an inability to pay a utility bill~~ where an interruption of service would be immediately life threatening.

(a) On an annual basis, a critical care customer shall provide the utility with ~~an updated commission approved medical certification form certifying his or her continued status as a critical care customer~~ a **commission-approved medical certification form that identifies all of the following:**

- i. **Name of household member who requires home medical equipment or a life support system.**
- ii. **The medical condition.**
- iii. **Any medical equipment needed for the critical care shut off protection.**

⁶ Appendix A: Proposed R 460.130a Rule

- (b) If the customer's status as a critical care customer ends, a customer or occupant of the household shall notify the utility of the change in status. **The customer will no longer be eligible for the critical care payment plan.**

Provision number one defines specifically who would be eligible under the critical care protection program and if accepted, services would be restored or refrained from shut off of utility service. It goes further, directing the customer for the duration of the protection, how to seek the protection, and what is needed to have the protection put in place. In addition to the process, the rule outlines if the protected household member no longer needs protection the customer is obligated to notify the utility of their changed status.

In 2017, the critical care shut off protection rule was established as an extension of its "sister" rule, R 460.130 Medical emergency. To help streamline the two rules for consistency, the proposed rule merges the current rule R 460.130a(1) and R 460.130a(2) into one consolidated new rule. Both the medical emergency and critical care shut off protection use the same approval process to establish the protection. To alleviate confusion, it is best if both rules utilize the same language.

Due to new parameters put in place to keep the customer engaged, a default process has been established, which then allows a customer to ultimately be disconnected from utility service. The language "inability to pay" has been removed from subset one due to the outlined default process in subset number seven. Also, if a customer notifies the utility that the household no longer has a critical care customer, that household is no longer eligible for the designated critical care payment plan. The critical care payment plan is only designed for customers who are active on the protection.

Rule (2)

(2) A utility shall not require payment of an after-hours reconnect fee or a deposit as a condition of restoring service for a critical care shut off protection hold under this rule.

The proposed rule would be an addition to the current ruleset. This rule outlines that a utility cannot require any type of payment of an after-hour charge, such as a fee, or a deposit to a customer's account when restoring services under this protection. This same language is currently within R 460.130(2),⁷ and it was omitted during the 2017 rulemaking process. Since R 460.130a stems from R 460.130, the same protection should be put in place for each program.

⁷ R 460.130(2) Medical emergency, (2) A utility shall not require payment of an after-hours reconnect fee or a deposit as a condition of restoring service for a 21-day medical emergency hold under this rule.

Rule (3)

~~(34)~~ Upon request, a utility shall provide and make available on its website a commission-approved medical certification form for use in obtaining a physician's or medical facility's certification demonstrating the customer's status as a critical care customer. Upon receipt of the medical certification form, the utility shall notify the customer that it has received the form.

The rule requires the utility to provide to customers, upon request, and to make available on its website, the approved medical certification form. This form allows the customer to seek approval for the critical care shut off protection. Once the household provides the required documentation to the utility, the utility is then required to notify the customer it has been received for processing.

The only change being requested here is the subset numbering from the current rule four, (4), to subset three, (3). The Staff leads felt that the rule sequence established a more logical chronological timeline.

Rule (4)

~~(43)~~ A utility shall provide a critical care customer with a grace period of 3 business days during which it shall postpone the shut off of utility service to the critical care customer to allow the customer time to obtain a completed commission-approved medical certification form.

Provision number four provides for a hold to be placed on an account for three business days, allowing the household time to obtain the proper certification for the protection. During this timeframe the household will be protected from shut off of service.

The only change being requested here is the subset numbering from the current rule three, (3), to subset four, (4). As previously stated, the Staff leads felt that the rule sequence established a more logical chronological timeline.

Rule (5)

(5) When a medical certification is accepted, the utility shall do the following:

- (a) If the household is identified as a low-income customer or the customer's account contains an arrearage, provide a temporary grace period of 60 days during which the utility shall restore utility service or postpone the shut off of utility service. The critical care customer shall enter into a critical care payment plan and attempt to obtain energy assistance from an energy assistance program.**
- (b) The customer will automatically be enrolled in the critical care payment plan, and the household will be protected annually if any of the following provisions apply:**

- i. **The customer is low-income and does not seek energy assistance**
- ii. **The customer is low-income and not eligible for energy assistance**
- iii. **The customer is not low-income but has an arrearage**

The proposed rule outlines that once the proper certification has been processed and accepted, the household will be protected for one year and certain criteria needs to be met to maintain that protection. The Commission adopted Staff's recommendation in Case No. U-20757, from both the March⁸ and December⁹ Staff Reports, encouraging eligible customers to seek energy assistance. Through these efforts it was identified that eligible customers could have benefitted from energy assistance to help eliminate arrearages, but those customers did not apply for this assistance. The current rules automatically protect the household without requiring any further customer engagement once the medical certification form is accepted.

In order to assist customers and meet their needs with this new provision, advocates recommended that a 60-day grace period would better suit this vulnerable population. Due to the level of severity with this protection, often customers struggle to get the appropriate paperwork processed and the timeline for receiving energy assistance can be prolonged. A 60-day timeframe allows for proper processing to be completed in a more realistic timeframe and offers reassurance by preventing service disconnection during the transition period. Once the customer has sought energy assistance and still maintains an arrearage, the next step is to enter a critical care payment plan. The customer will then work directly with the utility, who will outline the required payment each month to stay active on the program. If a customer is low-income and does not seek energy assistance or does not qualify, or is not low-income but has an arrearage, that customer will automatically be enrolled into the proposed critical care payment plan outlined in subsection six.

After the customer has gone through the proper channels of seeking energy assistance and has obtained a critical care payment plan, a 60-day hold will be lifted from the account.

Rule (6)

(6) Within 6 months of the effective date of this rule, a utility shall adopt and submit to the commission for approval a critical care payment plan procedure policy for customers that provides, at a minimum, all of the following:

- (a) The criteria or factors a utility follows in applying a critical care payment plan to customers during the critical care protection period. The critical care payment plan must outline all of the following:**

⁸ [Case No. U-20757-0524](#), pp. 31-33

⁹ [Case No. U-20757-0729](#), pp. 16-22

- i. A minimum monthly payment**
 - ii. A default process**
 - iii. The minimum payment required to reestablish the protection after a customer has defaulted from the critical care payment plan**
 - iv. A communication plan addressing how a customer shall seek energy assistance from an energy assistance program**
- (b) A utility must provide at least 2 critical care payment plans with a customer who defaulted on the terms and conditions of such critical care payment plan within the annual protection period.**
- (c) In the event of any changes to the utility critical care payment plan procedure policy, a utility shall submit those changes to the commission for its review and approval.**
- (d) The Commission may direct a utility to update and resubmit a critical care payment plan procedure policy.**

This provision of the rule originated from the Collaborative identifying that often once a customer was protected, the customer would stop engaging with the utility. This includes making any form of payment to the account. Due to the design of the current protection, customers are encouraged but not required to make payment to maintain active service. This has been shown to cause many issues once the protection is lifted and the customer is then responsible for the entire amount. If arrearages are too high, many outside energy assistance agencies will not be able to assist. Ultimately this could leave the customer without service. As a result, it was recommended, in the spirit of “keeping the customer engaged,” to require some form of payment that would be reasonable for this vulnerable customer population. The Collaborative gathered and studied various information regarding similar programs to formulate what would be considered reasonable.

Ultimately, it was decided that this payment requirement needs to have flexibility. It was also determined that due to how difficult and elongated the rulemaking process is, a definitive payment requirement be left out of the ruleset so that if changes need to be made, they can be done so in a more customer friendly time frame. To have flexibility, the proposed rule is similar to R 460.134(1),¹⁰ directing utilities to adopt and submit proposals to the Commission outlining a critical care payment plan, default process, payment to reestablish service, and communication plan. The new rule goes further, detailing the base requirements needed to be considered a critical care payment plan. These plans would then be approved in one docket and in each utility tariff. This process allows flexibility to make appropriate changes in a timelier fashion, whether the change is directed by the Commission or the utility itself. Through the Collaborative process, it was agreed that a percentage based on current usage

¹⁰ R 460.134(1) Extreme weather condition policy, “(1) Within 6 months of the effective date of this rule, a utility shall adopt and submit an extreme weather condition policy to the commission for approval that provides, at a minimum, both of the following:”

within the customers' 12-month period was the best approach, regardless of whether the customer has arrearage. The percentage amounts to keep customer service active that were deemed acceptable, fluctuated between existing program amounts, like the affordable payment plan initiatives¹¹ the WPP,¹² and other state programs.

Within the same proposal submitted to the Commission, for approval, utilities would be obligated to provide the default process and communication plan. Both these elements go hand-in-hand, making sure the customer understands what is required to keep services active. To remain consistent with R 460.146(3), the policy allows critical care customers to miss up to two payment plan payments within the annual protection period before service is disconnected.¹³ Furthermore, a robust communication plan must be executed prior to any disconnection.

Rule (7)

(7) If a critical care customer fails to comply with the terms and conditions of this rule a utility shall document that the customer has been notified by personal service or first-class mail.

(a) Which contains all of the following information:

- i. That the customer has defaulted on the critical care shut off protection.**
- ii. The nature of the default.**
- iii. That the customer has the right to file a complaint disputing the claim of the utility before the date of the proposed shut off of service by calling the company.**
- iv. That the customer has the right to request a hearing before a hearing officer if the complaint cannot be otherwise resolved and that the customer must pay to the utility that portion of the bill that is not in dispute within 7 business days of the date that the customer requests a hearing.**
- v. That the customer has the right to represent himself or herself, be represented by counsel, or be assisted by other persons of his or her choice in the complaint process.**
- vi. That the utility will not shut off service pending the resolution of a complaint that is filed with the utility or the commission pursuant to these rules.**
- vii. The telephone number and address of the utility where the customer may make inquiry, enter into a critical care payment plan or settlement agreement, or file a complaint.**

¹¹ Based on percentage of income not annual usage

¹² R 460.131 Winter protection plan for eligible low-income customers

¹³ R 460.146(3) Payment plan procedures for residential and small nonresidential customers, (3) A utility is not required to enter into more than 2 payment plans with a residential or small nonresidential customer who defaulted on the terms and conditions of such payment plan within the last 12 months.

- viii. That the customer should contact a social services agency immediately if the customer believes he or she might be eligible for emergency economic assistance.**
- (b) A utility may shut off service after providing notification to the customer by both personal service or first-class mail, in addition to leaving a notice at the premise advising the customer that service will be shut off. A utility shall maintain a record of the date the notice was sent. The final notice shall contain all portions of subrule (a) of this rule and the following:**
- i. That unless the customer makes a minimum critical care payment, in subrule (6)(a)(iii) onto the account, within 10 days of the date of notification, the utility may shut off service.**
 - ii. The date on or after which the utility may shut off service, unless the customer takes appropriate action.**

Customer engagement during the entire critical care shut off protection process is paramount. Subset rule seven directs the utility to notify the customer if the customer defaults at any point while being on the critical care payment plan. If a customer fails to comply with the terms and conditions of the program, a critical care payment plan has to be made onto the account. If not, a customer may be disconnected.

The Collaborative discussed a two-prong approach outlining specific notification channels depending on where the customer is at in the default process. When a customer fails to make the required payment on the account, the customer is sent a default notification. This notification process cannot take place until the billing period after the 60-day grace period has been completed if the customer is eligible for disconnect for non-payment. Once any type of notification is sent, the utility is required to document that the customer has been notified. The first notification requires the customer to be contacted by personal service or first-class mail outlining the default, the reasoning, the amount to stay on the protection, and other various customer protections. Most of the notifications proposed in this ruleset stem from existing rules R 460.146(4)¹⁴ and R 460.131(3).¹⁵ These state that a customer has the right to file a complaint or request a hearing, and a utility phone number for a customer to discuss the notice, payment plan, settlement agreement, or file a complaint. The proposed rule will allow customers to have up to two defaults before being removed from the protection plan, where then the customer will have to take action to be re-activated.

Finally, once a customer has fully moved through the default process, the utility may disconnect a customer after providing proper notification by personal service or first-class mail and by leaving a notice at the premise. The critical care customer base is a

¹⁴ R 460.146(4) Payment plan procedures for residential and small nonresidential customers

¹⁵ R 460.131(3) Winter protection plan for eligible low-income customers

vulnerable subset of customers; it is important that the company provides multiple notices and allows the customer time to resolve any outstanding issues prior to disconnection. The final notification will be required to provide the same information and protections outlined in previous notifications, plus the date on or after which services may be disconnected and the minimal payment amount needed to stay on the program. If the customer does not take appropriate action onto the account, the utility may disconnect services within 10 days of the date of the notification. These same provisions are under existing rules, R 460.139(6).¹⁶

Rule (8)

~~(85) A utility shall maintain a special file on critical care customers and an appropriate identification of such customers for the purpose of ensuring that utility service is provided for as long as the customer remains a critical care customer, and the customer's inability to pay continues.~~ A utility shall maintain a special file on critical care customers, **for the duration of approved medical certification form, to identify critical care customers.**

This provision of the rule requires utilities to create a special file identifying all households classified as a critical care customer. The customer will remain on the list as long as the household remains active, annually, from the date approved under the medical certification form. This file is used to allow utilities awareness of which customers are at the highest level of vulnerability and could be used for emergency purposes.

It is important that utilities have this data available at all times. Due to changes within the proposed rule a customer may default from the critical care payment plan and have services disconnected, while the customer shall remain in the special file. The Collaborative believes that the customer should remain in the special file as long as the medical certification form is certified regardless of whether the customer has active service. In addition to the language, the subset numbering is being requested to go from current rule five, (5), to subset eight, (8).

Rule (9)

~~(96) When a utility has notice of a critical care customer for whom a planned service interruption would be immediately life threatening, the utility shall notify the customer of the planned service interruption and shall not shut off service using remote shut off capability without first initiating person-to-person contact with the customer.~~

The rule here addresses when or if a utility has a planned outage, the utility is required to notify the critical care household that an interruption of service will occur. This allows the household to make appropriate arrangements.

¹⁶ R 460.139(6) Notice of shut off

Due to the high-level classification, it is important that the customer is contacted directly prior to disconnection. The current rules, R 460.136, R 460.142, and R 460.143, outline that all utilities are required to provide proper notification to a customer when a shut off occurs regardless of the manner. When the portion of this current rule subset was created remote disconnections were just starting to be implemented. The proposed rule removes the portion “using remote shut off capability” due to it being duplicative. In addition to the language, the subset numbering is requested to go from current rule six, (6), to subset nine, (9).

Rule (10)

~~(107)~~ Nothing in this rule relieves the customer of his or her obligation to pay for utility service. ~~A utility may require that the customer enter into a reasonable payment plan.~~

Provision 10 outlines to the customer that even when the household is being protected under the critical care shut off protection, the customer is still responsible for the total amount owed. This is a reminder to the customer that whatever usage the household incurs they need to be mindful, regardless of the amount of payment made, that the household will be responsible for the entire balance.

Due to the new proposed rule in subset six, the second portion of the current rule is no longer applicable. This is because the customer will be enrolled in the critical care payment plan. Originally, the utility was allowed to have the customer enter into a payment plan. But the rule never allowed the utility to move forward unless the customer “chose” to engage with the utility due to the language, “refrain from shutting off utility service.” In addition to the language, the subset numbering is requested to go from current rule seven, (7), to subset (10).

Rule (11)

~~(118)~~ Nothing in this rule shall prohibit a utility that observes an unsafe connection at a customer's location caused by unauthorized use of electric or natural gas service, from implementing measures to cure or address the unsafe connection pursuant to section 9d(1) of 1939 PA 3, MCL 460.9d(1).

This rule provision explains that if a utility identifies an unsafe connection at a customer's premise, services will be disconnected to terminate the safety concern.

The only change being requested is the subset numbering from the current rule eight, (8), to subset (11).

Recommendation Draft Rule

The CCC recommends the following rule be adopted and requests to move forward with the rule making process:

R 460.130a Critical care customer shut off protection

Rule 30. (1) A utility shall restore or refrain from shutting off utility service to a critical care customer where an interruption of service would be immediately life threatening.

(a) On an annual basis, a critical care customer shall provide the utility with a commission-approved medical certification form that identifies all of the following:

- i. Name of household member who requires home medical equipment or a life support system.
- ii. The medical condition.
- iii. Any medical equipment needed for the critical care shut off protection.

(b) If the customer's status as a critical care customer ends, a customer or occupant of the household shall notify the utility of the change in status. The customer will no longer be eligible for the critical care payment plan.

(2) A utility shall not require payment of an after-hours reconnect fee or a deposit as a condition of restoring service for a critical care shut off protection hold under this rule.

(3) Upon request, a utility shall provide and make available on its website a commission-approved medical certification form for use in obtaining a physician's or medical facility's certification demonstrating the customer's status as a critical care customer. Upon receipt of the medical certification form, the utility shall notify the customer that it has received the form.

(4) A utility shall provide a critical care customer with a grace period of 3 business days during which it shall postpone the shut off of utility service to the critical care customer to allow the customer time to obtain a completed commission-approved medical certification form.

(5) When a medical certification is accepted, the utility shall do the following:

(a) If the household is identified as a low-income customer or the customer's account contains an arrearage, provide a temporary grace period of 60 days during which the utility shall restore utility service or postpone the shut off of utility service. The critical care customer shall enter into a critical care payment plan and attempt to obtain energy assistance from an energy assistance program.

(b) The customer will automatically be enrolled in the critical care payment plan, and the household will be protected annually if any of the following provisions apply:

- i. The customer is low-income and does not seek energy assistance
- ii. The customer is low-income and not eligible for energy assistance
- iii. The customer is not low-income but has an arrearage

(6) Within 6 months of the effective date of this rule, a utility shall adopt and submit to the commission for approval a critical care payment plan procedure policy for customers that provides, at a minimum, all of the following:

- (a) The criteria or factors a utility follows in applying a critical care payment plan to customers during the critical care protection period. The critical care payment plan must outline all of the following:
 - i. A minimum monthly payment
 - ii. A default process
 - iii. The minimum payment required to reestablish the protection after a customer has defaulted from the critical care payment plan
 - iv. A communication plan addressing how a customer shall seek energy assistance from an energy assistance program
- (b) A utility must provide at least 2 critical care payment plans with a customer who defaulted on the terms and conditions of such critical care payment plan within the annual protection period.
- (c) In the event of any changes to the utility critical care payment plan procedure policy, a utility shall submit those changes to the commission for its review and approval.
- (d) The Commission may direct a utility to update and resubmit a critical care payment plan procedure policy.

(7) If a critical care customer fails to comply with the terms and conditions of this rule a utility shall document that the customer has been notified by personal service or first-class mail.

- (a) Which contains all of the following information:
 - i. That the customer has defaulted on the critical care shut off protection.
 - ii. The nature of the default.
 - iii. That the customer has the right to file a complaint disputing the claim of the utility before the date of the proposed shut off of service by calling the company.
 - iv. That the customer has the right to request a hearing before a hearing officer if the complaint cannot be otherwise resolved and that the customer must pay to the utility that portion of the bill that is not in dispute within 7 business days of the date that the customer requests a hearing.
 - v. That the customer has the right to represent himself or herself, be represented by counsel, or be assisted by other persons of his or her choice in the complaint process.
 - vi. That the utility will not shut off service pending the resolution of a complaint that is filed with the utility or the commission pursuant to these rules.
 - vii. The telephone number and address of the utility where the customer may make inquiry, enter into a critical care payment plan or settlement agreement, or file a complaint.

viii. That the customer should contact a social services agency immediately if the customer believes he or she might be eligible for emergency economic assistance.

(b) A utility may shut off service after providing notification to the customer by both personal service or first-class mail, in addition to leaving a notice at the premise advising the customer that service will be shut off. A utility shall maintain a record of the date the notice was sent. The final notice shall contain all portions of subrule (a) of this rule and the following:

- i. That unless the customer makes a minimum critical care payment, in subrule (6)(a)(iii) onto the account, within 10 days of the date of notification, the utility may shut off service.
- ii. The date on or after which the utility may shut off service, unless the customer takes appropriate action.

(8) A utility shall maintain a special file on critical care customers, for the duration of approved medical certification form, to identify critical care customers.

(9) When a utility has notice of a critical care customer for whom a planned service interruption would be immediately life threatening, the utility shall notify the customer of the planned service interruption and shall not shut off service without first initiating person-to-person contact with the customer.

(10) Nothing in this rule relieves the customer of his or her obligation to pay for utility service.

(11) Nothing in this rule shall prohibit a utility that observes an unsafe connection at a customer's location caused by unauthorized use of electric or natural gas service, from implementing measures to cure or address the unsafe connection pursuant to section 9d (1) of 1939 PA 3, MCL 460.9d(1).

Conclusion

Many key issues were identified through the Data Analysis and Regulatory Review subcommittee and the CCC focusing specifically on medically vulnerable customers and their needs. These efforts have created new proposed language to help streamline the critical care protection plan process by keeping customers engaged during the protection period and assisting in managing their accounts. Since this segment of vulnerable customers and technology is ever-changing, it is important to have flexibility within the ruleset that enables modifying customer engagement through payment plans, the default process, and communication modules.

Appendix

Appendix A: Proposed R 460.130a Rule

Key to proposed rules:

Current Rule = Regular Font

New Rule Language = **Bold Font**

Current Rule Language to be Removed = ~~Strikethrough~~

R 460.130a Critical care customer shut off protection Rule 30a.

~~(1) A utility shall restore or refrain from shutting off utility service to a critical care customer due to an inability to pay a utility bill where an interruption of service would be immediately life threatening.~~

~~(2) On an annual basis, a critical care customer shall provide the utility with an updated commission approved medical certification form certifying his or her continued status as a critical care customer. If the customer's status as a critical care customer ends, a customer or occupant of the household shall notify the utility of the change in status.~~

(1) A utility shall restore or refrain from shutting off utility service to a critical care customer ~~due to an inability to pay a utility bill~~ where an interruption of service would be immediately life threatening.

(a) On an annual basis, a critical care customer shall provide the utility with an updated commission approved medical certification form certifying his or her continued status as a critical care customer a **commission-approved medical certification form that identifies all of the following:**

- i. Name of household member who requires home medical equipment or a life support system.**
- ii. The medical condition.**
- iii. Any medical equipment needed for the critical care shutoff protection.**

(b) If the customer's status as a critical care customer ends, a customer or occupant of the household shall notify the utility of the change in status. **The customer will no longer be eligible for the critical care payment plan.**

(2) A utility shall not require payment of an after-hours reconnect fee or a deposit as a condition of restoring service for a critical care shut off protection hold under this rule.

(34) Upon request, a utility shall provide and make available on its website a commission-approved medical certification form for use in obtaining a physician's or medical facility's certification demonstrating the customer's status as a critical care customer. Upon receipt of the medical certification form, the utility shall notify the customer that it has received the form.

(43) A utility shall provide a critical care customer with a grace period of 3 business days during which it shall postpone the shutoff of utility service to the critical care customer to allow the customer time to obtain a completed commission-approved medical certification form.

(5) When a medical certification is accepted, the utility shall do the following:

- (a) If the household is identified as a low-income customer or the customer's account contains an arrearage, provide a temporary grace period of 60 days during which the utility shall restore utility service or postpone the shutoff of utility service. The critical care customer shall enter into a critical care payment plan and attempt to obtain energy assistance from an energy assistance program.**
- (b) The customer will automatically be enrolled in the critical care payment plan, and the household will be protected annually if any of the following provisions apply:**
 - i. The customer is low-income and does not seek energy assistance**
 - ii. The customer is low-income and not eligible for energy assistance**
 - iii. The customer is not low-income but has an arrearage**

(6) Within 6 months of the effective date of this rule, a utility shall adopt and submit to the commission for approval a critical care payment plan procedure policy for customers that provides, at a minimum, all of the following:

- (a) The criteria or factors a utility follows in applying a critical care payment plan to customers during the critical care protection period. The critical care payment plan must outline all of the following:**
 - i. A minimum monthly payment**
 - ii. A default process**
 - iii. The minimum payment required to reestablish the protection after a customer has defaulted from the critical care payment plan**
 - iv. A communication plan addressing how a customer shall seek energy assistance from an energy assistance program**
- (b) A utility must provide at least 2 critical care payment plans with a customer who defaulted on the terms and conditions of such critical care payment plan within the annual protection period.**

(c) In the event of any changes to the utility critical care payment plan procedure policy, a utility shall submit those changes to the commission for its review and approval.

(d) The Commission may direct a utility to update and resubmit a critical care payment plan procedure policy.

(7) If a critical care customer fails to comply with the terms and conditions of this rule a utility shall document that the customer has been notified by personal service or first-class mail.

(a) Which contains all of the following information:

- i. That the customer has defaulted on the critical care shut off protection.**
- ii. The nature of the default.**
- iii. That the customer has the right to file a complaint disputing the claim of the utility before the date of the proposed shut off of service by calling the company.**
- iv. That the customer has the right to request a hearing before a hearing officer if the complaint cannot be otherwise resolved and that the customer must pay to the utility that portion of the bill that is not in dispute within 7 business days of the date that the customer requests a hearing.**
- v. That the customer has the right to represent himself or herself, be represented by counsel, or be assisted by other persons of his or her choice in the complaint process.**
- vi. That the utility will not shut off service pending the resolution of a complaint that is filed with the utility or the commission pursuant to these rules.**
- vii. The telephone number and address of the utility where the customer may make inquiry, enter into a critical care payment plan or settlement agreement, or file a complaint.**
- viii. That the customer should contact a social services agency immediately if the customer believes he or she might be eligible for emergency economic assistance.**

(b) A utility may shut off service after providing notification to the customer by both personal service or first-class mail, in addition to leaving a notice at the premise advising the customer that service will be shut off. A utility shall maintain a record of the date the notice was sent. The final notice shall contain all portions of subrule (a) of this rule and the following:

- i. That unless the customer makes a minimum critical care payment, in subrule (6)(a)(iii) onto the account, within 10 days of the date of notification, the utility may shut off service.**

ii. The date on or after which the utility may shut off service, unless the customer takes appropriate action.

~~(85) A utility shall maintain a special file on critical care customers and an appropriate identification of such customers for the purpose of ensuring that utility service is provided for as long as the customer remains a critical care customer, and the customer's inability to pay continues.~~ A utility shall maintain a special file on critical care customers, **for the duration of approved medical certification form, to identify critical care customers.**

(96) When a utility has notice of a critical care customer for whom a planned service interruption would be immediately life threatening, the utility shall notify the customer of the planned service interruption and shall not shut off service ~~using remote shutoff capability~~ without first initiating person-to-person contact with the customer.

~~(107) Nothing in this rule relieves the customer of his or her obligation to pay for utility service. A utility may require that the customer enter into a reasonable payment plan.~~

(118) Nothing in this rule shall prohibit a utility that observes an unsafe connection at a customer's location caused by unauthorized use of electric or natural gas service, from implementing measures to cure or address the unsafe connection pursuant to section 9d(1) of 1939 PA 3, MCL 460.9d(1).

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