

# Point in Time Policy



- Customers must apply for all programs at a single point-in-time
  - EUSP (electric)
  - MEAP (heat)
  - Electric Arrearage
  - Gas Arrearage
- Arrearages are the **ONLY** exception (PIT Waiver)
  - Waiver criteria:
    - Customers must show a decrease in income (resulting in a lower benefit level); OR
    - Household meets OHEP’s definition of the **“Vulnerable Population Waiver”**

# Vulnerable Population Waiver



- Electric or Gas Arrearage Retirement Assistance may be received once every 7 years
- “Vulnerable households” who received <\$800 within the previous 7 years may be eligible for additional funds.
- Vulnerable households are defined as having:
  - Household member over 65; or
  - Household member under 2; or
  - Household member who is medically fragile.
- The total 7 year benefit may not exceed the \$2,000 maximum.



## Pop Quiz!



Q3

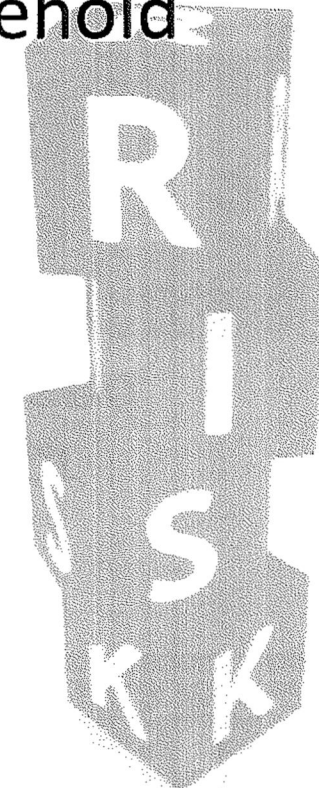
Mr. Philips is applying for Energy Assistance for his household of 3. He is 25 years old and lives with his 30-year-old girlfriend and their 1-year-old daughter. No one in Mr. Philip's household has a serious medical condition that would qualify them for the CMNP. He says he has a past-due balance of \$2,500 on his electricity account and you learn that he received a \$600 arrearage grant in 2015. Is he eligible for a Vulnerable Population Waiver?

# Answer



Q3

Yes. Mr. Phillips' application is eligible for a PIT and VPW waiver because there is a household member under the age of 2.



# Pop Quiz!



Q4

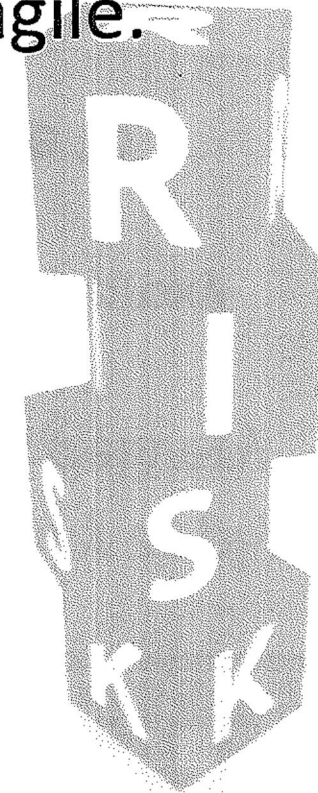
Mrs. Dorsey and her husband are applying for Energy Assistance. Both Dorseys are retired and receive Social Security benefits as their sole source of income. Two years ago, Mrs. Dorsey was diagnosed with breast cancer and the couple has been struggling to pay their bills ever since. They have received Energy Assistance for the last two years including a \$400 arrearage grant last year and have applied this year through the CMNP. Are the Dorseys eligible for a Vulnerable Population Waiver?

# Answer



Q4

Yes. By definition, a CMNP applicant is eligible for a VPW because they are medically fragile.



# Who Should Apply?



- Any household member 18+ or emancipated may apply
- Maintains the primary residence at the service delivery address on the application
  - Or has met the requirements necessary to apply as proxy on behalf of a qualified Applicant.
- The electric bill must be in the applicant's name to qualify for EUSP and Arrearage grants
- Household members may not become applicants later in the same program year
  - Exception: the original applicant no longer lives in the household
    - Proof of other residence must be obtained

# FY21 Income Eligibility Guidelines



(Based on 175% of the Federal Poverty Level)

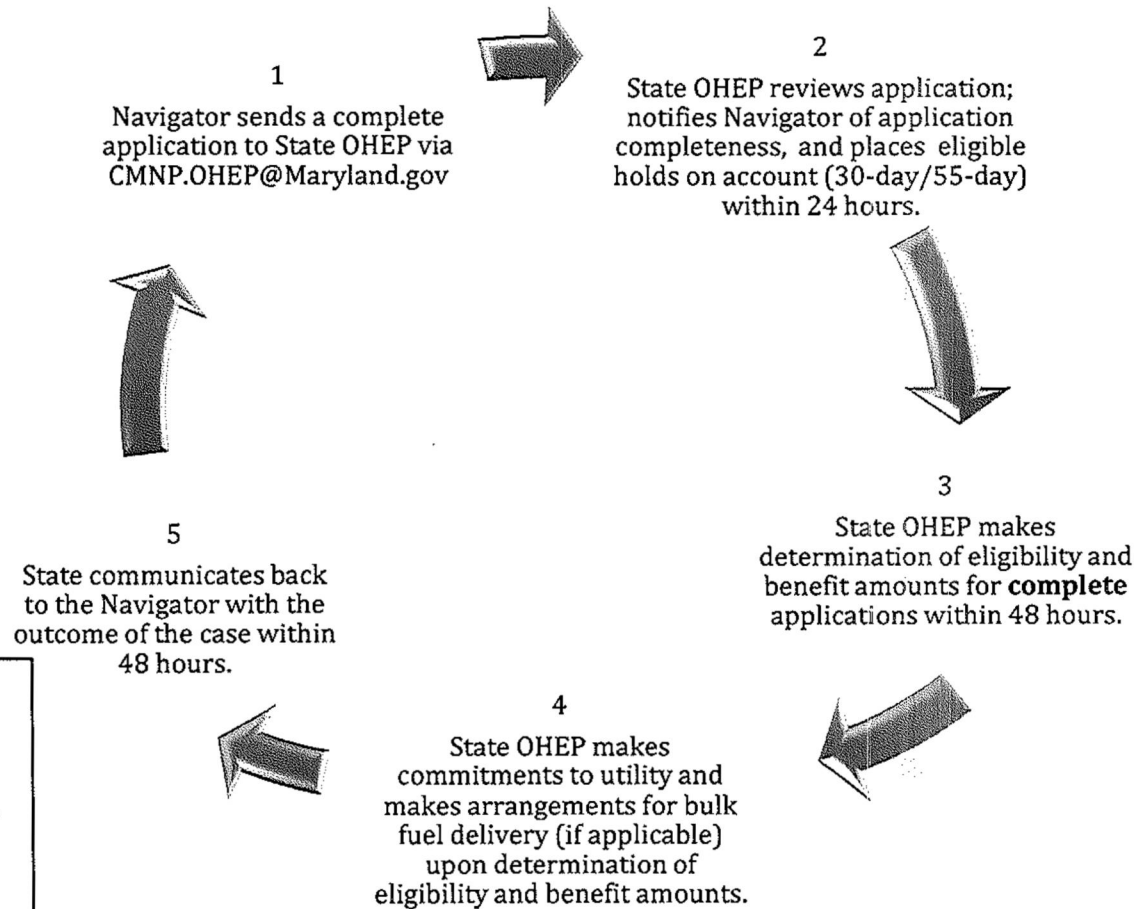
HOUSEHOLD SIZE	MAXIMUM MONTHLY GROSS INCOME STANDARDS
1	\$1,861
2	\$2,515
3	\$3,168
4	\$3,821
5	\$4,475
6	\$5,128
7	\$5,781
8	\$6,435
For each additional person add	\$654





# APPLICATION PROCESS

# Application Process



**NOTE: Application completeness is important for timely processing. If an application is incomplete, a Request for Additional Information will be sent to the Navigator with 15 days to return the information.**

# Pre-Screening Process



- Provide customers background information on all OHEP programs
  - Use the application and brochure for reference
- Inform clients of required documents they need for application
  - Use application checklist for reference
- Ensure documents are there before completing the application
  - Use checklist on CMNP Cover Sheet as guide



# CMNP Application Cover Sheet



## OFFICE OF HOME ENERGY PROGRAMS CRITICAL MEDICAL NEEDS PROGRAM APPLICATION COVER SHEET

### Navigator's Contact Information

Organization: \_\_\_\_\_  
Worker's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

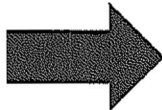
### Application Documents

#### Required Documents for CMNP

- Application (signed and dated)
- Applicant's Photo ID
- SS Cards for all Household Members
- Utility Bill
- Proof of Income for all Household Members
- Proof of Residence
- Physician's Certification Form

#### Optional Materials

- Declaration of Zero Income
- Household Worksheet
- Resource Provider Statement
- Wage Verification Form
- Landlord Agreement
- Proxy Authorization



### Case Status

Turn-Off Notice     Service Disconnected     Out of Heating Fuel     Broken Heating/Cooling System

Does your organization have additional funds available if OHEP grants do not cover full bill?     Yes     No

### Consent to Share Application Information

I confirm that the named client has provided permission for public utilities and social welfare agencies to release information in this form, including benefit amounts, to the organization stated on this Cover Sheet for the limited purpose of facilitating delivery of energy assistance benefits.

Navigator or Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

OHEP Agency Representative: \_\_\_\_\_  
 Certified    Grant Amounts: EUSP: \_\_\_\_\_ MEAP: \_\_\_\_\_ Arrearage: \_\_\_\_\_  
 Denied    Reason for Denial: \_\_\_\_\_

OHEP REF COV (REV 9/17)

# Application Checklist



**Photo ID for the Applicant (Please submit one of the following)**

- Driver's License or other government issued identification card

**Proof of Residence (Please submit one of the following)**

- Unexpired driver's license with current address listed
- Current Lease or housing letter (within last 12 months) or rent receipt from landlord with address listed
- Mortgage Statement within last 30 days
- Current Property tax bill or receipt

**Proof of ALL Gross Income for All Household Members**

- |                                                                                         |                                                                                                |                                                                                           |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wages (Employment)/<br>Tips/Commission                         | <input type="checkbox"/> Temporary Disability Assistance<br>Program (TDAP)                     | <input type="checkbox"/> Armed Forces Dependent<br>Allowance                              |
| <input type="checkbox"/> Self-Employment                                                | <input type="checkbox"/> Pensions                                                              | <input type="checkbox"/> Criminal Injuries Compensation<br>Board Payments                 |
| <input type="checkbox"/> Rental Income                                                  | <input type="checkbox"/> Money/Income from Annuities,<br>IRAs, or other Retirement<br>Accounts | <input type="checkbox"/> Monetary Gifts and Loans,<br>excluding student loans             |
| <input type="checkbox"/> Social Security                                                | <input type="checkbox"/> Child Support                                                         | <input type="checkbox"/> Employee strike funds where there<br>is no employee contribution |
| <input type="checkbox"/> SSI/SSDI                                                       | <input type="checkbox"/> Alimony or Spousal Support                                            | <input type="checkbox"/> Payments received by home care<br>providers for adult care       |
| <input type="checkbox"/> Dividends                                                      | <input type="checkbox"/> Workman's Compensation<br>Benefits                                    | <input type="checkbox"/> Railroad Retirement Benefits                                     |
| <input type="checkbox"/> Interest from Savings or Checking<br>Accounts                  | <input type="checkbox"/> Unemployment Insurance Benefits                                       |                                                                                           |
| <input type="checkbox"/> Interest or Dividends received<br>from the redemption of bonds | <input type="checkbox"/> Veteran's Pension                                                     |                                                                                           |
| <input type="checkbox"/> Estate or Trust Fund Income                                    | <input type="checkbox"/> Mine Worker's Benefits                                                |                                                                                           |
| <input type="checkbox"/> Royalties                                                      |                                                                                                |                                                                                           |

\*If any adult household member (18 years or older) has not received any income in the last 30 days, a Declaration of Zero Income form must be signed. If no one in your household has received any income in the last 30 days, a Household Worksheet must be completed. Forms may be found at <http://www.dhr.state.md.us/energy> or by calling 1-800-332-6347.

**Social Security Number Verification for all Household Members**

- Social Security Cards or other Federal government-issued documents with name and SSN

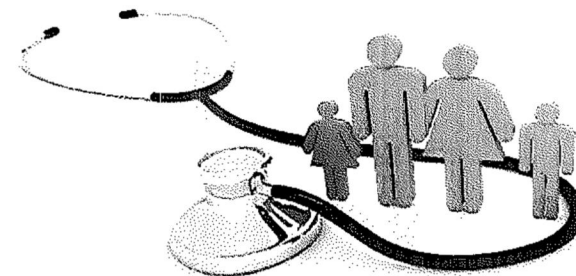
**Energy Bill Verification**

- Most recent electric and heating (if applicable) bills

# Physician's Certification



- Required for CMNP process
- Form must be signed (no stamps) by one of the following:
  - Doctor
  - Physician's Assistant
  - Nurse practitioner
- Must be submitted with the Cover Sheet and OHEP application
- Verifies there is a household member with a critical medical need (critical household member must be listed on the application)



# Placing Holds on Accounts



- Customers who submit an OHEP application and have a termination notice may receive a 55-day hold on their account if the application is received within 15 days of the issuance of the termination notice.
  - Only one 55-day hold may be received per program year
  - Customers should continue to pay what they can on their account, as the hold does not stop the charges from accruing
- State OHEP will request a 30-day medical hold if necessary

# Pop Quiz!



Q5. True or False: Once someone has applied to OHEP and has received a 55 or 30 day extension on their utility account, they do not have to pay anything to their utility company because the utility cannot charge them for usage at that time.



# Answer



False. While a 55- or 30-day hold will protect an account from termination, the utility will continue to charge the account for energy being used.

## Winter Restrictions

- Between November 1 and March 31, a utility may not terminate a customer's service because of nonpayment in a utility's designated weather station area for that customer in which the forecast temperature made at 6 a.m. is 32°F or below

## Redetermination Process

The redetermination process is a streamlined application designed for certain vulnerable households.

Clients are eligible for the redetermination process if:

- They are 65+ or permanently disabled;
- Their income is fixed; and
- They received Energy Assistance last year

If you think your client fits these criteria but are not sure, feel free to ask state OHEP.



Countable Income and Documentation

# **INCOME AND OTHER ELIGIBILITY SCREENING**

# Household Members



- Who is counted in the household?
  - Any household member who is currently in the household the day the application is signed
  - All income received in the last 30 days is counted for all household members
- Children who move in/out of the household:
  - Custody order
  - School enrollment, child care, or medical records
  - Child listed on rental lease
  - CARES (State verification system)

# Documentation



- Applications must include copies of:
  - Photo ID for the Applicant
  - Proof of Residence
  - Proof of Income for ALL Household Members
  - Social Security Cards for ALL Household Members
  - Copy of Electric/Heating Bill
  - Physician's Certification Form



# Income Documentation



- Proof of ALL gross (pre-tax) income for ALL household members is required
  - Calculation is based off of all income received during the past 30 days prior to the date of application
- No expenses are excluded from income except:
  - Medicare payments
  - Medicare Prescription Drug Plan
  - Health insurance premiums deducted from pensions
  - Court-ordered garnishments



# Income Inclusions/Exclusions



## Inclusions



- Gross wages and tips
- Self-employment
- Social Security/SSI
- Dividend interest
- TCA/TDAP
- Alimony
- Child Support
- Pensions/Annuities

## Exclusions



- Assets or the sale of assets
- In-kind contributions
- Employment income for children under the age of 18
- Assistance grants
- Training stipends
- Foster care subsidies
- Earned income tax credits



# Wages



- Must have consecutive paystubs for the last 30 days prior to application
  - E.g. One monthly, two bi-weekly, four weekly paystubs
  - LAA may now use YTD to calculate a missing paystub
  
- Paystubs must show:
  - Employer/Company's Name
  - Employee's Name
  - Pay Period
  - Pay Date/Check Date
  - Gross Pay
  
- If proper paystubs are not available, the employer must complete a *Wage Verification Form*

# Wage Verification Form



- Must be completed by the employer
- Must be signed by all:
  1. Employer
  2. Employee
  3. Applicant (can be same as employee)



# Fixed & Temporary Income



- Customers who receive a fixed income, including:
  - Pension, Social Security, Temporary Disability (TDAP), SSI/SSDI, Unemployment, etc.
- Acceptable forms of documentation:
  - Recent award letter from state/federal government
  - Bank statement clearly delineating type and amount of income with a deposit in the last 30 days (excluding pensions)
- NEW** → • SSA/SSI/SSDI only: LAAs may now accept any bank statement in the current calendar year
- Must include personally identifiable information on document