

Organization: United Way of Greater Kansas City
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Title: Vice President, Community Impact and Executive Director, 211
Date of Submission: 4/24/2026
Provider? <input checked="" type="checkbox"/> Please complete both Part A and Part B
Stakeholder only? <input type="checkbox"/> Please complete only Part B
Programs Administered/Managed by your Organization (ALL utility related programs, including government funded programs such as LIHEAP and weatherization)
<ol style="list-style-type: none"> 1. Critical Medical Needs 2. 3.

Part A: Provider Information Request

If you or your organization helps or has previously helped administer a utility assistance program (weatherization, LIHEAP, PAYS, Keeping Current, Dollar Help, Dollar More, ERPP, Critical Needs, Low-Income Assistance Programs, Payment Partner Program, etc.) please provide your name and the name of your organization and complete Part A. **If you don't manage or administer programs, skip to Part B on page 2.**

*Please complete a table for each program that your organization manages
Copy and paste the tables as needed for the number of programs your organization manages
Cells will expand as needed to accommodate text*

Provider Question 1: PROGRAM ADMINISTRATION					
Utility Company		Program Name		State Agency Partner	
Evergy/Spire/MO American Water/Ameren/Liberty		Critical Medical Needs (CMN)		Missouri Public Service Commission	
Program Start Date	July, 2024	Program End Date	Ongoing	Total # Employ	2 FTE
Job Title 1	VP, CI & ED 211	Duties	Program administration, reporting, budgeting	# Employ	.25
Job Title 2	Manager, Impact Operations	Duties	Program operations, client case work, partner outreach, reporting	# Employ	1
Job Title 3	Case workers (contractors)	Duties	Client case work	# Employ	.75
Annual Average Enrollment #	800	Monthly Average Enrollment #	67		
Comments	We only have one full year of data, so average enrollment numbers are based on calendar year 2025. We use 1-2 contractors as case workers to assist the Manager, Impact Operations in client case work.				

Provider Question 2: EVALUATION FOR EFFECTIVENESS	
Do you conduct surveys to gauge effectiveness of this utility assistance program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you conduct any non-survey evaluations to gauge effectiveness of this program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you share the results...with utility partners? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ...with state agencies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If you conduct surveys or other evaluations, please explain the process you use.	
We did not conduct surveys in 2025 partly because it was not a requirement and because a third-party evaluator was being brought in to assess the program. Based on the report of the evaluator and the development of a survey tool that can be sent from Community CareLink (CCL), the database for program administration, we would like to begin regular surveys of CMN clients, which would be shared out with utility partners and state agencies.	

Provider Question 3: STRENGTHS AND WEAKNESSES OF ASSISTANCE PROGRAMS
Based on experience and participant feedback, what are the STRENGTHS of this program?
<p>Addresses a major gap in the utility assistance landscape. Many of the households we help would be stuck fighting for assistance from other (often income-based) programs while navigating their health challenges, meaning they would often not get helped. The ability to restore services while a pledge is being processed is fantastic! In terms of design, the program minimizes the burden on the client/customer/patient. Instead of having to present documentation to an agency or utility to qualify for an income-based program or be subject to different rules (caps on assistance, etc.), the provider attestation and case work by United Way minimizes, to the extent possible, the amount of time a person has to spend applying for assistance. Having the program being run by United Ways means that there is a high-level of relationship and collaboration that may not exist with different service providers. Utilities and the PSC are great partners in troubleshooting issues and working toward aligning the broader set of utility assistance programs.</p>
Based on experience and participant feedback, what are the WEAKNESSES of this program?
<p>The utilities we don't cover (municipal and co-op) pose a challenge to households we are serving, since they still have to navigate other utility assistance programs to get help and those programs don't qualify them for assistance based on their enrollment in the CMN. Because so much of our referral relationship is based on local healthcare systems and they have their own platforms (FindHelp, Unite US, etc.) I am not sure we can get to a single common application across the state, but I am also not sure we really need one. What I would like to see is a single website that the PSC, utilities, and other stakeholders can point people to where a short pre-screening would happen that would direct people to the application for their area.</p> <p>The program can do a lot to stabilize people in the short-term, and there are many clients who need to just get through this one bill until they can get back to work or stabilize their finances after a healthcare issue. But, we do face many households with larger challenges/barriers and there is only so much we can do with the funding we have to address those challenges (transportation, cost of living, rent/mortgage, etc.).</p>
If you have it, please provide empirical and/or anecdotal data that support your comments.

Part B: Stakeholder Information Request

All interested stakeholders are invited to submit responses to **any or all of the following questions**. To ensure submissions are as helpful as possible, respondents are encouraged to provide specific information and data relevant to circumstances experienced in Missouri, "lessons learned" from other jurisdictions, and citations.

Stakeholder Question 1: EFFECTIVENESS OF EXISTING PROGRAMS AT REDUCING ARREARAGES AND DISCONNECTIONS FOR HIGH-BURDEN HOUSEHOLDS	
a. How much do existing programs help improve long-term household stability versus one-time crisis relief (i.e. reduce repeat disconnects)?	Difficult to answer across all programs, and I do not believe this is the right framing for evaluation. There is only so much that can and should be done with utility assistance dollars. There are 38% of Missourians live below the threshold that United Way has determined is necessary to survive. Utility assistance can play a critical role in stabilizing households, but on its own, it cannot deal with cost of living or challenges related to transportation, childcare, housing supply. We have households, especially with fixed income and/or people living with disabilities, where regularly utilizing assistance is their only option for stability. With CMN, I do think we see many households that do have a one-time crisis, but the program is utilized by households where they will have ongoing stabilization challenges throughout the year. But, keeping their utilities on helps prevent cascading effects (like eviction), which makes it worthwhile since addressing that situation becomes far more expensive. Last note, most of these programs can only help with certain utilities, but not all the utilities in a household. In Kansas City, we often see households served by CMN that have high KCMO water bills, which we cannot address. So, while the CMN program can keep the electric and gas on, for the household to be stabilized they need to receive additional assistance that we do not control.
b. Which specific features are most effective at stabilizing households and preventing repeated cycles of arrearage (e.g., predictable monthly payments, income-based caps, arrearage forgiveness, and hardship protections, etc.)?	I think income-based caps would be highly effective at keeping bills within reason for many households and hopefully prevent large arrearages. I also think flex pay programs, where a household loads their account with funding and can pay smaller amounts broken up over multiple payments, can work well to prevent high arrearage amounts which is often a barrier to people preventing disconnect or reconnecting services.
c. What customer categories (e.g., irregular income, medical debt, unbanked, etc.) are currently underserved or excluded by existing programs?	Programs targeting individuals living with disabilities, fixed income (especially older adults), and single caregiver households are not as prevalent as they could be.
d. What aspects of existing programs limit or reduce effectiveness (e.g., funding caps, restrictive eligibility windows, administrative barriers, etc.)?	From my perspective, greater consolidation around eligibility criteria and a common provider of multiple programs would be beneficial. It is hard to understand all the requirements, and how to properly layer the programs to maximize assistance.
e. What specific modifications or alternative models (e.g., income-based caps or automatic enrollment) could close identified gaps?	Income-based caps, including a streamlined enrollment process based on qualification for other programs would be great. Similarly, qualifying households for assistance based on enrollment in other programs would help a lot.

Stakeholder Question 2: CRITERIA AND MECHANISMS FOR PROGRAM ENROLLMENT	
a. What principles should be used to establish eligibility criteria (e.g., need, administrative feasibility, accuracy, and alignment with household need) and how should programs prioritize access to assistance when resources are limited?	Need and administrative feasibility are high on the list. I think involvement of community members and CBOs would be beneficial in surfacing barriers they see.

b. What income thresholds, vulnerability indicators, or energy burden metrics to determine program eligibility?
Age, disability status, enrollment in other social safety net programs, and use of a more expansive income threshold (United Way ALICE instead of FPL) would be a good approach.
c. Would automatic or categorical enrollment be effective?
d. What risk-management practices (e.g., random audits, post-enrollment verification, data-matching) should be used that are effective without creating undue burdens for applicants?
Random audits and data-matching. Depending on the program, it may require data from a provider (multiple providers) as well as utility company (or companies) for risk-management.
e. What program design elements can be included that prevent fraud, collecting duplicate benefits, or mismanagement while maintaining accessibility for eligible households?
Centralizing providers of assistance so they can work across multiple programs and, ideally, are using one database to manage the programs they operate.

Stakeholder Question 3: CHALLENGES OF ADMINISTRATIVE BURDEN
a. What administrative practices would reduce customer burden and streamline application, verification, and recertification processes (e.g., short-form applications, online portals, single-point-of-entry systems)?
Single provider of assistance, online portals, people qualifying based on other programs they already qualify for (SNAP, TANF).
b. What program design elements would reduce administrative workload while maintaining accurate eligibility determinations?
Less burden on the household for documentation (example- CMN using provider attestation). Support for verification agencies to have tools (like Steady IQ's Income Passport) to help income verification from non-traditional sources.
c. What strategies from other jurisdictions that have effectively reduced verification or recertification barriers?

Stakeholder Question 4: METRICS AND EVALUATION
a. What metrics should be used to evaluate program performance, measure impacts, and assess cost-effectiveness?
Services provided (pledge made, disconnects prevented/services restored), percentage of funds expended, participant surveys, year over year repeat clients, arrearage/disconnect status post-90 days after assistance, co-enrollment in other programs as part or after getting assistance from one program.
b. What metrics should be used to evaluate the effectiveness of marketing, education, and outreach efforts?
c. What customer-experience metrics should be used to evaluate program accessibility, clarity, and ease of navigation, including the application, verification, and enrollment processes?
d. What metrics should be used to evaluate whether verification requirements are appropriately calibrated to risk?
e. What metrics should be used to assess whether programs improve long-term household stability, reduce arrearages, prevent disconnections, and support energy-efficiency or weatherization investments?

Stakeholder Question 5: RATE STRUCTURES AND ASSISTANCE SUCCESS

a. Is there a relationship between utility rate structures and the success of assistance programs? If so, what is that relationship?
B31. How does the rate design element of fixed charges affect households with limited or no income flexibility?
b2. How does the rate design element of seasonal usage and rates affect households with limited or no income flexibility?
b3. How does the rate design element of time-variant pricing affect households with limited or no income flexibility?

Stakeholder Question 6: EFFECTIVENESS ARE REDUCING RELIANCE ON CRSIS ASSISTANCE
Identify specific program elements that have demonstrated the greatest success in reducing reliance on “in crisis” assistance. (e.g., offering 1/12th debt forgiveness in exchange for on-time payments, offering levelized billing)

Stakeholder Question 7: IMPLEMENTATION CHALLENGES
Describe the implementation challenges that should be anticipated when launching new assistance programs.
Managing expectations regarding how a program can resolve all issues related to the households. Absent deep-investment in care coordination, case management, and other non-utility assistance dollars, this will be difficult, if not impossible, to achieve.
Flexibility for the program to adjust criteria, assistance amounts, and process from launch through the first-year of implementation. Everything sounds good on the white board, but once we start working with real life situations, there is always need for adjustment.
A big challenge with understanding the web of assistance is that you have multiple providers as well as the utility companies and the level of data we can collect as one entity in that web is limited. For example, we can dedicate staff time to constantly following up with LIHEAP agencies about if people we helped with CMN also got LIHEAP. But, they are not required to respond to us, and the timing of that response can vary greatly from when reports are due. So, should we spend time doing the leg work to connect the dots around a single households utilization of all assistance ? Or should we focus on helping the clients who are in queue and need help? We opt for latter, primarily because that is what we are contracted and paid to do, but there is occasionally an expectation that we will do all the data collection along with working cases which is not feasible at this time.