

## FOR BOARD ACTION

Agenda Item # 9

Meeting Date:

4/24/12

**SUBJECT:**

Review of Board Policies

**PREPARED BY:**

Susan Parker, Director of Corporate Services

ITEM DESCRIPTION:

Attached are the Board policies scheduled for review by the Board this month. There are two policy statements scheduled for review:

- Mission Statement (Policy #1)
- Life Support (New Policy #19)

The *Mission Statement* policy has the most changes and those changes are underlined. The mission statement that has been used at the utility in strategic plans has been inserted into the document, along with the core values that were established by our employees and management.

The *Life Support* policy is a new policy. Minnesota Statute 216B.098 requires that customers with life support equipment be provided with electricity. The policy describes the procedures a customer must follow to meet this requirement.

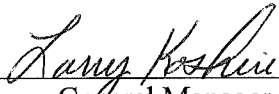
The policies have been reviewed by the City Attorney to ensure accurate interpretation of the Charter and Statutes.

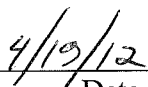
FOR CAPITAL PURCHASES/BIDS/MAJOR PROJECTS:

Not Applicable

UTILITY BOARD ACTION REQUESTED:

No action required this month.

  
\_\_\_\_\_  
General Manager

  
\_\_\_\_\_  
Date

ROCHESTER PUBLIC UTILITIES  
BOARD POLICY STATEMENT

POLICY SUBJECT:           Mission Statement

POLICY OBJECTIVE:

It is the objective of the Board to adopt a mission statement that defines the long-term goals of the business as it relates to our customers, our employees and our business purpose. This mission statement will serve as reminder to governance, employees and customers of our main business purpose.

~~RPU is a municipally-owned utility which exists solely to provide utility services to its-. The Board of the RPU believes that municipal ownership affords advantages to its- and the community which would not exist if utility services were provided by the private-sector. Therefore, the Board's is to perpetuate municipal ownership of the utility- systems which it is authorized to manage, control and operate.~~

POLICY STATEMENT:

RPU is a municipally-owned utility which exists solely to provide reliable, responsive, not-for-profit utility services to its customers and the community. The Board believes municipal ownership affords advantages by being directly accountable to the customers it serves thus assuring that the specific and long-term needs of the community are met. Therefore, it is the Board's intent preserve municipal ownership of the utility systems which it is authorized to manage, control and operate. The Board of the RPU believes that municipal ownership can be perpetuated by ensuring that the RPU continues to be the most cost-effective long-term quality producer of the utility services needed by its consumers and the community. To accomplish its purpose the following mission statement has been established:

*We provide the highest quality services and products for our customers. With our experience and resources, we enrich people's lives, help businesses prosper and promote the community's welfare.*

To accomplish its mission, the Board and management of the RPU will endeavor to achieve the following strategic objectives:

1. Deliver, and assure long-term future delivery of, utility services with a level of quality and reliability which equals or exceeds industry standards.
2. Recover from consumers no greater revenues than are needed to pay all costs of ownership and operation, protect against unforeseen contingencies, and preserve equity.
3. Avoid rapid changes in revenue requirements by establishing financial plans which

- recognize long-range costs and maintain favorable access to other sources of capital.
4. Monitor, understand, and respond promptly to the changing needs of consumers. Educate consumers to understand and respond effectively to the cost impacts of their decisions to use utility services.
  5. Maintain the right to exercise local control of utility services by effectively protecting the consumer and ownership interests of the people and organizations which it serves.
  6. Seek out and implement cost-effective new technologies and other means to increase efficiency and prevent obsolescence.
  7. Provide a working environment which attracts and retains qualified employees and encourages human productivity and development.
  8. Recognize and act responsibly to reduce the adverse and enhance the beneficial environmental and social results of its actions.
  9. Identify and measure key indicators of performance in achieving the foregoing objectives and carrying out the mission.
  10. Retain the flexibility to respond to unexpected levels of performance or changes in the operating environment.
  11. Provide a culture that embraces the core values of:

Safety

*Protect every individual*

Integrity

*Demonstrate honesty, respect and good faith*

Service

*Leave every individual with a positive impression*

Stewardship

*Protect our environment through the wise use of resources*

Accountability

*Take ownership and responsibility for actions and outcomes*

Skill

*Improve our own and others' abilities and knowledge*

RELEVANT LEGAL AUTHORITY: City of Rochester Home Rule Charter Chapter XV

EFFECTIVE DATE OF POLICY: May 8, 1984

DATE OF POLICY REVIEW: February 28, 2012

POLICY APPROVAL:

~~March 27, 2012~~ \_\_\_\_\_ April 24, 2012

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

ROCHESTER PUBLIC UTILITIES  
BOARD POLICY STATEMENT

POLICY SUBJECT: Life Support

POLICY OBJECTIVE:

The purpose of this policy is to define the life support program, a means for identifying life support customers, and outline the responsibilities of the customer and Rochester Public Utilities (RPU).

POLICY STATEMENT:

1. One of RPU's Core Values is to Protect Every Individual. This includes customers who rely on life support equipment to survive. Electric service is critical to these customers. Any disruption of service, regardless of how short, may threaten their health or safety.
2. RPU, as required by Minnesota Statute 216B.098, will provide electricity to customers with life support equipment. To be recognized as a life support account, the customer must complete an *Application for Life Support Program* form and have their licensed medical provider complete the *Life Support Medical Certification Form*.
3. Through RPU's program management:
  - a. RPU will provide program information to medical suppliers and local medical centers so that they may share the information with their customers. Application forms will be provided to make the process easier for the customers.
  - b. The *Life Support Medical Certification Form* must be submitted on an annual basis to continue participation in the life support program.
  - c. Upon receiving completed forms, RPU will confirm that the equipment is medically necessary to sustain life. Confirmation may be required by contacting the medical provider. If the equipment does not qualify, the customer will be contacted.
  - d. RPU will verify with the customer or medical provider that the equipment is no longer required if the form is not resubmitted by the anniversary date.
  - e. RPU will rely primarily on the advice of the medical provider to determine what constitutes life-sustaining equipment. Non-medical equipment including, but not limited to, air conditioning, heating,

refrigeration, sleep apnea machines (adults), and electricity for wheel chairs, will not be considered part of the life support program.

- f. RPU will continue to provide services to customers on the life support program as long as the customer remains current on their account or enters into a payment arrangement and that arrangement is followed. Life support customers will be offered information on automatic payment plans and the option to provide third party contact information. If payments are not made, an RPU representative will contact the customer to discuss an arrangement. Without an arrangement, the account may be scheduled for disconnection.

RELEVANT LEGAL AUTHORITY: Minnesota Statute 216B.098

EFFECTIVE DATE OF POLICY:

DATE OF POLICY REVIEW:

POLICY APPROVAL:

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

# ROCHESTER PUBLIC UTILITIES APPLICATION FOR LIFE SUPPORT PROGRAM



To be completed by the customer:  
(Please print or type all information)

Name: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

RPU Contract Account Number: \_\_\_\_\_

**Please read the following and initial each one:**

\_\_\_\_\_ I certify that the individual named is a member of the household residing at this address.

\_\_\_\_\_ I understand that this certificate must be completed and submitted to RPU annually by the signature date to continue participation in this program.

\_\_\_\_\_ I understand that this in no way releases me from my obligations to pay my RPU bill in accordance with their standard payment terms.

\_\_\_\_\_ I understand that participation in this program is not a guarantee of service.

\_\_\_\_\_ I understand that my physician must complete, sign, and submit RPU's Medical Certification Form to validate this application request.

\_\_\_\_\_ I understand that this Application and the Medical Certification Form may be returned from the office of the health care provider.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED AND SIGNED FORM TO:**

**E-mail:** CustomerServiceReps@rpu.org  
**Fax:** 507.280.1642  
**Mail:** Rochester Public Utilities  
Attn: Customer Services  
4000 E River Road NE  
Rochester MN 55906

# ROCHESTER PUBLIC UTILITIES LIFE SUPPORT PROGRAM MEDICAL CERTIFICATION FORM



To be completed by the customer's physician.  
(Please print or type all information)

This form certifies that the named patient is presently using electrically powered medical equipment to sustain life.

Patient's Name: \_\_\_\_\_

**Specific Type of Equipment Required:**

- Feeding (Pump) Machine       Infant Apnea Monitor       Heart Monitor
- Home Dialysis Treatment       Oxygen Machine       Ventilator/Respirator

Other: \_\_\_\_\_

*Note: CPAP machines for adult sleep apnea are not included.*

How long can the individual be without electricity before a life-threatening medical condition arises? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

Can the equipment be operated by an auxiliary source such as a hand pump or battery back-up?     Yes     No

If yes, for how long? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

I hereby certify that the patient named requires the use of the Life Support equipment identified above.

Physician's Name: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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