

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298



August 26, 2011

**Advice Letter 4262**

Rasha Prince, Director  
Regulatory Affairs  
Southern California Gas  
555 W. Fifth Street, GT14D6  
Los Angeles, CA 90013-1011

**Subject: Revision of the Medical Baseline Forms**

Dear Ms. Prince:

Advice Letter 4262 is effective August 25, 2011.

Sincerely,

A handwritten signature in blue ink that reads "Julie A. Fitch".

Julie A. Fitch, Director  
Energy Division



**Rasha Prince**  
Director  
Regulatory Affairs

555 W. Fifth Street, GT14D6  
Los Angeles, CA 90013-1011  
Tel: 213.244.5141  
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RPrince@semprautilities.com

July 26, 2011

Advice No. 4262  
(U 904 G)

Public Utilities Commission of the State of California

**Subject: Revision of the Medical Baseline Forms**

Southern California Gas Company (SoCalGas) hereby submits for filing revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B.

**Purpose**

The purpose of this filing is to submit revised medical baseline forms in compliance with California Public Utilities Commission (Commission) Decision (D.) 08-07-046, Appendix 10, Section 5 for participation in the Utilities' Emergency Customer Communication System.<sup>1</sup>

**Information**

D.02-04-026 ordered Pacific Gas and Electric Company, Southern California Edison Company, San Diego Gas and Electric Company, SoCalGas (the Joint Utilities), Disability Rights Advocates (DisabRA), and other interested organizations to develop standardized medical baseline application and re-certification forms that will be common to all Commission-regulated gas and electric utilities.

As agreed upon by the Joint Utilities and DisabRA, the medical baseline forms that will be used by the utilities are the "*Medical Baseline Allowance Application*" and the "*Medical Baseline Allowance Self-Certification*". SoCalGas' tariffs reflect Form No. 4859E for the Medical Baseline Allowance Application and Form No. 4860 for the Medical Baseline Allowance Self-Certification. The application will be completed by the customer and the medical professional for enrollment of medical baseline. In addition, the application will be used to re-certify eligible customers as necessary. In order to continue the customer's eligibility for medical baseline, the customer will be required to complete the self-certification form as necessary.

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<sup>1</sup> D.08-07-046, dated July 31, 2008, approved the Memorandum of Understanding with DisabRA in Application (A.) 06-12-010.

As agreed upon by the Joint Utilities and DisabRA in Appendix 10 of D.08-07-046, the medical baseline forms are updated to support SoCalGas' Emergency Notification Program to allow new medical baseline support/life support customers to specify their preferred means of contact for emergency notifications at the time of enrollment.

As reflected in Attachment B, the following information located above the customer's signature box is added to the Medical Baseline Allowance Application and Medical Baseline Allowance Self-Certification forms:

<b>How would you like to be contacted in case of a planned or rotating outage?</b>	
<b>Select only one:</b>	
<input type="checkbox"/> Call me at the number below	<input type="checkbox"/> Send me a text message at the number below
<input type="checkbox"/> Contact me by TDD/TTY at the number below	<input type="checkbox"/> Email me at the address below
NUMBER OR EMAIL:	

### **Protest**

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and must be received within 20 days of the date this Advice Letter, which is August 15, 2011. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division  
Attn: Tariff Unit  
505 Van Ness Avenue  
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Maria Salinas ([mas@cpuc.ca.gov](mailto:mas@cpuc.ca.gov)) and Honesto Gatchalian ([inj@cpuc.ca.gov](mailto:inj@cpuc.ca.gov)) of the Energy Division. A copy of the protest should also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Sid Newsom  
Tariff Manager - GT14D6  
555 West Fifth Street  
Los Angeles, CA 90013-1011  
Facsimile No. (213) 244-4957  
E-mail: [snewsom@SempraUtilities.com](mailto:snewsom@SempraUtilities.com)

### **Effective Date**

SoCalGas believes this Advice Letter is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to GO 96-B. SoCalGas respectfully requests that it be made effective on August 25, 2011 which is 30 days from the date filed.

**Notice**

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes parties to A.10-12-006.

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Rasha Prince  
Director – Regulatory Affairs

Attachments

# CALIFORNIA PUBLIC UTILITIES COMMISSION

## ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SOUTHERN CALIFORNIA GAS COMPANY (U 904G)**

Utility type:

ELC     GAS  
 PLC     HEAT     WATER

Contact Person: Sid Newsom

Phone #: (213) 244-2846

E-mail: SNewsom@semprautilities.com

### EXPLANATION OF UTILITY TYPE

ELC = Electric                      GAS = Gas  
PLC = Pipeline                     HEAT = Heat    WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 4262

Subject of AL: Revision of the Medical Baseline Forms

Keywords (choose from CPUC listing): Baseline, Forms

AL filing type:  Monthly  Quarterly  Annual  One-Time  Other

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

D08-07-046

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL No

Summarize differences between the AL and the prior withdrawn or rejected AL<sup>1</sup>: N/A

Does AL request confidential treatment? If so, provide explanation: No

Resolution Required?  Yes  No

Tier Designation:  1     2     3

Requested effective date: August 25, 2011

No. of tariff sheets: 4

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: Sample Forms, TOCs

Service affected and changes proposed<sup>1</sup>: N/A

Pending advice letters that revise the same tariff sheets: \_\_\_\_\_

**Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:**

**CPUC, Energy Division**

**Attention: Tariff Unit**

**505 Van Ness Ave.,**

**San Francisco, CA 94102**

**mas@cpuc.ca.gov and jnj@cpuc.ca.gov**

**Southern California Gas Company**

**Attention: Sid Newsom**

**555 West 5<sup>th</sup> Street, GT14D6**

**Los Angeles, CA 90013-1011**

**SNewsom@semprautilities.com**

<sup>1</sup> Discuss in AL if more space is needed.

**ATTACHMENT A**

**Advice No. 4262**

**(See Attached Service List)**

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ATTACHMENT B  
Advice No. 4262

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 47387-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Application, Form No. 4859- E (06/11), Sheet 1	Revised 35664-G
Revised 47388-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Self-Certification, Form No. 4860 (07/11), Sheet 1	Original 35665-G
Revised 47389-G	TABLE OF CONTENTS	Revised 47133-G
Revised 47390-G	TABLE OF CONTENTS	Revised 47383-G

SAMPLE FORMS: APPLICATIONS  
Medical Baseline Allowance Application  
Form No. 4859-E (06/11)

Sheet 1

(See Attached Form)

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(TO BE INSERTED BY UTILITY)  
ADVICE LETTER NO. 4262  
DECISION NO. 08-07-046

ISSUED BY  
**Lee Schavrien**  
Senior Vice President  
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
DATE FILED Jul 26, 2011  
EFFECTIVE Aug 25, 2011  
RESOLUTION NO. \_\_\_\_\_



A  Sempra Energy utility®

## MEDICAL BASELINE ALLOWANCE

### Information & Application

#### What is Medical Baseline Allowance?

Medical Baseline Allowance provides additional gas for people with certain medical conditions. It is not a discount or rebate. Customers on this program will receive 0.822 additional therms per day, billed at our lowest baseline rate.

#### Medical Baseline Allowance Qualifications

To qualify, you or a full-time resident of your home must require additional heat due to a qualifying medical condition. For example, you may qualify if a resident of your home has paraplegia, quadriplegia, hemiplegia, multiple sclerosis, scleroderma, a compromised immune system or a life threatening illness.

#### What if I Pay My Landlord for My Natural Gas?

You may qualify for Medical Baseline Allowance even if your landlord bills you for your natural gas. The landlord will reflect the allowance on your billing statement.

#### How Do I Apply?

Anyone can apply for Medical Baseline Allowance. To apply, complete Part 1 of the attached application. Next, have a doctor complete Part 2 of the application certifying the need for additional heat due to the medical condition. Don't forget to make a copy for your files. Mail the completed application to:

Southern California Gas Company  
Medical Baseline Allowance Program  
M. L. GT12F1  
P.O. Box 513249  
Los Angeles, CA 90051-1249

Once we receive your application, we will review the information. If you qualify, you will see the additional Medical Baseline Allowance on your bill. Please allow one full billing cycle for the change. If you move, you must notify Southern California Gas Company (SoCalGas®) so that your Medical Baseline Allowance can be transferred to your new address. Providing assistance to customers with special needs is just one way we strive to provide exceptional service.

For more information, please visit [socialgas.com](http://socialgas.com) (Keyword search "MEDICAL") or call 1-800-427-2200.



Para una solicitud de Asignación Médica Inicial en español, por favor llame al 1-800-342-4545.

欲知詳情，請洽 免費粵語專線: 1-800-427-1420

더 자세한 안내를 받으시려면 다음 한국어 전화로 문의해 주십시오: 1-800-427-0471

欲知詳情，請洽 免費國語專線: 1-800-427-1429

Để biết thêm chi tiết bằng tiếng Việt, xin gọi: 1-800-427-0478

If you need assistance after hours in a language other than English or Spanish, please call our Language Interpreter Service Line at 1-888-427-1345.

Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

**Please keep a completed copy of the application for your records.**



*Glad to be of service.®*

1-800-427-2200  
socalgas.com



# MEDICAL BASELINE ALLOWANCE

(Application for Enrollment and Re-Certification)



## Part 1: To Be Completed By Customer (please print)

SOCALGAS CUSTOMER ACCOUNT NO:	
CUSTOMER NAME (AS IT APPEARS ON YOUR BILL):	
MEDICAL BASELINE RESIDENT'S NAME (IF DIFFERENT):	
SERVICE ADDRESS:	
CUSTOMER MAILING ADDRESS (IF DIFFERENT):	
HOME PHONE: (        )	ALTERNATE PHONE: (        )

### For Customers Billed by Someone Other Than The Gas Company:

NAME OF MOBILE HOME OR APARTMENT COMPLEX:	
COMPLEX ADDRESS:	
COMPLEX MANAGER'S NAME:	COMPLEX PHONE: (        )
NAME OF TENANT:	TENANT'S PHONE: (        )

### I understand that:

- 1 If the doctor certifies that the resident's medical condition is permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance every two years.
- 2 If the doctor certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance each year and completion of a new application with a doctor's certification every two years.
- 3 If the resident has a vision disability, the resident may contact SoCalGas to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted gas service, and the resident is responsible for making alternate arrangements in the event of a gas outage.

I certify that the above information is correct. I also certify the Medical Baseline Allowance resident lives full-time at this address, and requires or continues to require the medical baseline allowance. I agree to allow SoCalGas to verify this information. I also agree to promptly notify SoCalGas if the qualified resident moves or medical baseline allowance is no longer needed by the resident.

### How would you like to be contacted in case of a planned or rotating outage?

#### Select only one:

- |  |   |
|--|---|
| <input type="checkbox"/> Call me at the number below               | <input type="checkbox"/> Send me a text message at the number below |
| <input type="checkbox"/> Contact me by TDD/TTY at the number below | <input type="checkbox"/> Email me at the address below              |

NUMBER OR EMAIL:

CUSTOMER SIGNATURE:	DATE:
---------------------	-------

The standard medical baseline allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard baseline allocation. If this allowance does not meet your medical needs, please contact SoCalGas at 1-800-427-2200 to discuss additional amounts. Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

(Continued on back)



Part 2: To Be Completed by a Licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.)

I certify that the medical condition and needs of my patient (please print):

LAST NAME: FIRST NAME:

1. Requires use of a life-support device\* (check one) Yes No

The following life-support device(s) is(are) used in the above-named patient's home:

DEVICE: ELECTRICITY GAS
DEVICE: ELECTRICITY GAS
DEVICE: ELECTRICITY GAS

\*Qualifying life-support equipment is any device which uses mechanical or artificial means to sustain, restore, or supplant a vital function. The device must run on natural gas supplied by SoCalGas. Devices used for therapy rather than life-support, such as pools and spas, do not qualify.

2. Requires heating and cooling:

Standard Medical Baseline Allowances are available for heating if patient is paraplegic, quadriplegic, hemiplegic, has multiple sclerosis or scleroderma. Standard Medical Baseline Allowances are also available if patient has a compromised immune system, life threatening illness, or any other condition for which additional heating is medically necessary to sustain the person's life or prevent deterioration of the person's medical condition.

Requires standard Medical Baseline Allowance for heating: (check one) Yes No

3. I certify that the life-support device(s) and/or additional heating will be required for approximately: (check one) No. of Years or Permanently

DOCTOR'S NAME: PHONE NO: ( )
OFFICE ADDRESS:
M.D./D.O. CALIFORNIA STATE LICENSE OR MILITARY LICENSE NUMBER:
SIGNATURE OF DOCTOR: DATE:

FOR SOCALGAS USE ONLY

Date Received: Medical Baseline Allocation: Electric unit(s) Gas unit(s)
Recertification: Self-certify every two years Self-certify annually; doctor's certification every two years

MAIL APPLICATION TO: Southern California Gas Company
Medical Baseline Allowance Program
M. L. GT12F1
P.O. Box 513249
Los Angeles, CA 90051-1249





Southern California Gas Company

A Sempra Energy utility®

# MEDICAL BASELINE ALLOWANCE (Self-Certification)

## Customer or Resident Information (please print)

SOCALGAS CUSTOMER ACCOUNT NO:
CUSTOMER NAME (AS IT APPEARS ON YOUR BILL):
MEDICAL BASELINE RESIDENT'S NAME (IF DIFFERENT):
SERVICE ADDRESS:
CUSTOMER MAILING ADDRESS (IF DIFFERENT):
HOME PHONE: (        )
ALTERNATE PHONE: (        )

### For Customers Billed by Someone Other Than The Gas Company:

NAME OF MOBILE HOME OR APARTMENT COMPLEX:
COMPLEX ADDRESS:
COMPLEX MANAGER'S NAME:
COMPLEX PHONE: (        )
NAME OF TENANT:
TENANT'S PHONE: (        )

### I understand that:

- 1 If the doctor certifies that the resident's medical condition is permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance every two years.
- 2 If the doctor certifies that the resident's medical condition is not permanent, SoCalGas will require completion of a form self-certifying continued resident's eligibility for Medical Baseline Allowance each year and completion of a new application with a doctor's certification every two years.
- 3 If the resident has a vision disability, the resident may contact SoCalGas to request special notification when either re-certification (to complete a new application with a doctor's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted gas service, and the resident is responsible for making alternate arrangements in the event of a gas outage.

I certify that the above information is correct. I also certify the Medical Baseline Allowance resident lives full-time at this address, and requires or continues to require the medical baseline allowance. I agree to allow SoCalGas to verify this information. I also agree to promptly notify SoCalGas if the qualified resident moves or medical baseline allowance is no longer needed by the resident.

### How would you like to be contacted in case of a planned or rotating outage?

#### Select only one:

- Call me at the number below                       Send me a text message at the number below
- Contact me by TDD/TTY at the number below                       Email me at the address below

NUMBER OR EMAIL:

CUSTOMER SIGNATURE:	DATE:
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The standard medical baseline allowance is 0.822 therms of natural gas per day, which is in addition to your daily standard baseline allocation. If this allowance does not meet your medical needs, please contact SoCalGas at 1-800-427-2200 to discuss additional amounts. Hearing impaired customers who are unable to use a conventional telephone can call us toll free at 1-800-252-0259 (available in English and Spanish only).

**MAIL APPLICATION TO:** Southern California Gas Company  
 Medical Baseline Allowance Program  
 M.L. GT12F1  
 P.O. Box 513249  
 Los Angeles, CA 90051-1249

<b>FOR The Gas Company USE ONLY</b>
Date Received: _____ Medical Baseline Allocation: _____ Gas unit(s) _____
Recertification:
<input type="radio"/> Self-certify every 2 years <input type="radio"/> Self-certify annually; Doctor's certification every 2 years

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Application for California Alternate Rates for Energy (CARE) Program For Migrant Farmworker Housing Centers (Form 6635) .....	40407-G
Application for California Alternate Rates for Energy (CARE) Program For Qualified Nonprofit Group Living Facilities (Form 6571-D) .....	47221-G
Application for CARE, General Purpose, Direct Mail (Form 6491-DM, 06/11) .....	47222-G
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California Penal Code Tag (Form 81-A) .....	36783-G

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(Continued)

(TO BE INSERTED BY UTILITY)  
 ADVICE LETTER NO. 4262  
 DECISION NO. 08-07-046

ISSUED BY  
**Lee Schavrien**  
 Senior Vice President  
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)  
 DATE FILED Jul 26, 2011  
 EFFECTIVE Aug 25, 2011  
 RESOLUTION NO. \_\_\_\_\_

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