

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



April 27, 2015

Advice Letter 4783-G

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

SUBJECT: Revision of the Medical Baseline Allowance Application

Dear Ms. Prince:

Advice Letter 4783-G is effective as of April 25, 2015.

Sincerely,

A handwritten signature in cursive script that reads "Edward Randolph".

Edward Randolph
Director, Energy Division



Rasha Prince
Director
Regulatory Affairs

555 W. Fifth Street, GT14D6
Los Angeles, CA 90013-1011
Tel: 213.244.5141
Fax: 213.244.4957
RPrince@semprautilities.com

March 26, 2015

Advice No. 4783
(U 904 G)

Public Utilities Commission of the State of California

Subject: Revision of the Medical Baseline Allowance Application

Southern California Gas Company (SoCalGas) hereby submits for approval by the California Public Utilities Commission (Commission) a revision to its Medical Baseline Allowance Application (Form No. 4859-E), applicable throughout its service territory, as shown on Attachment A.

Purpose

This filing is to revise the certification section completed by a licensed Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) in Form No. 4859-E by eliminating the California state license restriction to include other state licensed Medical Doctors or Doctors of Osteopathy.

Background

Per Ordering Paragraph 3 of Decision (D.) 84-01-064, each gas utility was authorized and directed to file tariffs which conformed in substance to Appendix A which established a standard medical baseline allowance per month per qualifying customer. Appendix A of D.84-01-064 included the following:

The utility may require certification by a doctor of medicine or osteopathy licensed to practice medicine in the State of California that a particular device is necessary to sustain the resident's life.

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 (DRA), and other interested organizations to develop standardized medical baseline allowance and re-certification application forms that will be common to all Commission-regulated gas and electric utilities.

As agreed upon by the Joint Utilities and DRA, the medical baseline allowance forms used by all Commission-regulated gas and electric utilities were the Medical Baseline Allowance Application and Medical Baseline Allowance Self-Certification. To comply with D.02-04-026, SoCalGas filed Advice No. (AL) 3175 to revise its tariffs and submitted Form No. 4859-E and the Medical Baseline Allowance Self-Certification (Form No. 4860).¹

In recent meetings involving the Joint Utilities discussing their respective Medical Baseline Allowance Applications, the Joint Utilities agreed that the certification section completed by a licensed M.D. or D.O. was not restricted to only a California state licensed M.D. or D.O. and may, therefore, include other state licensed Medical Doctors or Doctors of Osteopathy. The Joint Utilities agreed to eliminate the California state license restriction.

Requested Revision

SoCalGas proposes that the language for the M.D. or D.O. California State License or Military License Number in Part 2, Section 3, of Form No. 4859-E be revised with the reference to California deleted. The deleted reference to California is displayed below in strikethrough format:

M.D./D.O. ~~CALIFORNIA~~ STATE LICENSE OR MILITARY LICENSE NUMBER:

The proposed revision to Part 2, Section 3, of Form No. 4859-E is as follows and is also shown on Attachment A:

M.D./D.O. STATE LICENSE OR MILITARY LICENSE NUMBER:

This filing will not result in an increase or decrease in any rate or charge, conflict with any rate schedule or any rules, or cause the withdrawal of service.

Protest

Anyone may protest this advice letter to the 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 received within 20 days of the date this advice letter was filed with the Commission, which is April 15, 2015. 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
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

¹ SoCalGas' AL 3175, filed on July 30, 2002, was effective and approved on September 8, 2002.

Copies of the protest should also be sent via e-mail to the attention of the Energy Division Tariff Unit (EDTariffUnit@cpuc.ca.gov). A copy of the protest shall 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

Effective Date

SoCalGas believes that this filing is subject to Energy Division disposition and should be classified as Tier 2 (effective after staff approval) pursuant to General Order (GO) 96-B. SoCalGas respectfully requests that the tariff sheets filed herein be effective on April 25, 2015, which is thirty (30) calendar days after the date filed.

Notice

A copy of this AL is being sent to SoCalGas' GO 96-B service list. Address change requests to the GO 96-B should be directed by electronic mail to tariffs@socalgas.com or call 213-244-3387.

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) #: 4783

Subject of AL Revision of the Medical Baseline Allowance Application

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 #:

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 AL¹: N/A

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

Resolution Required? Yes No

Tier Designation: 1 2 3

Requested effective date: 4/25/15

No. of tariff sheets: 3

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 and TOCs

Service affected and changes proposed¹

Pending advice letters that revise the same tariff sheets: None

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
EDTariffUnit@cpuc.ca.gov

Southern California Gas Company
Attention: Sid Newsom
555 West 5th Street, GT14D6
Los Angeles, CA 90013-1011
SNewsom@semprautilities.com
tariffs@socalgas.com

¹ Discuss in AL if more space is needed.

ATTACHMENT A
Advice No. 4783

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 51378-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Application, Form No. 4859- E (04/15), Sheet 1	Revised 47387-G
Revised 51379-G	TABLE OF CONTENTS	Revised 50900-G
Revised 51380-G	TABLE OF CONTENTS	Revised 51377-G

SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Application
Form No. 4859-E (04/15)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 4783
DECISION NO.

ISSUED BY
Lee Schavrien
Senior Vice President

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Mar 26, 2015
EFFECTIVE Apr 25, 2015
RESOLUTION NO. _____

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:

SoCalGas
Medical Baseline Allowance Program
M. L. GT19A1
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 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** (search "MEDICAL") or call 1-800-427-2200.



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 SoCalGas:

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:

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):

PATIENT'S 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:	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> GAS
DEVICE:	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> GAS
DEVICE:	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> 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. 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: SoCalGas
Medical Baseline Allowance Program
M. L. GT19A1
P.O. Box 513249
Los Angeles, CA 90051-1249

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.



A  Sempra Energy utility

1-800-427-2200
socalgas.com

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(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 4783
 DECISION NO.

ISSUED BY
Lee Schavrien
 Senior Vice President

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Mar 26, 2015
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(Continued)

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