

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE
SAN FRANCISCO, CA 94102-3298



March 3, 2020

Advice Letter 5576-G-A

Ronald van der Leeden
Director, Regulatory Affairs
Southern California Gas
555 W. Fifth Street, GT14D6
Los Angeles, CA 90013-1011

SUBJECT: Revisions to the Medical Baseline Program Requirements Pursuant to Senate Bill 1338

Dear Mr. van der Leeden:

Advice Letter 5576-G-A is effective as of February 27, 2020.

Sincerely,

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

Edward Randolph
Deputy Executive Director for Energy and Climate Policy/
Director, Energy Division



Ronald van der Leeden
Director
Regulatory Affairs

555 W. Fifth Street, GT14D6
Los Angeles, CA 90013-1011
Tel: 213.244.2009
Fax: 213.244.4957
RvanderLeeden@socalgas.com

January 31, 2020

Advice No. 5576-A
(U 904 G)

Public Utilities Commission of the State of California

Subject: Supplement - Revisions to the Medical Baseline Program Requirements Pursuant to Senate Bill 1338

Southern California Gas Company (SoCalGas) hereby submits with the California Public Utilities Commission (CPUC or Commission) revisions to its tariffs and associated sample forms applicable throughout its service territory, as shown on Attachment A.

Purpose

Pursuant to Senate Bill (SB) 1338, this submittal revises: 1) Special Conditions in Schedule Nos. GR (Residential Service), GS (Submetered Multi-Family Service), and GM (Multi-Family Service); 2) Medical Baseline Allowance Application (Form No. 4859-E); and 3) Medical Baseline Allowance Self-Certification (Form No. 4860) to include language that both nurse practitioners and physician assistants are permitted to certify that the medical baseline allowance is needed to provide additional gas for people with certain medical conditions.

This submittal replaces Advice No. (AL) 5576 in its entirety to include notification to the Commission's service list in R.18-07-005.

Background

Previous law prohibited a gas or electrical corporation from disconnecting service for nonpayment when: 1) the customer or a member of the customer's household has a life-threatening condition or illness; 2) a licensed physician, a person licensed pursuant to the Osteopathic Initiative Act, or a nurse practitioner certifies that gas or electric service is medically necessary to sustain the life of the person or prevent deterioration of the person's medical condition; and 3) the customer is willing to enter into an amortization agreement, as provided.

SB 1338, signed into law on September 18, 2018, authorizes a physician assistant to certify in writing to the utility that the additional energy, heating, or cooling allowance is medically necessary to sustain the life of a person being treated for a life-threatening illness or a compromised immune system or to prevent deterioration of that person's medical condition.

On January 25, 2020, SoCalGas submitted AL 5576 requesting Commission approval to include language that both nurse practitioners and physician assistants are permitted to certify that the medical baseline allowance is needed to provide additional gas for people with certain medical conditions in its tariffs. At the direction of Energy Division, SoCalGas submits AL 5576-A to include notification to the Commission's service list in R.18-07-005, *Order Instituting Rulemaking to Consider New Approaches to Disconnections and Reconnections to Improve Energy Access and Contain Costs*.

Tariff Revisions

In Attachment A, SoCalGas proposes to include "nurse practitioner" and "physician's assistant" as authorized signers to certify that additional energy is medically necessary for SoCalGas to approve Medical Baseline allocations.

The revisions to Special Conditions in Schedule Nos. GR (Sheet 4), GS (Sheet 3), and GM (Sheet 5), in redlined format, are as follows:

Medical Baseline Usage: Upon completion of an application and verification by a state-licensed physician, ~~nurse practitioner, physician's assistant~~, or osteopath (Form No. 4859-E) . . .

The revisions to Form No. 4859-E, in redlined format, are as follows:

"How Do I Apply" section (page 1):

. . .have a ~~doctor~~ medical provider (licensed medical doctor [M.D.], doctor of osteopathy [D.O], nurse practitioner [N.P.] or physician's assistant [P.A]) complete Part 2 . . .

"Part 1 - I understand that" section (page 2):

~~doctor~~ medical provider
~~doctor's~~ medical provider's

“Part 2” section (page 3):

PART 2: TO BE COMPLETED BY A **MEDICAL PROVIDER** (LICENSED MEDICAL DOCTOR [M.D.], **OR** DOCTOR OF OSTEOPATHY [D.O.], **NURSE PRACTITIONER [N.P.] OR PHYSICIAN’S ASSISTANT [P.A.]**)

The revisions to Form No. 4860, in redlined format, are as follows:

“Part 1 - I understand that” section (page 1):

~~doctor~~ medical provider
~~doctor’s~~ medical provider’s

“Part 2” section (page 2):

PART 2: To be completed by a **medical provider** (licensed medical doctor [M.D.], **or** doctor of osteopathy [D.O.], **nurse practitioner [N.P.] or physician’s assistant [P.A.]**)

Additionally, in Ordering Paragraph (OP) 13 of Decision (D.) 02-04-026, the Commission directed utilities to provide the Medical Baseline forms in Spanish and in the most prevalent Asian language in their respective service territories. SoCalGas will provide the updated Medical Baseline Allowance Forms in Tagalog, Vietnamese, Chinese, and Spanish on its Website. Further, in accordance with OP 15 of D.02-04-026, SoCalGas will also provide a large-print version of the form for visually-impaired customers, which will also be located on its Website.¹

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 must be received within 20 days of the date of this Advice Letter, which is February 20, 2020. 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

¹ <https://www.socalgas.com/save-money-and-energy/assistance-programs/medical-baseline-allowance>.

A copy 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 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: Ray B. Ortiz
Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No.: (213) 244-4957
E-mail: ROrtiz@socalgas.com

Effective Date

SoCalGas believes this Advice Letter should be classified as Tier 2 (effective after staff approval) pursuant to General Order (GO) 96-B. SoCalGas respectfully requests that this submittal be approved on March 1, 2020, which is 30 days after the date submitted.

Notice

A copy of this Advice Letter is being sent to SoCalGas' GO 96-B service list and the Commission's service lists in R.01-05-047 and R.18-07-005. Address change requests to the GO 96-B service list should be directed via e-mail to Tariffs@socalgas.com or call 213-244-2837. For changes to all other service lists, please contact the Commission's Process Office at 415-703-2021 or via e-mail at Process_Office@cpuc.ca.gov.

Ronald van der Leeden
Director – Regulatory Affairs

Attachments



ADVICE LETTER SUMMARY

ENERGY UTILITY



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

Company name/CPUC Utility No.:

Utility type:

ELC GAS WATER
 PLC HEAT

Contact Person:

Phone #:
E-mail:
E-mail Disposition Notice to:

EXPLANATION OF UTILITY TYPE

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

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #:

Tier Designation:

Subject of AL:

Keywords (choose from CPUC listing):

AL Type: Monthly Quarterly Annual One-Time Other:

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

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL:

Summarize differences between the AL and the prior withdrawn or rejected AL:

Confidential treatment requested? Yes No

If yes, specification of confidential information:

Confidential information will be made available to appropriate parties who execute a nondisclosure agreement. Name and contact information to request nondisclosure agreement/ access to confidential information:

Resolution required? Yes No

Requested effective date:

No. of tariff sheets:

Estimated system annual revenue effect (%):

Estimated system average rate effect (%):

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:

Service affected and changes proposed¹:

Pending advice letters that revise the same tariff sheets:

¹Discuss in AL if more space is needed.

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

CPUC, Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102
Email: EDTariffUnit@cpuc.ca.gov

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

Name:
Title:
Utility Name:
Address:
City:
State: Zip:
Telephone (xxx) xxx-xxxx:
Facsimile (xxx) xxx-xxxx:
Email:

ATTACHMENT A
Advice No. 5576-A

Cal. P.U.C. Sheet No.	Title of Sheet	Cancelling Cal. P.U.C. Sheet No.
Revised 57166-G	Schedule No. GR, RESIDENTIAL SERVICE, (Includes GR, GR-C and GT-R Rates), Sheet 4	Revised 55621-G
Revised 57167-G	Schedule No. GS, SUBMETERED MULTI- FAMILY SERVICE , (Includes GS, GS-C and GT-S Rates), Sheet 3	Revised 47112-G
Revised 57168-G	Schedule No. GM, MULTI-FAMILY SERVICE, (Includes GM-E, GM-C, GM-EC, GM-CC, GT- ME, GT-MC and all GMB Rates), Sheet 5	Revised 41015-G
Revised 57169-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Application, Form No. 4859- E (03/20), Sheet 1	Revised 51378-G
Revised 57170-G	SAMPLE FORMS: APPLICATIONS, Medical Baseline Allowance Self-Certification, Form No. 4860 (03/20), Sheet 1	Revised 47388-G
Revised 57171-G	TABLE OF CONTENTS	Revised 57159-G
Revised 57172-G	TABLE OF CONTENTS	Revised 56285-G
Revised 57173-G	TABLE OF CONTENTS	Revised 57161-G

Schedule No. GR
RESIDENTIAL SERVICE
(Includes GR, GR-C and GT-R Rates)

Sheet 4

(Continued)

SPECIAL CONDITIONS (Continued)

4. Medical Baseline Usage: Upon completion of an application and verification by a state-licensed physician, nurse practitioner, physician's assistant, or osteopath (Form No. 4859-E), an additional baseline allowance of 0.822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life-threatening illness or who have a compromised immune system.

Where it is established that the energy required for a Life-Support Device, as defined in Rule No. 1, exceeds 0.822 therms per day, an additional uniform daily Baseline allowance will be provided. The amount of the additional allowance will be determined by the Utility from load and operating time data of the Life-Support Device.

5. Space Heating Only: Applies to customers who are using gas primarily for space heating, as determined by survey or under the presumption that customers who use less than 11 Ccf per month during each of the regular billing periods ending in August and September qualify for Heat Only billing.

6. Interruption of Service: Service under this schedule is subject to interruption in whole or in part without notice in case of actual or anticipated shortage of natural gas resulting from an insufficient supply, inadequate transmission or delivery capacity or facilities or storage requirements. The Utility will not be liable for damages occasioned by interruption of service supplied under this schedule. Such interruption of service shall be made in accordance with Rule No. 23.

7. Rate Changes: The Utility will file core procurement rate changes on the last business day of each month to become effective on the first calendar day of the following month, except the Cross-Over Rate (GR-C), which will be filed on or before the 9th calendar day of each month to be effective on the 10th calendar day of each month.

8. Utility Service Agreement: As a condition precedent to receiving Core Aggregation Transportation service under this schedule, the customer's ESP must submit a Direct Access Service Request (DASR).

9. Term of Service: The minimum term of service for customers receiving service under the GR rate is one month, except for Core Aggregation Transportation customers. Core Aggregation customers have a minimum term of one year. Upon expiration of their one-year term, the customers shall be on a month-to-month term thereafter. For customers served under the GR-C rate, see Special Condition 10.

(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5576-A
DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Jan 31, 2020
EFFECTIVE Feb 27, 2020
RESOLUTION NO. _____

Schedule No. GS

Sheet 3

SUBMETERED MULTI-FAMILY SERVICE
 (Includes GS, GS-C and GT-S Rates)

(Continued)

SPECIAL CONDITIONS (Continued)

2. Number of Therms: The number of therms to be billed shall be determined in accordance with Rule No. 2. The therms in the Baseline block, shown in Special Condition 3, shall be multiplied by the number of qualified residential units. It is the responsibility of the customer to advise the Utility within 15 days following any change in the number of dwelling units or mobilehome spaces provided gas service. The number of qualifying units is subject to verification by the Utility.
3. Baseline Usage: The following quantities of gas are to be billed at the Baseline rate for each submetered Multi-family Accommodation unit. Usage in excess of applicable Baseline allowances will be billed at the Non-Baseline rate.

<u>Per Residence</u>	<u>Daily Therm Allowance</u>		
	<u>for Climate Zones*</u>		
	<u>1</u>	<u>2</u>	<u>3</u>
Summer (May 1-Oct. 31)	0.473	0.473	0.473
Winter (Nov. 1-Apr. 30)	1.691	1.823	2.950

* Climate Zones are described in the Preliminary Statement.

4. Medical Baseline: Upon completion of an application and verification by a state-licensed physician, nurse practitioner, physician's assistant, or osteopath (Form No. 4859-E), an additional Baseline allowance of 0.822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Where it is established that the energy required for a Life-Support Device, as defined in Rule No. 1, exceeds 0.822 therms per day, an additional uniform daily Baseline allowance will be provided. The amount of the additional allowance will be determined by the Utility from load and operating time data of the Life-Support Device.

5. Space Heating Only: Applies to customers who are using gas primarily for space heating, as determined by survey or under the presumption that customers who use less than 11 Ccf per month during each of the regular billing periods ending in August and September qualify for Heat Only billing.
6. Interruption of Service: Service under this schedule is subject to interruption in whole or in part without notice in case of actual or anticipated shortage of natural gas resulting from an insufficient supply, inadequate transmission or delivery capacity or facilities or storage requirements. The Utility will not be liable for damages occasioned by interruption of service supplied under this schedule. Such interruption of service shall be made in accordance with Rule No. 23.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 5576-A
 DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED Jan 31, 2020
 EFFECTIVE Feb 27, 2020
 RESOLUTION NO. _____

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Schedule No. GM

Sheet 5

MULTI-FAMILY SERVICE

(Includes GM-E, GM-C, GM-EC, GM-CC, GT-ME, GT-MC and all GMB Rates)

(Continued)

SPECIAL CONDITIONS (Continued)

3. (Continued)

Codes	Per Residence	Daily Therm Allowance for Climate Zones*		
		<u>1</u>	<u>2</u>	<u>3</u>
1	Space heating only			
	Summer	0.000	0.000	0.000
	Winter	1.210	1.343	2.470
2	Water heating and cooking	0.477	0.477	0.477
3	Cooking, water heating and space heating			
	Summer	0.473	0.473	0.473
	Winter	1.691	1.823	2.950
4	Cooking and space heating			
	Summer	0.088	0.088	0.088
	Winter	1.299	1.432	2.559
5	Cooking only	0.089	0.089	0.089
6	Water heating only	0.388	0.388	0.388
7	Water heating and space heating			
	Summer	0.385	0.385	0.385
	Winter	1.601	1.734	2.861

* Climate Zones are described in the Preliminary Statement.

4. Medical Baseline: Upon completion of an application and verification by a state-licensed physician, nurse practitioner, physician's assistant, or osteopath (Form No. 4859-E), an additional Baseline allowance of 0.822 therms per day will be provided for paraplegic, quadriplegic, or hemiplegic persons, those afflicted with multiple sclerosis or scleroderma, or persons being treated for a life threatening illness or who have a compromised immune system.

Where it is established that the energy required for a Life-Support Device, as defined in Rule No. 1, exceeds 0.822 therms per day, an additional uniform daily Baseline allowance will be provided. The amount of the additional allowance will be determined by the Utility from load and operating time data of the Life-Support Device.

5. Space Heating Only: Applies to customers who are using gas primarily for space heating, as determined by survey or under the presumption that customers who use less than 11 Ccf per month during each of the regular billing periods ending in August and September qualify for Heat Only billing.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 5576-A
 DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED Jan 31, 2020
 EFFECTIVE Feb 27, 2020
 RESOLUTION NO. _____

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SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Application
Form No. 4859-E (03/20)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5576-A
DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Jan 31, 2020
EFFECTIVE Feb 27, 2020
RESOLUTION NO. _____

PART 2: TO BE COMPLETED BY A MEDICAL PROVIDER (LICENSED MEDICAL DOCTOR [M.D.], DOCTOR OF OSTEOPATHY [D.O.], NURSE PRACTITIONER [N.P.] OR PHYSICIAN'S ASSISTANT [P.A.]

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

PATIENT'S LAST NAME:	FIRST NAME:
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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

MEDICAL PROVIDER'S NAME:	PHONE NO.: ()
OFFICE ADDRESS:	
M.D./D.O./N.P./P.A. STATE LICENSE OR MILITARY LICENSE NUMBER:	
MEDICAL PROVIDER'S SIGNATURE:	DATE:

FOR SOCALGAS USE ONLY

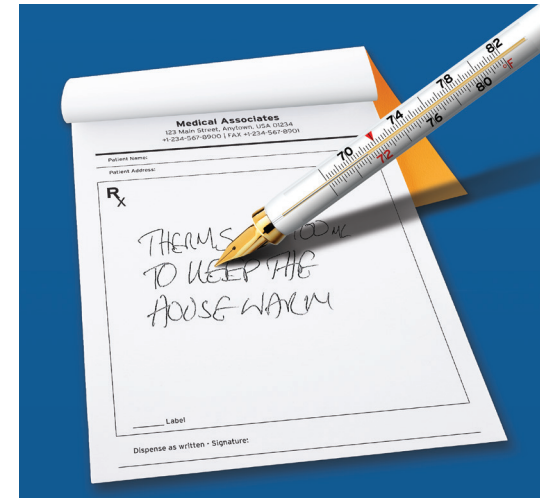
Date Received: _____ Medical Baseline Allocation: _____ Electric unit(s) _____ Gas unit(s) _____

Recertification: Self-certify every two years Self-certify annually; medical provider'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



INFORMATION & APPLICATION



WHAT IS MEDICAL BASELINE ALLOWANCE?

Medical Baseline Allowance provides additional natural 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 medical provider (licensed medical doctor [M.D.], doctor of osteopathy [D.O.], nurse practitioner [N.P.] or physician's assistant [P.A.]) 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 socalgas.com (search "MEDICAL") or call 1-800-427-2200.

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

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.



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 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 medical provider 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 medical provider 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 medical provider'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 medical provider's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted natural gas service, and the resident is responsible for making alternate arrangements in the event of a natural 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).



1-800-427-2000

socalgas.com



SAMPLE FORMS: APPLICATIONS
Medical Baseline Allowance Self-Certification
Form No. 4860 (03/20)

Sheet 1

T

(See Attached Form)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 5576-A
DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
SUBMITTED Jan 31, 2020
EFFECTIVE Feb 27, 2020
RESOLUTION NO. _____

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 medical provider 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 medical provider 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 medical provider'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 medical provider's certification) or self-certification forms are mailed.
- 4 SoCalGas cannot guarantee uninterrupted natural gas service, and the resident is responsible for making alternate arrangements in the event of a natural 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. 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).

PART 2 – To be completed by a medical provider (licensed medical doctor [M.D.], doctor of osteopathy [D.O.], nurse practitioner [N.P.] or physician's assistant [P.A.]

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"/> NATURAL GAS
DEVICE:	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NATURAL GAS
DEVICE:	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NATURAL 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

MEDICAL PROVIDER'S NAME:	PHONE NO.: ()
OFFICE ADDRESS:	
M.D./D.O./N.P./P.A. STATE LICENSE OR MILITARY LICENSE NUMBER:	
MEDICAL PROVIDER'S SIGNATURE::	DATE:

FOR SOCALGAS USE ONLY

Date Received: _____	Medical Baseline Allocation: _____
Electric unit(s): _____	Natural Gas unit(s): _____
Recertification:	
<input type="checkbox"/> Self-certify every two years	
<input type="checkbox"/> Self-certify annually; medical provider'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
Fax: 213-244-4665

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(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 5576-A
 DECISION NO. 02-04-026

ISSUED BY
Dan Skopec
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 SUBMITTED Jan 31, 2020
 EFFECTIVE Feb 27, 2020
 RESOLUTION NO. _____

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