



ADVICE LETTER SUMMARY

ENERGY UTILITY



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

Company name/CPUC Utility No.: Bear Valley Electric Service, Inc (913-E)

Utility type:

- ELC GAS WATER
 PLC HEAT

Contact Person: Jeff Linam

Phone #: (909) 394-3600 x664

E-mail: RegulatoryAffairs@bvesinc.com

E-mail Disposition Notice to: RegulatoryAffairs@bvesinc.com

EXPLANATION OF UTILITY TYPE

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

(Date Submitted / Received Stamp by CPUC)

Advice Letter (AL) #: 510-E

Tier Designation: 1

Subject of AL: Revisions to BVES's Medical Baseline Program Recertification Forms

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 #: Decision No. 22-08-037

Does AL replace a withdrawn or rejected AL?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Summarize differences between the AL and the prior withdrawn or rejected AL:

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: 3/24/25

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: Form No. 79, Form No. 80, Table of Contents Page 1, Table of Contents Page 4

Service affected and changes proposed¹: N/A

Pending advice letters that revise the same tariff sheets: N/A

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: Jeff Linam
Title: Regulatory Affairs Manager
Utility Name: Bear Valley Electric Service, Inc
Address: 630 E. Foothill Blvd
City: San Dimas State: California
Telephone (xxx) xxx-xxxx: (909) 394-3600 x664
Facsimile (xxx) xxx-xxxx:
Email: RegulatoryAffairs@bvesinc.com; Jeff.Linam@gswater.com

Name: Alicia Menchaca
Title: Regulatory Affairs Dept.
Utility Name: Bear Valley Electric Service, Inc
Address: 630 E. Foothill Blvd
City: San Dimas State: California
Telephone (xxx) xxx-xxxx: (909) 394-3600 x497
Facsimile (xxx) xxx-xxxx:
Email: RegulatoryAffairs@bvesinc.com; alicia.menchaca@bvesinc.co



Bear Valley Electric Service, Inc.
P.O. Box 9028
San Dimas, CA 91773-9028
A Subsidiary of American States Water Company

March 24, 2025

Advice Letter No. 510-E

(913 E)

California Public Utilities Commission

Bear Valley Electric Service, Inc. ("BVES") hereby transmits for filing the following:

SUBJECT: *Revisions to BVES's Medical Baseline Program Recertification Forms*

PURPOSE

BVES submits this Tier 1 informational only advice letter to update its BVES's Medical Baseline – Life Support Customer Forms.

Pursuant to D.22-11-033 OP 1, OP 22 in D.02-04-026 was modified, changing the requirements for customers currently enrolled in the MBL program to remain enrolled in the program.¹

Respondent gas and electric utilities shall inform their customers of the following:
1) *Customers certified as having a permanent disability will need to self-certify their eligibility every ~~two~~ four years, in lieu of obtaining a physician's signature or authorization, to (at a minimum) ensure their continued residence at the service address, and 2) Those customers not having a permanent disability ~~will need to self-certify each year, and~~ will need a doctor's certification every two years.*

Pursuant to D.22-08-037, Ordering Paragraph ("OP") 8, BVES modified its MBL program policy to allow physician assistants and nurse practitioners to certify qualified customers for MBL allowances and to allow qualified medical professionals to e-sign applications for the MBL program.

8. Southwest Gas Company, Liberty Utilities LLC, Bear Valley Electric Service, a division of Golden State Water Company, PacifiCorp, Alpine Natural Gas Operating Company, and West Coast Gas Company, Inc. shall each modify their medical baseline program policies to allow physician assistants and nurse practitioners to certify that a customer qualifies for medical baseline and to allow qualified medical professionals to e-sign applications for the medical baseline

¹ D.22-11-033 at page 6.

program. Each utility shall serve upon the service list of this proceeding a notice that the utility has implemented this policy for residential customers within 90 days of this decision.

On November 11, 2022, BVES filed and served a notice upon the service list of this proceeding informing stakeholders that it implemented the new MBL program policies consistent with D.22-08-037.

BACKGROUND

Prior to Senate Bill (“SB”) 1338, existing law provided that an additional higher energy usage allowance at baseline rates be made available to a person who is being treated for a life-threatening illness, has a compromised immune system or is dependent on life-support equipment. Qualified participants in the MBL program required a licensed physician, surgeon, or a medical licensed person, pursuant to the Osteopathic Initiative Act, to certify in writing to BVES that the life-support equipment and/or additional heating or cooling is necessary to sustain the life of the person or prevent deterioration of the person’s medical condition. Pursuant to SB 1338, a physician’s assistant or nurse practitioner may certify that a person is qualified to receive the MBL allowance.

COMPLIANCE

BVES complied with D.22-08-037 and D.22-11-003 with advice letter 454-E and 454-EA filed with the Commission on September 28, 2022 and December 28, 2022, respectively.

ADDITION TO FORMS

Form No. 79: Medical Baseline– Life Support Customer Form, English
Form No. 80: Medical Baseline– Life Support Customer Form, Spanish

TIER DESIGNATION

This advice letter is submitted with a Tier 1 Information Only designation.

EFFECTIVE DATE

BVES respectfully requests this advice letter becomes effective on March 24, 2025.

NOTICE AND PROTESTS

A protest is a document objecting to the granting in whole or in part of the authority sought in this advice letter. A response is a document that does not object to the authority sought, but nevertheless presents information that the party tendering the response believes would be useful to the CPUC in acting on the request.

A protest must be mailed within 20 days of the date the CPUC accepts the advice letter for filing. The Calendar is available on the CPUC's website at www.cpuc.ca.gov.

A protest must state the facts constituting the grounds for the protest, the effect that approval of the advice letter might have on the protestant, and the reasons the

protestant believes the advice letter, or a part of it, is not justified. If the protest requests an evidentiary hearing, the protest must state the facts the protestant would present at an evidentiary hearing to support its request for whole or partial denial of the advice letter.

The utility must respond to a protest within five days.

All protests and responses should be sent to:

California Public Utilities Commission, Energy Division

ATTN: Tariff Unit

505 Van Ness Avenue

San Francisco, CA 94102

E-mail: EDTariffUnit@cpuc.ca.gov

Copies should also be mailed to the attention of the Director, Energy Division, Room 4004 (same address above).

Copies of any such protests should be sent to this utility at:

Bear Valley Electric Service, Inc.

ATTN: Jeff Linam

630 East Foothill Blvd.

San Dimas, CA 91773

E-mail: regulatoryaffairs@bvesinc.com

If you have not received a reply to your protest within 10 business days, contact Jeff Linam at (909) 630-5555.

CORRESPONDENCE

Any correspondence regarding this compliance filing should be sent by regular mail or e-mail to the attention of:

Jeff Linam

Manager, Regulatory Affairs

Bear Valley Electric Service, Inc.

630 East Foothill Blvd.

San Dimas, California 91773

Email: regulatoryaffairs@bvesinc.com

The protest shall set forth the grounds upon which it is based and shall be submitted expeditiously. There is no restriction on who may file a protest.

Sincerely,

/s/ Alicia Menchaca

Alicia Menchaca

Rate Analyst, Regulatory Affairs

cc: Jenny Au, Energy Division
Michael Campbell, California Public Advocates Office
Scott Logan, California Public Advocates Office
BVES General Order 96-B Service List
R.18-07-005 Service List

Cal P.U.C. Sheet No.	Title of Sheet	Cancelling Cal P.U.C. Sheet No.
3593-E	Form No. 79 Medical Baseline Forms - English Sheet 1	
3594-E	Form No. 80 Medical Baseline Forms - Spanish Sheet 1	
3595-E	Table of Contents Sheet 1	3543-E
3596-E	Table of Contents Sheet 4	3339-E*

Form No. 79
Medical Baseline Forms - English

(N)

LIFE SUPPORT CUSTOMER FORM

Please read through this form and fill out accordingly.

NAME OF PATIENT:

ACCOUNT NUMBER:

HOME ADDRESS:

EQUIPMENT NEEDED:

Is this equipment necessary to sustain, restore, or supplement a vital function?

	Yes	No		Yes	No
Aerosol Tent	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent Positive Pressure Breathing (IPPB)	<input type="checkbox"/>	<input type="checkbox"/>
Apnea Monitor	<input type="checkbox"/>	<input type="checkbox"/>	Motorized wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Compressor/Concentrator/Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen generator	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Pad/Pump	<input type="checkbox"/>	<input type="checkbox"/>
Electrostatic Nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	Suction Machine	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis/Kidney dialysis machine	<input type="checkbox"/>	<input type="checkbox"/>	Other, Please specify _____		

Why is the use of this equipment essential to sustain life or enhance mobility?

NAME OF PHYSICIAN:

BUSINESS PHONE:

PHYSICIAN EMAIL:

BUSINESS ADDRESS:

* I CERTIFY THAT THE LIFE SUPPORT DEVICE(S) WILL BE REQUIRED FOR APPROXIMATELY:

(COMPLETE ONE)

OF YEARS OR PERMANENT

I hereby certify that the above information is true and correct

Signature of Qualified Medical Professional

Physician License No



42020 Garstin Dr. • P.O. Box 1547
Big Bear Lake, CA 92315

(Continued)

Advice Letter No. 510-E
Decision No. D.22-08-037

Issued By
Paul Marconi
President

Date Filed March 24, 2025
Effective March 24, 2025
Resolution No. _____

Form No. 80
Medical Baseline Forms - Spanish

**FORMULARIO DEL CLIENTE PARA
SOPORTE VITAL**

Lea este formulario y complételo según corresponda.

NOMBRE DEL PACIENTE:

NÚMERO DE CUENTA:

DIRECCIÓN:

EQUIPO NECESARIO:

¿Este equipo es necesario para mantener, restablecer o complementar una función vital?

	Sí	No		Sí	No
Carpa de nebulización	<input type="checkbox"/>	<input type="checkbox"/>	Ventilación con presión positiva intermitente (IPPB)	<input type="checkbox"/>	<input type="checkbox"/>
Monitor de apnea	<input type="checkbox"/>	<input type="checkbox"/>	Silla de ruedas motorizada	<input type="checkbox"/>	<input type="checkbox"/>
Compresor/concentrador/respirador	<input type="checkbox"/>	<input type="checkbox"/>	Generador de oxígeno	<input type="checkbox"/>	<input type="checkbox"/>
Neuroestimulador eléctrico	<input type="checkbox"/>	<input type="checkbox"/>	Bomba de presión/calchón antifescaras	<input type="checkbox"/>	<input type="checkbox"/>
Nebulizador electrostático	<input type="checkbox"/>	<input type="checkbox"/>	Equipo de aspiración	<input type="checkbox"/>	<input type="checkbox"/>
Máquina de hemodiálisis/diálisis renal	<input type="checkbox"/>	<input type="checkbox"/>	Otro, especifique cuál _____		

¿Por qué es esencial el uso de este equipo para mantener la vida o mejorar la movilidad?

NOMBRE DEL MÉDICO:

TELÉFONO LABORAL:

CORREO ELECTRÓNICO DEL MÉDICO:

DIRECCIÓN LABORAL:

* CERTIFICO QUE EL DISPOSITIVO O DISPOSITIVOS DE SOPORTE VITAL SERÁN NECESARIOS PARA APROXIMADAMENTE: (COMPLETA UNA)
#DE AÑOS O PERMANENTE

Por el presente, certifico que la información antes mencionada es verídica y correcta.

Firma de un profesional médico cualificado

Numero de licencia del médico



42020 Garstin Dr. • P.O. Box 1547
Big Bear Lake, CA 92315

(Continued)

Advice Letter No. 510-E
Decision No. D.22-08-037

Issued By
Paul Marconi
President

Date Filed March 24, 2025
Effective March 24, 2025
Resolution No. _____

Table of Contents

The following tariff sheets contain all effective rates and rules affecting rates and service of the utility, together with information relating thereto:

<u>Subject Matter of Sheet</u>	Sheet No.	
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No. A-3 General Service	3521-E, 1840-E	
No. A-4 General Service- TOU	3522-E, 1842-E, 1843-E	
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No. D Domestic Service - Single-family Accommodation	3525-E, 3321-E, 3322-E	
No. DE Domestic Service to Company Employees	3526-E, 3324-E	
No. DLI Domestic Service - CARE Rate	3527-E, 3469-E, 1857-E, 3284-E	
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No. DMS Domestic Service -Multi-family Accommodation Sub-metered	3529-E, 3530-E, 3331-E	
No. DO Domestic Service - Other	3531-E, 3290-E	
No. NEM-L Net Energy Metering- Large	1931-E, 1932-W, 1933-E, 1934-E, 1935-E	
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No. GSD General Service Demand - Camp Oaks	3532-E, 1868-E	
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No. SSC Special Service Charges	3241-E, 2711-E	
No. S Standby Standby Service	3542-E, 2160-E, 2161-E	
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No. PPC-LI Public Purpose Charge - Low Income	3491-E	
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No. TOU-EV-2 General Service Time of Use Electric Vehicle Charging	3535-E, 3336-E	
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No. DGS Distributed Generation Service Program	3375-E, 2789-E, 2790-E	(P)
No. DGS NEM-L Distributed Generation Service Net Energy Metering-Large	2833-E, 2834-E, 2835-E	
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Advice Letter No. 510-E
 Decision No. D.22-08-037

Issued By
Paul Marconi
President

Date Filed March 24, 2025
 Effective March 24, 2025
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No. 61 - Mobilehome Park Conversion Program Agreement	3070-E
No. 62 - Assignment of Contract For Extension Of Lines Or Installation of Electric Facilities Service Extensions	2132-E
No. 63 - Contract For Extension Of Electric Distribution Line- Rule No. 15	2133-E
No. 64 - Contract For Extension Of Electric Distribution Line- Rule No. 15- Installation By Applicant	2134-E
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No. 66 - Terms And Conditions Agreement For Installation Of Distribution Line Extension By Applicant	2136-E
No. 67 - Preliminary Design And Engineering Agreement	2137-E
No. 68 - Distribution Line And/Or Service Extension Applicant's Installation Option And Statement Of Applicant's Contract Anticipated Costs	2138-E
No. 69 - Application For The Interconnection of a Solar, Wind Or Hybrid Electrical Generating Facility Up To One Megawatt	2384-E, 2385-E, 2386-E
No. 70 - Interconnection Agreement For The Installation of Solar, Wind Or Hybrid Electrical Generating Facility Up To One Megawatt For Customer-Generators ("CG")	2387-E, 2388-E, 2389-E, 2390-E, 2391-E, 2392-E, 2393-E, 2394-E, 2395-E, 2396-E
No. 71 Application for Interconnection for a Distributed Generation Service Customer Generator Facility up to One Thousand kilowatts.	2791-E
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No. 73 Application for the Interconnection of Big Bear Area Regional Wastewater Agency's Electrical Generating Facility	2839-E
No. 74 Interconnection and Net Energy Metering Agreement for Big Bear Area Regional Wastewater Agency	2840-E
No. 75 Application for the Interconnection of Local Water Agencies Electrical Generating Facility	2841-E
No. 76 Interconnection and Net Energy Metering Agreement for Local Water Agencies	2842-E
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No. 78 Added Facilities Agreement - Applicant Financed	3023-E
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No. 212 - Notice of Disconnection of Electric Meter Account of Non-Payment of Bills	127-E
No. M-367 - Agreement for Advance in Aid of Construction	130-E
No. - Contract for Electric Service - Off-Peak Power	197-E
No. 832.2 - Agreement for Street and Highway Lighting	205-E

BEAR VALLEY ELECTRIC SERVICE, INC.

G.O. 96-B

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EMAIL ONLY

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P.O. BOX 10000
BIG BEAR LAKE, CA 92315

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39707 BIG BEAR BLVD.
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COUNTY COUNSEL
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California
Public Utilities
Commission



CPUC Home

I. CALIFORNIA PUBLIC UTILITIES COMMISSION Service Lists

PROCEEDING: R1807005 - CPUC - OIR TO CONSID

FILER: CPUC

LIST NAME: LIST

LAST CHANGED: MARCH 18, 2025

I. Parties

MIKE LAMOND
CHIEF FINANCIAL OFFICER
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510
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FOR: ALPINE NATURAL GAS OPERATING CO.#1
(NCLC)
LLC

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FOR: SOUTHERN CALIFORNIA EDISON COMPANY

FOR: BEAR VALLEY ELECTRIC SERVICES
(GOLDEN STATE WATER COMPANY)

DAVID CHENG
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CORP

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DEVELOPMENT

FOR: THE UTILITY REFORM NETWORK (TURN)

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