



Paid Family and Medical Leave

PFML is here. Whether you're a Massachusetts worker, employer, or health care provider, find all the information you need to get started.

MA Paid Family and Medical Leave: Role and Responsibilities for Employers

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Webinar Objective:

Inform employers how to educate their employees on benefit leave options through the Paid Family and Medical Leave (PFML) program. In addition, to help employers maintain program integrity by effectively reviewing and managing applications.

Agenda:

- Overview of PFML
- Employer role and responsibilities
- Medical leave updates
- Overview of Family Leave to care for a family member
- Questions and Answers

Overview of PFML



What is PFML?

Paid Family and Medical Leave (PFML) provides **temporary income replacement** to eligible employees who are:

- welcoming a new child into their family,
- are struck by a serious illness or injury,
- need to take care of an ill or ailing relative, and
- for certain military considerations.

In addition, eligible employees are entitled to certain **job protections**. When an employee returns from leave, their employer is required to restore them to the same job they had before taking leave, or to a job that has the same pay status, employment benefits, length-of-service credit, and seniority.



When did Massachusetts start the PFML Program?

Legislation Signed: June 28, 2018

The Grand Bargain: H.4640

Established:

Permanent Sales Tax Holiday

Increase in Minimum Wage

Paid Family and Medical Leave Program

Contributions to PFML Trust Fund:

October 1, 2019

Most Benefits Offered: January 1, 2021



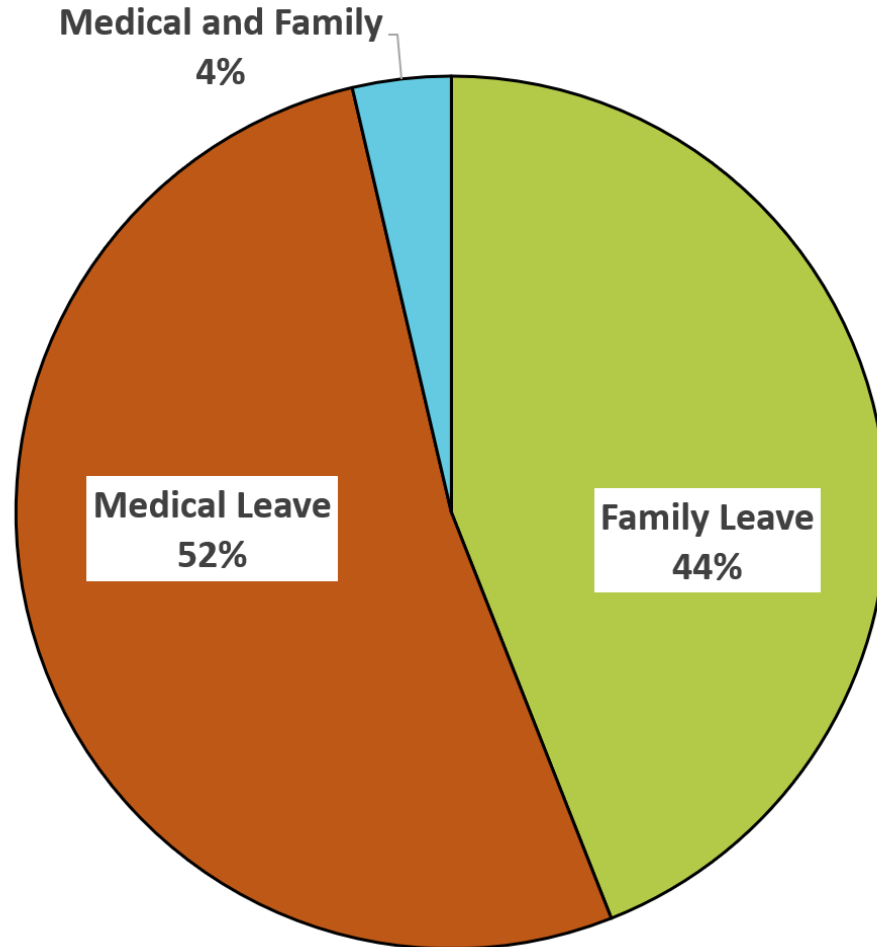


How is PFML different than FMLA?

	FMLA	PFML
Type of Law	Federal law	State law
Businesses Covered	50 employees or more	1 or more employees
Employee Eligibility	Employed for at least 12 months with 1,250 hours worked	Employees must have earned \$5,400 and 30 times the benefit amount in the past four quarters
Employer Responsibility	There are no contributions	Employers are responsible for collecting and remitting PFML contributions on behalf of employees
Benefits Provided	Job protection, unpaid family and medical leave	Job protection, paid family and medical leave



PFML Statistics – Year to Date



Overall Reason	Count	Benefit Amount
Family Leave	12,488	\$63,387,140
Medical Leave	14,874	\$74,512,328
Medical & Family	1,080	N/A
Grand Total Claims	28,442	\$137,908,468



What types of leave are available?

Family Leave

Bonding



- Leave to bond with the covered individual's child during
- the first 12 months after the child's birth or
 - the first 12 months after the placement of the child for adoption or foster care with the covered individual

Up to 12 weeks

Caring



- Leave to care for a family member with a serious health condition.

Up to 12 weeks

Active-Duty



- Leave to
- manage the affairs of a family member on Active-Duty or who has been notified of an impending order to Active-Duty in the Armed Forces or
 - to care for a family member who is a covered service member who has been injured while on Active-Duty

Up to 26 weeks

Medical Leave

Own Medical



- Leave to care for an individual's own serious medical condition

Up to 20 weeks

Aggregate Up to 26 weeks in a benefit year

DFML

MA

Department of
Family and Medical Leave

Employer Role and Responsibilities



Leave Administrators

An employer must have a registered Leave Administrator with DFML

- A Leave Administrator is the person responsible for reviewing and processing employee claims on behalf of an organization
- If you haven't registered a Leave Administrator, go to <https://paidleave.mass.gov/employers/create-account>
- Once you create an employer account, you will only have to verify your account once. [Learn more about the verification process.](#)

If you have not registered a Leave Administrator with DFML, you are relinquishing your role in providing information and approving claims.



What is an Employer's Role?

Employer's play a critical role in:

- **Educating employees** about PFML benefits as part of their spectrum of benefits
- **Discussing employee's leave requests** before they start applications, including type of leave, frequency/schedule, and any other factors
- Ensuring that the employee gets the **correct benefit payment and duration** by double-checking applications for any other leave taken in the benefit year



Calculating an Employee's Income

What to know about employees' income

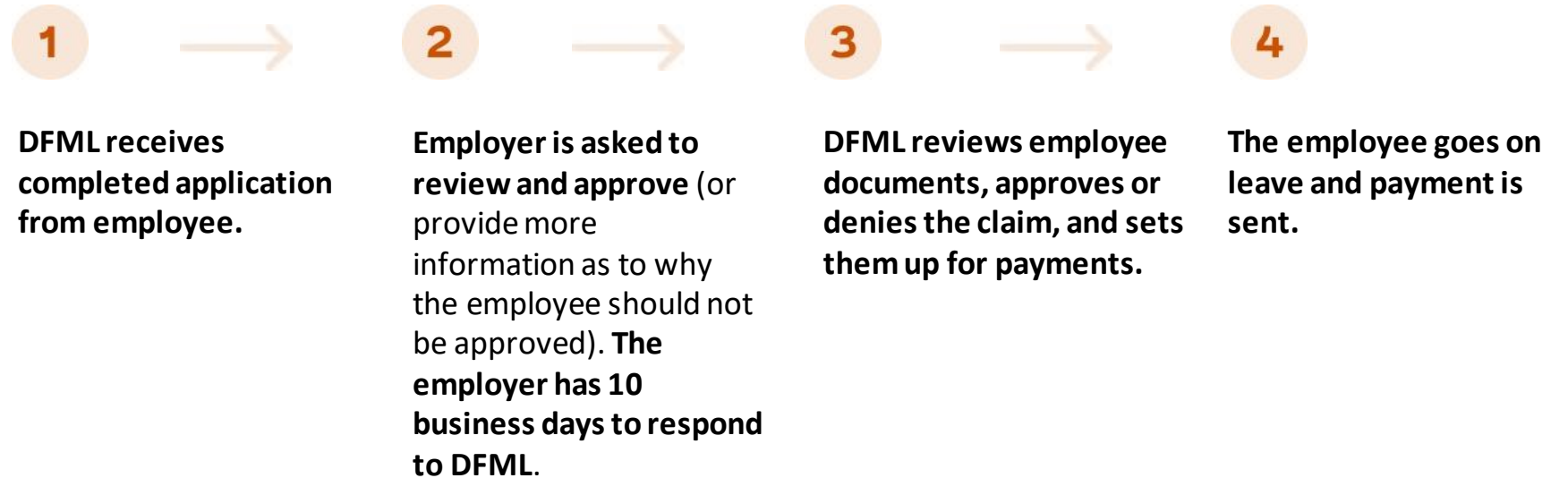
- **To be eligible** for paid family or medical leave, a worker must have earned at least **\$5,400 and at least 30 times** their calculated weekly paid leave benefit amount in the last 4 completed quarters.
- If an employee has **more than one job**, their combined income within the past 4 quarters will be considered when calculating their income eligibility.



Timeline of an Employer's Role

Before an employee applies

An employee must notify the employer and Leave Administrator of the intended leave and schedule before beginning the application process.





Communicating with Employees

It is important for employees and employers to have an open dialogue about PFML as part of current benefits conversations.

- *Establishing an open dialogue early will help you better plan for employees taking leave.*
- *Providing employees with information on all available benefits options enables them to make the best choices when health issues arise.*

Employees are required to talk to their employer and/or Leave Administrator before beginning an application.

- *30 days' notice before beginning the application for a planned event, like an elective surgery or the birth or placement of a child.*
- *As soon as possible for an unexpected or unplanned life event.*



Reviewing Claims - Notifications

Email #1 You will receive an email letting you know that an employee at the company you represent has started an application for PFML.

Email #2 Once the employee has completed their application, you will receive a second email to review the application.

Email #3 You will also be notified when the review process for the claim has been completed by DFML.



Reviewing Claims - Verification

Confirm the information in the application is accurate and provide additional information.

Some examples are:

- Other instances of paid and unpaid leave that the worker has taken in the past benefit year
- Work patterns and hours
- The worker's service time with the company and their wages
- Potential fraud

Respond within 10 business days.

If we don't hear from a verified Leave Administrator from your organization in that time, we will proceed with the application using only the information the employee provided.



Understanding Employee Work Patterns

Types of Leave Frequency

- **Continuous (Full Time) Leave-** An employer needs to verify the employee's information and note any other leave taken during the benefit year.
- **Reduced (Part Time) Leave-** An employee's intermittent leave schedule must be approved by the employer ahead of time. An employer also needs to verify the employee's information and note any other leave taken during the benefit year.
- **Intermittent Leave-** An employee's intermittent leave schedule must be approved by the employer ahead of time. An employer also needs to verify the employee's information and note any other leave taken during the benefit year.



PFML Employer Dashboard

- Dashboard view for the employer to log in and view all employee claims in one place
- Bookmark is paidleave.mass.gov/employers/dashboard
- Enhancements to the Request for Information, including ability to report other leaves and wage replacement.
- Ability to associate a single e-mail address to multiple EINS

Medical Leave Updates



What is new for Medical Leave?

Medical Leave

Own Medical



Leave to care for an individual's own serious medical condition

The **Certification of your Serious Health Condition** form filled out by an employee's Health Care Provider has been **updated!**

1 Employee Applying for Paid Medical Leave

Instructions ► **Complete this section with your own information.** The Department of Family and Medical Leave will use Section 1 to match this certification to the rest of your application for paid leave.

1 Your name:

First:

Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First:

Middle:

Last:

3 Phone #: - -

4 Date of birth: ^m ^m / ^d ^d / ^y ^y ^y ^y

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Are you applying for your own serious health condition?

☐ Yes

☐ No

◀ If not, you do not qualify for Medical Leave due to your own serious health condition

7 Occupation:

• Employee

Write your name at the top of the remaining pages.
Afterwards, give this form to your health care provider to complete **Sections 2-4.**



What is a Serious Health Condition?

A serious health condition could include an illness, injury, impairment or physical or mental condition that involves **at least one of these two conditions**:

- At least one night of inpatient care in a hospital, hospice or residential medical facility.
- Continuing treatment by a health care provider.



Certification Form – Medical Leave

+ Health care provider

Health Care Provider Certification of a Serious Health Condition

You, as the health care provider,
should complete Sections 2-5

Section 2, Patient's Serious Health

Condition:

Confirm that your patient has a serious
health condition and what criteria
apply.

2 Patient's Serious Health Condition

Instructions ▶ This form should be filled out by the employee's health care provider. For the employee to qualify for paid leave, the patient must have a serious health condition. Answer all questions fully and completely.

8 Does the patient you're caring for have a serious health condition as defined by the criteria on [Page 2](#)?

☐ Yes ☐ No

◀ If not, the patient is not eligible for PFML.

9 Which of the following apply to the patient's serious health condition?

- | | |
|---|--|
| <input type="checkbox"/> Requires, or did require inpatient care. | <input type="checkbox"/> Is chronic, requires treatments at least twice a year, and may require periodic absences. |
| <input type="checkbox"/> Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days. | <input type="checkbox"/> Is long-term and requires ongoing medical supervision, with or without active treatment. |
| <input type="checkbox"/> Requires two or more medical visits within 30 days. | <input type="checkbox"/> Requires multiple treatments and would lead to a period of incapacity without treatment. |
| <input type="checkbox"/> Requires one medical visit, plus a regimen of care. | |

◀ Check all that apply.



Certification Form – Medical Leave

3 Estimate Leave Details

Instructions ► Provide your best estimate based on your medical knowledge, experience, and examination of the patient. Be as specific as you can be; terms like “unknown” or “indeterminate” may not be enough to approve a claim for paid leave benefits.

14 During this leave period, which of these patterns of leave do you expect the employee to need as a result of the patient's condition?



Continuous leave:

Completely unable to work for consecutive, uninterrupted days.



Reduced leave schedule:

A consistent but reduced schedule for multiple weeks.



Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected.

Subsections 3A-3C: For every leave pattern you selected above, estimate details of that leave. If a patient's serious medical condition requires an extension of the employee's leave, then the employee can submit a new application with a new certification.

Section 3, Estimate Leave Details:

- Provide your best estimate on what type of leave schedule will be needed.
 - Continuous
 - Reduced
 - Intermittent

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Family and Medical Leave

Overview of Family Leave to Care for a Family Member



Highlights for Family Leave - Caring

Caring



Leave to care for a family member with a serious health condition.

Program Launches July 1st

Employer Role is to validate or contest:

- Familial Relationship
- Total Amount of Leave Taken for Family Leave
- Type or duration of Caring Leave activities
- Other Eligibility Criteria



Who is considered an eligible Family Member?

Caring



Leave to care for a family member with a serious health condition.

For the purposes of leave to care for a family member with a [serious health condition](#), family members include:

- Your spouse or domestic partner
- Your children
- Your parents
- Your spouse or domestic partner's parents
- Your grandchildren
- Your grandparents
- Your siblings



Does previous caring leave taken count?

Caring



Leave to care for a family member with a serious health condition.

Employees can only take 12 weeks of leave for any type of Family Leave during the benefit year – regardless of whether it is to bond with a child, or care for a sick relative.

Employees cannot take multiple types of Family Leave if it exceeds 12 weeks during a benefit year.

Exceptions:

Leave taken prior to July 1, 2021, to care for a family member does not count towards the 12-week maximum.

However, family leave to bond with a child and family leave for family members who are active service members taken between Jan 1-Jun 30 **will reduce the 12-week allotment.**

For all types of leave, employees cannot exceed 26 weeks total in the benefit year Jan 1-Dec 31, 2021.



What activities qualify for Family Leave?

When caring for a family member with a serious health condition, activities can include but are not limited to:



Providing the daily living needs that the family member cannot perform due to their serious health condition, such as helping them get dressed or with meals;



Providing transportation to the doctor or other facilities for appointments and treatment;



Providing mental health or psychological support for their serious health condition, such as taking them to therapy or getting them medication for chronic depression;



Helping make arrangements for changes in care, such as a transfer to a nursing home.



Are the documents different for Family Leave?

Caring



Leave to care for a family member with a serious health condition.

Active-Duty



Leave to care for a family member who is a covered service member who has been injured while on Active-Duty

There is a new form- a Certification of your Family's Serious Health Condition form

This form is required for:

- Family leave to care for a family member with a serious health condition.
- Family leave to care for a family member who is a covered service member with a serious health condition.



Certification Form – Family Leave

Paid Family Leave | Certification of Your Family Member's Serious Health Condition

Page 3
Family Leave

1 Employee Applying for Family Caring Leave

Instructions ▶ Complete [Section 1](#) and [2](#). DFML needs to know your relationship with the family member to certify leave eligibility.

1 Your name:

First: Last:

2 (If different) Your name as it appears on official documents like a driver's license or W-2:

First: Middle: Last:

3 Phone #: - -

4 Date of birth: / /

5 Last 4 digits of your Social Security Number or Individual Taxpayer ID Number (ITIN):

6 Why are you applying for leave?

☐ To care for a family member with a serious health condition

☐ To care for a family member with a serious health condition related to military service

7 Occupation:

◀ If you are applying for your own serious health condition, this is not the correct form. You need the [Certification of Your Serious Health Condition](#).

The employee who is applying for paid leave to care for your patient should complete Section 1.

Employee's information



Certification Form – Family Leave

2 Family member information

Instructions ▶ DFML needs to know your relationship with the patient to certify leave eligibility.

8 The family member who is experiencing a serious health condition is my:

- ☐ Child
- ☐ Spouse or domestic partner
- ☐ Parent, or guardian who legally acted as my parent when I was a child
- ☐ Parent of my spouse or domestic partner
- ☐ Sibling
- ☐ Grandchild
- ☐ Grandparent

For more detailed definitions of what family members fall into each of these categories see www.mass.gov/family-caring-leave-relationships

9 Family member's name:

First: Last:

And Section 2 - New

Employee's family member information



Certification Form – Family Leave

- 10 Family member's name as it appears on official documents such as a driver's license or insurance documents (if different):

First: Middle: Last:

- 11 Family member's address:

Street:

Address line 2:

City:

State: Zip: Country:

Where your family member lives does not affect your eligibility. You can take paid family leave to care for a family member with a serious health condition no matter where they are.

- 12 Family member's date of birth:

/ /

- 13 Authorization:



I authorize The Department of Family and Medical Leave (DFML) to use the information on this form to determine my eligibility for Paid Family and Medical Leave. I attest that I am applying for paid leave to care for a family member with a serious health condition, and I agree that DFML can share this information with my employer, and employer affiliates, for the purpose of supporting my application for leave.

I certify that I have the authorization of the above-named family member to provide the information contained within this certification to the Department for purposes of determining my eligibility for paid family leave.

Employee

Signature:

/ /

And Section 2

Employee's family member information



Paid Family &
Medical Leave
MASSACHUSETTS



Certification Form – Family Leave

+ Health care provider

Health Care Provider Certification of a Serious Health Condition

3 Family Member's Serious Health Condition

Instructions ▶ This form should be filled out by **the healthcare provider of the patient**. The patient is the family member of the employee. The patient must have a serious health condition for the employee to qualify for paid leave to care for them. Answer all questions fully and completely.

14 Does the employee's family member (your patient) have a serious health condition as defined by the criteria on page 2?

☐ Yes ☐ No

◀ If not, then they are not eligible to be taken care of under family leave.

15 Which of the following criteria from page 2 apply to the patient's serious health condition?

- | | |
|---|--|
| <input type="checkbox"/> Requires, or did require inpatient care. | <input type="checkbox"/> Is chronic, requires treatments at least twice a year, and may require periodic absences. |
| <input type="checkbox"/> Has incapacitated or will incapacitate the patient for more than three consecutive full calendar days. | <input type="checkbox"/> Is long-term and requires ongoing medical supervision, with or without active treatment. |
| <input type="checkbox"/> Requires two or more medical visits within 30 days. | <input type="checkbox"/> Requires multiple treatments and would lead to a period of incapacity without treatment. |
| <input type="checkbox"/> Requires one medical visit, plus a regimen of care. | |

◀ Check all that apply.

16 When did the condition begin?

Start date: / /

◀ If this cannot be determined, provide a start date to the best of your ability.

17 Is this health condition related to the patient's military service?

☐ Yes ☐ No

◀ Check only one.

You, as the health care provider, should complete Sections 3-5

Section 3, Family Member's Serious Health Condition:

Confirm that your patient has a serious health condition and what criteria apply.

Estimate when the condition began and if it is related to the patient's military service



Certification Form – Family Leave

- 18 Describe the relevant medical facts and appropriate information related to the condition for which the patient needs care.

Medical facts may include symptoms, diagnosis, or any regimen of continuing treatment using specialized equipment.

- 19 Will the employee be required to take leave to care for the patient?

☐ Yes ☐ No

- 20 Describe the kinds of care related to the patient's condition that the employee will provide.

Examples of care may include providing medical, hygienic, nutritional or safety needs that the patient is unable to perform themselves; transportation to the doctor; etc.

You, as the health care provider, should complete Sections 3-5

Section 3, Family Member's Serious Health Condition:

Note any relevant medical information about your patient, that the patient will require care from another person and what some of those activities might be.



Certification Form – Family Leave

4 Estimate Leave Details

Instructions ► Provide your best estimate based on your medical knowledge, experience, and examination of the patient. Be as specific as you can be as terms like “unknown” or “indeterminate” may not be enough to approve a claim for paid leave benefits.

21 During this leave period, which of these patterns of leave do you expect the employee to need as a result of your patient’s condition?

☐

Continuous leave:

Completely unable to work for consecutive, uninterrupted days

☐

Reduced leave schedule:

A consistent but reduced schedule for multiple weeks

☐

Intermittent leave:

Multiple episodes of time off, which may be irregular or unexpected

◀ Check all that apply.

Subsections 4A, B and C: For every leave pattern you selected above, estimate details of that leave below. If the patient’s serious health condition requires an extension of the employee’s leave, then the employee can submit a new application with a new certification for additional leave needs.

Section 4, Estimate Leave Details:

- Provide your best estimate on what type of leave schedule will be needed.
 - Continuous
 - Reduced
 - Intermittent



Q & A



Common Questions

- 1. Can employees combine Medical and Bonding Leave?** An expectant mother or new mother is eligible to take medical leave during or after her pregnancy, if she has a serious health condition and certification from her health care provider that she is incapacitated from work due to the serious health condition. Birth mothers should apply for medical leave first prior to applying for family leave. They call us to start a claim for bonding leave after the medical leave.
- 2. Can employees extend their leave?** If your employee plans to extend their leave, they must notify the Department within fourteen (14) days of their leave end date and notify you at this time.



Resources

PFML Contact Center:

For questions about Benefits and Eligibility:

- (833) 344-7365 Hours of operation are Monday through Friday, 8am to 5pm
- Multilingual agents are available

DOR PFML Contact Center

For questions about Contributions and Exemptions:

- [\(617\) 466-3950](tel:6174663950) Hours of operation are Monday-Friday, 8:30 a.m. - 4:30 p.m.

Visit mass.gov/pfml

Refer to the regulations page for more detailed legal information and answers to your questions.



Thank you! Please visit our website for more information.

[Mass.gov/DFML](https://www.mass.gov/DFML)