PFML Health Care Provider Toolkit

Paid Family and Medical Leave, or PFML, is a benefit program for Massachusetts employees offered by the Commonwealth. This guide will help you understand the program and your role in the application process.
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PFML is a Commonwealth program designed to give Massachusetts employees the resources to manage their own serious health condition, the serious health condition of a family member, to manage the affairs of a family member on active duty, or to bond with a child. PFML provides temporary income replacement to eligible employees.

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.

### FMLA versus PFML

<table>
<thead>
<tr>
<th>Family and Medical Leave Act (FMLA)</th>
<th>Paid Family and Medical Leave (PFML)</th>
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<tbody>
<tr>
<td>• A federal law</td>
<td>• A state law</td>
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<tr>
<td>• Covers businesses with 50 employees or more</td>
<td>• Covers businesses with 1 or more employees</td>
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<tr>
<td>• Employees are eligible if they are employed for at least 12 months with 1,250 hours worked</td>
<td>• Employees are eligible if they have earned $5,700 in 12 months and earned 30 times their expected weekly benefit</td>
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<tr>
<td>• Employer is <strong>not responsible</strong> for any contributions</td>
<td>• Employer is responsible for <strong>collecting and sending</strong> PFML contributions on behalf of employees</td>
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<tr>
<td>• Benefits provided include job protection, and <strong>unpaid</strong> family and medical leave</td>
<td>• Benefits provided include job protection, and <strong>paid</strong> family and medical leave</td>
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What is PFML?
What types of leave are available?

<table>
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<tr>
<th>Family leave</th>
<th>Medical leave</th>
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<tr>
<td><strong>Up to 12 weeks</strong></td>
<td><strong>Up to 26 weeks</strong></td>
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**Leave to bond with a child**
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.

**Leave to care for a family member with a serious health condition**
Leave to care for a family member with a serious health condition. Activities can include:
- Providing daily living needs that the family member cannot perform due to their serious health condition
- Providing transportation support for their serious mental health condition
- Helping make arrangements for changes in care

**Leave to manage family affairs for active service members**
- 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.
- Leave to manage the affairs of a covered service member is for a total of 12 weeks and counts towards the 12-week allotment for family leave.

**Leave to manage a serious health condition**
Leave to care for an individual’s own serious health condition.
What is my role as a health care provider?

A health care provider is an individual licensed by the state, commonwealth, territory, or country in which the individual practices medicine, surgery, dentistry, chiropractic, podiatry, midwifery, or osteopathy.

This includes: podiatrists, dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse midwives, clinical social workers, physician assistants, and Christian Science Practitioners listed with the First Church of Christ, Scientists in Boston, Massachusetts.

Health care providers play a critical role in:

- Informing patients and their families about PFML benefits right at the point of care, when and where they need it
- Helping patients and their families understand how their PFML benefits can help them with their recovery and family health
- Providing necessary certification or documentation to patients and their families

The application process

Medical leave application

Part of an employee’s application is the Certification of Your Serious Health Condition form. You, as the medical provider, will need to attest to:

- Your patient’s serious health condition and how it is affecting their ability to work
- The duration and frequency of leave - you only need to give an estimate
- Upcoming patient needs for medical events, such as medical leave that will either precede or follow childbirth before leave to bond with a newborn

Family leave application

Part of an employee’s application is the Certification of Your Family Member’s Serious Health Condition form. You will fill out this form to attest to:

- Your patient’s serious health condition and how it is affecting their ability to take care of themselves
- The duration and frequency of leave - you only need to give an estimate
- Patient activities they might need help with, like driving to appointments or getting their meals and medication
A serious health condition is a physical or mental condition that prevents a patient from doing their job for more than 3 consecutive full calendar days, and requires 1 of these conditions:

- 2 or more treatments by a health care provider (in-person or during telehealth visits) within 30 calendar days of an inability to perform their duties
- Overnight stay in a hospital, hospice, or medical facility
- At least 1 treatment by a health care provider within 30 days of an inability to perform their duties, with plans for continued treatment, including prescriptions

Serious health conditions can include:

- Chronic conditions such as asthma or diabetes, that stop a patient from working some of the time, go on for some time, and require going to the doctor more than twice a year
- Permanent or long-term conditions such as Alzheimer's disease, stroke, or terminal cancer, that might not be curable and will need ongoing attention but will not necessarily require active treatment. For example: when a person is in hospice
- Conditions requiring multiple treatments, such as chemotherapy, kidney dialysis, or physical therapy after an accident
- Conditions due to pregnancy or post-birth recovery that prevent a patient from working, as certified by a health care provider
- Complications related to a diagnosis of COVID-19 that prevent a patient from working, as certified by a health care provider

Serious health conditions may not include:

- Substance Use Disorder may be considered a serious condition covered by family or medical leave if the patient is receiving treatment from a health care provider, by a provider of health care services on referral by a health care provider, or by a program licensed by the MA Department of Public Health
- Cosmetic surgery is not considered a serious condition and is not covered for family or medical leave unless inpatient hospital care is required or unless complications develop
What are caring leave activities?

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 preparing meals
- Providing transportation to the doctor or other facilities for appointments and treatment
- Providing support for their serious mental health condition, such as taking them to therapy or medication appointments for major depression
- Helping make arrangements for changes in care, such as a transfer to a nursing home

A patient can take leave to care for a family member for a variety of situations. Examples include:

- If the patient’s mother is having a hip replacement and needs help getting to and from physical therapy, they can take reduced leave, and work fewer hours per day, or fewer days per week in order to help her
- If the patient’s spouse is having surgery followed by extensive recuperation where they won’t be able to shower without assistance, they can take up to 12 weeks of continuous leave to help them out
- If a patient’s child is undergoing chemotherapy and has bouts of nausea, weakness, and pain, they can take intermittent leave when they need to care for them
What documents will I need to complete?

Certification of Your Serious Health Condition Form

Certification of Your Family Member’s Serious Health Condition Form

- For patients requesting medical leave due to their own serious health conditions
- For patients requesting medical leave to care for a family member with a serious health condition
- For patients requesting medical leave to care for a family member who is a covered service member with a serious health condition

Certification of Your Serious Health Condition Form

Section 1: Employee Applying for Paid Medical Leave

The employee, your patient, who is applying for paid leave, is responsible for completing Section 1.

Section 2: Patient’s Serious Health Condition

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

In Section 2, confirm that your patient has a serious health condition and what criteria apply.
Section 2: Patient’s Serious Health Condition (Cont.)

Detail your patient’s serious health condition, including medical visits, regimen of care, and any other pertinent details.

Let us know when the condition began, to the best of your ability.

Confirm if the condition is a job-related injury or pregnancy-related.

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Section 3: Estimate Leave Details

Provide your best estimate on what type of leave schedule will be needed: continuous, reduced, intermittent, or a combination of the three.

**Continuous Leave**
Full-time leave taken without interruptions

**Reduced Leave**
Consistent schedule that is less than an employee’s regular work schedule

**Intermittent Leave**
Leave taken in multiple episodes of time off, which may be irregular or unexpected
Certification of Your Family Member’s Serious Health Condition Form

Section 1: Employee Applying for Family Caring Leave

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

Section 2: Family Member Information

The employee should enter information about their family member, your patient, to complete Section 2.

Section 4: Provider’s Certification & Information

Provide information on your certification, and area of practice or medical specialty.
Section 3: Family Member’s Serious Health Condition

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

In Section 3, 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.

Note any relevant medical information about your patient that shows that they will require care.

Section 4: Estimate Leave Details

Provide your best estimate on what type of leave schedule will be needed: continuous, reduced, intermittent, or a combination of the three.

Continuous Leave
Full-time leave taken without interruptions

Reduced Leave
Consistent schedule that is less than an employee’s regular work schedule

Intermittent Leave
Leave taken in separate periods of time due to a single qualifying reason
Section 5: Provider's Certification & Information

Provide information on your certification, and area of practice or medical specialty.

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<td><strong>Section 5: Provider's Certification &amp; Information</strong></td>
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<td><strong>Instructions</strong></td>
<td>Sign and date to agree to this declaration. Provide the relevant licensing and contact information about your practice or business. Before returning the form to the employee, review to be sure you have initialed Sections 1-4.</td>
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Can my patients 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.

If, as her health care provider, you feel she needs to take medical leave during or after pregnancy in addition to the 12 weeks of family leave to bond with a child, you will need to fill out a Certification of Your Serious Health Condition form for your patient.

Is there anything else I should know?

Birth mothers should apply for medical leave first prior to applying for family leave to bond with a child. They can then call the PFML Contact Center at (833) 344-7365 to start an application for family leave to bond with a child.

Can my patients extend their leave and do I need to fill out the form for them again?

If your patient plans to extend their leave, they must notify DFML within fourteen (14) days of their leave end date and notify their employer at this time.

Health care providers can confirm the extension with the same form if it is filed within this time period. If your patient files after 14 days, they will need to start a new application and get a new medical form filled out by you.