



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



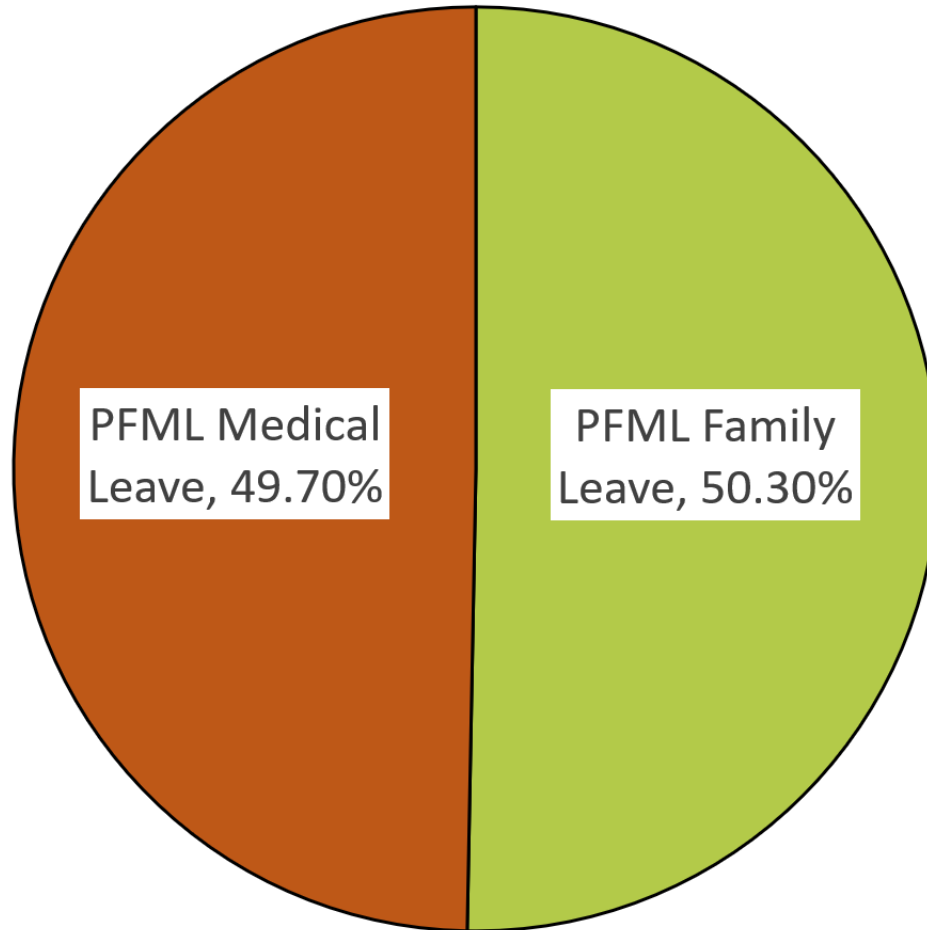


How is PFML different than FMLA?

	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



Type	Count	Paid
PFML Family Leave	81,993	\$70,990,278.05
PFML Medical Leave	80,940	\$ 85,538,943.91



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

Caring



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

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

Medical Leave

Own Medical



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

Up to a total of 12 weeks

Up to 26 weeks

Up to 20 weeks

Aggregate up to 26 weeks in a benefit year

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 applications 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 applications.



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 by providing a written overview and displaying a poster
- **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



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.*



How is an Employer Notified about Applications?

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 application has been completed by DFML.



Reviewing Applications - 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.



Reviewing Applications - Verification

Confirm all instances of other paid and unpaid leave that the employee has taken, including:

- [Unemployment insurance](#)
- [Worker's compensation](#)
- [Social Security programs](#)
- [Temporary Disability or paid family and medical leave benefits through your employer](#)
- [Sick time through your employer](#)
- [Paid time off through your employer](#)
- [School breaks/vacation time for educators](#)

Enhancements to the application and employer websites to report other leaves and wage replacement will be live July 15th.



Reviewing Applications: Leave Types

- **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

leave_admin@outlook.com [Log out](#)

Paid Family and Medical Leave Portal

Welcome

Dashboard

Dashboard

Applications will not have a status until the Department has made a decision.

Viewing 1- 20 of 98 results

[< Previous](#) **1** [2](#) [3](#) [4](#) [5](#) [Next >](#)

Employee name	Application ID	Organization	Employer ID number	Date filed ↕	Status
Katherine Johnson	NTN-101-ABS-01	Alphabet Bites	11-1111111	2/29/2021	
Jane Doe	NTN-102-ABS-01	ChewChew	22-2222222	2/25/2021	
Stacey Abrams	NTN-103-ABS-02	Sweet Treats LLC	33-3333333	2/22/2021	
Katherine Johnson	NTN-111-ABS-01	ChewChew	22-2222222	2/21/2021	
Alice Walker	NTN-121-ABS-01	ChewChew	33-3333333	2/21/2021	
John S. Lewis	NTN-122-ABS-01	Alphabet Bites	11-1111111	2/16/2021	DENIED
RuPaul Charles	NTN-123-ABS-01	Alphabet Bites	11-1111111	2/15/2021	
Mae C. Jemison	NTN-124-ABS-01	ChewChew	22-2222222	2/10/2021	
Marie Daly	NTN-122-ABS-01	Sweet Treats LLC	33-3333333	2/05/2021	APPROVED
Edward Bouchet	NTN-121-ABS-01	Sweet Treats LLC	33-3333333	1/30/2021	APPROVED

- Dashboard view for the employer to log in and view all employee applications in one place
- Bookmark is paidleave.mass.gov/employers/dashboard
- View and manage applications across 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.**



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

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.



What is a Serious Health Condition?

DFML defers to the expertise of the employee's health care provider in order to make a determination on an application. Health care providers attest to the employee's serious health condition on the DFML or the FMLA form.

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.

DFML

MA

Department of
Family and Medical Leave

Overview of Family Leave to Care for a Family Member



Highlights for Family Leave - Caring



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?

Family Leave

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?

Family Leave

Caring



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

Employees can only take **12 weeks total** of PFML family leave during the benefit year. For example, PFML family leave to bond with a child and/or family leave for family members who are active service members taken between Jan 1-Jun 30 **will reduce the 12-week allotment**.

Exception:

However, leave taken prior to July 1, 2021, through another program to care for a family member with a serious health condition, does **not reduce the 12-week allotment**.

For all types of leave, employees cannot exceed 26 weeks total in the benefit year.



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:

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

Employee's information

◀ 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](#).



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

Employee's family member information



Certification Form – Family Leave

And Section 2

Employee's family member information

- 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:

/ /



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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.



Common Questions

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. If her health care provider, feels she needs to take medical leave during or after pregnancy, they will need to fill out a **Certification of your Serious Health Condition form** for the employee.

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



Common Questions

Can my employees extend their leave, and do they need to fill a new application?

If an employee plans to extend their leave, they must notify the Department within fourteen (14) days of their leave end date and notify you, 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 the employee files after 14 days, they will need to start a new application and get a new medical form filled by their health care provider.



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.



Q & A



Thank you! Please visit our website for more information.

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