



Information for Health Care Providers

June 13, 2018



Paid Family
Leave

Agenda

- 1. Uses of Paid Family Leave**
- 2. Benefits**
- 3. Employee Contributions**
- 4. Eligibility**
- 5. Health Care Providers' Role**
- 6. Top Questions**
- 7. Resources**
- 8. Questions**

The Basics of Paid Family Leave

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



**Paid Family
Leave**

Paid Family Leave Basics

Provides **Paid Time Off** and **Job Protection** so employees can:



Bond with a new child



Care for a sick family member



Assist loved ones when a family member is deployed abroad

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**Paid Family
Leave**

Bonding with a Child

Provides for both parents to bond with a child within the first 12 months of:

Birth

Adoption

**Foster
Care**

Caring for a Sick Family Member

Provides paid time off to care for:

- a family member
- with a serious health condition

Caring for a Sick Family Member

Qualifying family members include:

- spouse
- domestic partner
- child
- stepchild
- parent
- parent-in-law
- stepparent
- grandparent
- grandchild

These family members
can live outside of New
York State and even
outside the U.S.

Caring for a Sick Family Member

A serious health condition is an illness, injury, impairment, or physical or mental condition requiring either:

1. **inpatient care;** or
2. **continuing treatment or supervision** by a health care provider

Caring for a Sick Family Member

Reason	Examples
Chronic serious health condition that continues over an extended period of time, requires periodic treatment visits and may cause episodic periods of incapacity	Asthma, diabetes, epilepsy, psychosis, schizophrenia, bipolar disorder, or post-traumatic stress disorder (PTSD)
Long-term or permanent period of treatment that may not be effective and the family member is under continuing supervision	Alzheimer's disease, severe stroke, or terminal stage of a disease
Treatment or recovery from restorative surgery after an accident or other injury, or a condition that would likely result in a period of incapacity of more than three consecutive full days in the absence of treatment	Cancer (chemotherapy and radiation), severe arthritis (physical therapy), or kidney disease (dialysis)
A period of more than three consecutive full days involving treatment two or more times by a health care provider or treatment on at least one occasion followed by continuing treatment under supervision	A course of prescription medication as a regimen of continuing treatment

Assisting During a Military Deployment

For assistance when a spouse, child, domestic partner or parent of an employee is deployed abroad on active military service, including:

- Short notice military deployment
- Military events; related activities
- Service member's rest, recuperation or counseling
- Post-deployment activities
- Making financial/legal arrangements
- Child care arrangements for military member's child

Benefits

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**Paid Family
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Time Off Benefits

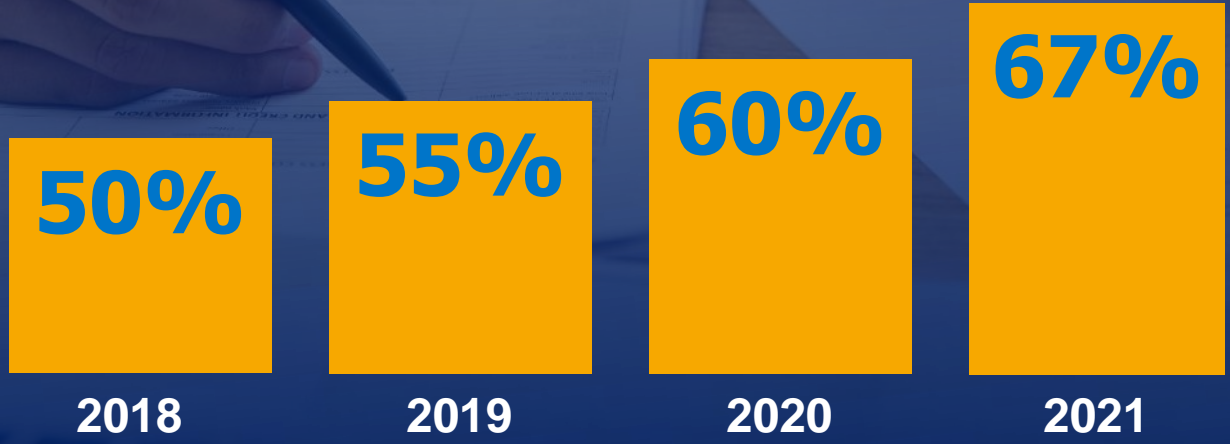
Time off benefits **phased in** starting January 1, 2018 at **8 weeks** and will reach **12 weeks** by 2021



* The Department of Financial Services will review the marketplace every year before benefits are increased

Wage Benefits

Benefits **phased in** starting January 1, 2018 at **50%** of an employee's average weekly wage and will reach **67%** by 2021



* Benefits will be capped at the designated percentage of the New York State Average Weekly Wage

Employee Rights and Protections

Employees have paid time off and:

- **Job Protection**
- **Health insurance** continued while on leave
 - Employees continue paying their share, if any
- **Protection from discrimination and retaliation** for requesting or taking Paid Family Leave

Employee Contributions

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How Much Do Employees Pay?

- Employees pay for these benefits through a small weekly payroll deduction
- The 2018 payroll contribution is 0.126% of an employee's weekly wage
 - Contributions are capped at an annual maximum of \$85.56
 - If an employee earns less than the NYS Average Weekly Wage, their annual contribution will be less than the cap

Example: If an employee earns **\$27,000 this year (\$519 a week)**, they will pay about **65 cents** per week for Paid Family Leave

Examples for 2018 Paid Family Leave Coverage

Weekly Salary	Weekly PFL contribution	Maximum PFL Time Off	Weekly Pay on PFL	Maximum Paid Benefit
\$500 (\$26,000 annually)	\$0.63/week (\$32.76 annually)	8 weeks	\$250	\$2000
\$1305.92 (\$67,907 annually)	\$1.65/week (\$85.56 annually)	8 weeks	\$652.96	\$5223.68

Employee Eligibility

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**Paid Family
Leave**

Who is Eligible?

- **Most employees who work for private employers**
- **Public employers may opt in**
- **Public employees represented by a union may be covered if Paid Family Leave is collectively bargained**

Who is Eligible?

Employees are eligible if they regularly work:

- **20 or more** hours per week
 - For **26** consecutive weeks
- **Less than 20** hours per week
 - For **175** days

Employees are eligible regardless of their **citizenship and/or immigration status**



Paid Family Leave is Now in Effect: What is the Health Care Provider's Role?

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**Paid Family
Leave**

What is the Health Care Provider's Role?

Health care providers **play a critical role** in:

- **Educating** patients and their families
- **Helping patients receive the care and support they need**
- **Providing necessary certification or documentation to patients and their families**

Qualifying Health Care Providers:

The following health care providers, within their scope, may complete necessary documentation for Paid Family Leave:

- Physician
- Physician Assistant
- Physical Therapist
- Nurse Practitioner
- Registered Professional Nurse
- Podiatrist
- Optometrist
- Psychologist
- Clinical Social Worker
- Occupational Therapist
- Midwife
- Mental Health Practitioner
- Speech–language pathologist
- Audiologist

To certify a request for leave, a valid medical license is required.

Bonding: Health Care Provider's Role

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**Paid Family
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Why Paid Family Leave for Bonding is So Important

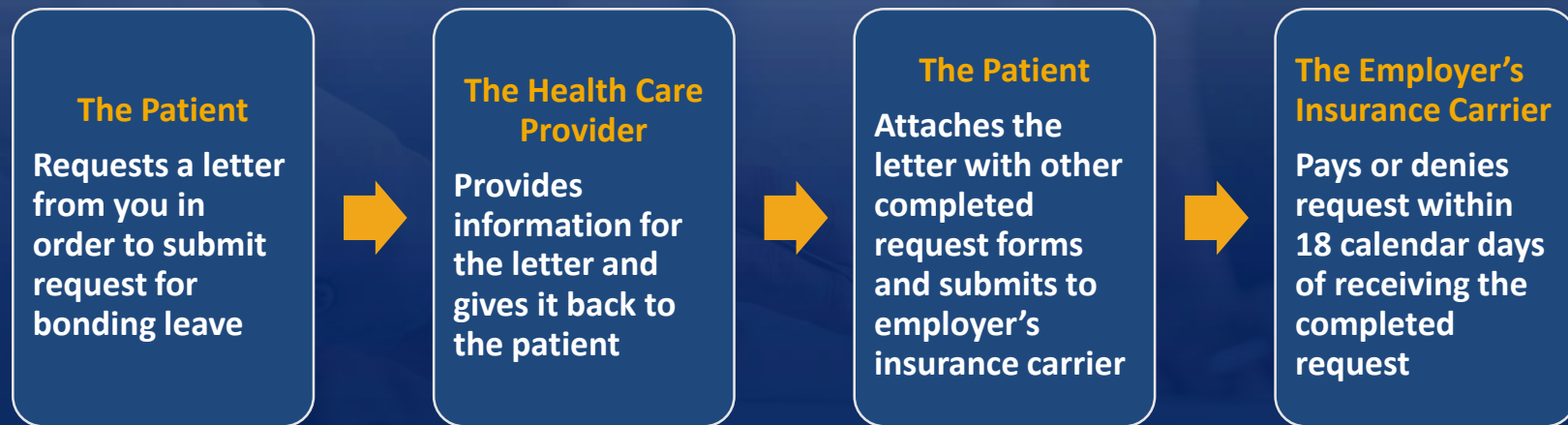
- **New mothers have fewer postpartum depression symptoms, higher breastfeeding rates, and breastfeed longer**
- **Parents are less stressed and have stronger parent-child bonding**
- **Infants have fewer infections and are generally healthier**

Bonding Leave - Certification of Pregnancy/Birth

The letter to certify bonding leave for the birth mother must include:

- the mother's name;
- the expected due date for the child's birth or the actual date of the child's birth;
- the physician/provider's name, address and phone number, and medical credentials (information on the letterhead may be sufficient)

Handling Bonding Leave Requests for Paid Family Leave



Family Care: Health Care Provider's Role

Helpline: (844) 337-6303

Website: www.ny.gov/PaidFamilyLeave



Paid Family
Leave

Why Paid Family Leave for Family Care is So Important

- Shorter hospital stays and improved health outcomes
- Satisfaction and personal growth for the caregiver
- Peace of mind that employees can provide needed care for their family without losing their job or income

Family Care- Release of Personal Health Information

RELEASE OF PERSONAL HEALTH INFORMATION BY THE HEALTH CARE PROVIDER FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION (to be completed by the care recipient or authorized representative and submitted to care recipient's health care provider with Form PFL-4)

Care recipient's (patient's) name _____

I, _____, authorize my health care provider listed on this form to

release my personal health information to _____ and their

PFL insurance carrier's name _____

employer's PFL insurance carrier _____

Records Subject to Release: This form gives the health care provider listed permission to include information from your health care records on the attached medical certification. This form gives your health care provider permission to release only the information in your health care records that relate to your current condition, which is the subject of the employee's request for Paid Family Leave benefits.

Duration of Revocable Release: This authorization ends after one year, or when you revoke the release. You can cancel this release at any time. To cancel, send a letter to the health care provider listed on this form.

This form does NOT allow your health care provider to release the following types of information, unless you specifically permit such release. Put an "X" next to any information your health provider MAY release.

HIV/AIDS related information Mental health information Alcohol/drug treatment Psychotherapy notes

Health Care Provider Information (to be completed by the care recipient or authorized representative)

Identify the health care provider who is currently providing you with treatment for a condition that is subject to the employee's request for PFL benefits.

- Health care provider's name**

- Health care provider's mailing address**
Mailing address

City, State _____ Zip code _____ Country (if not U.S.A.) _____
- Health care provider's telephone number** (provide area or country code)

Form PFL-3 continued on next page

FORM PFL-3 - CONTINUED FROM PRIOR PAGE

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Care recipient's (patient's) name (first name, middle initial, last name) _____ Care recipient's (patient's) date of birth (MM/DD/YYYY)
_____/_____/_____

RELEASE OF PERSONAL HEALTH INFORMATION BY THE HEALTH CARE PROVIDER FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION (to be completed by the care recipient or authorized representative and submitted to care recipient's health care provider with Form PFL-4) - continued from prior page

Form PFL-3 continued from prior page

Care Recipient Information (to be completed by the care recipient or authorized representative)

- Care recipient's mailing address**
Mailing address

City, State _____ Zip code _____ Country (if not U.S.A.) _____
- Care recipient's Social Security Number** _____ - _____ - _____
- Care recipient's telephone number** (provide area or country code)

READ AND SIGN BELOW

I hereby request that the health care provider listed give a completed Health Care Provider Certification For Care Of Family Member With Serious Health Condition (Form PFL-4) to the employee identified on the PFL-4 form. I understand that such information includes a diagnosis and prognosis of my current condition, the date it commenced, and any estimation of the amount of care that I require from the employee requesting PFL benefits as a result of my current condition.

Care recipient's signature _____ Date signed (MM/DD/YYYY) _____
_____/_____/_____

Authorized representative

Print name _____

I, _____, represent the care recipient in this matter as authorized by:

Parental right Power of attorney (attach copy) Court order (attach copy) Health care proxy (attach copy)

Authorized representative's signature _____ Date signed (MM/DD/YYYY) _____
_____/_____/_____

The employee should retain a copy for their own records.

Family Care – Medical Certification

HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION (to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)

Patient Information / family member with serious health condition (to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)

1. Does patient require care by the employee requesting Paid Family Leave (PFL)?

Yes No (If no, skip to "Health Care Provider Information".)

Note: For the purposes of this section, "providing care" may include necessary physical care, emotional support, visitation, assistance in treatment, transportation, arranging for a change in care, assistance with essential daily living matters, and personal attendant services.

2. Primary ICD-10 code (optional)

3. Diagnosis

4. Date patient's condition commenced (MM/DD/YYYY) / /

5. First date care for patient is needed (MM/DD/YYYY) / /

6. Expected date patient will no longer require care (MM/DD/YYYY) / /

7. Estimated number of days per week OR days per month patient requires care Days/week OR Days/month

Health Care Provider Information (to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)

8. Health care provider's name

Form PFL-4 continued from prior page

Providers may **refuse to provide certification** to perpetrators of domestic violence or child abuse against the care recipient.

Family Care – Medical Certification

HEALTH CARE PROVIDER CERTIFICATION FOR CARE OF FAMILY MEMBER WITH SERIOUS HEALTH CONDITION
(to be completed by the health care provider for the care recipient (patient) and returned to the employee identified above)
- continued from prior page

Form PFL-4 continued from prior page

9. Type of health care provider:

<input type="checkbox"/> Medical Doctor (MD)	<input type="checkbox"/> Dentist (DDS/DDM)	<input type="checkbox"/> Licensed Social Worker (LMSW/LCSW)
<input type="checkbox"/> Doctor of Osteopathy (DO)	<input type="checkbox"/> Physician's Assistant (PA)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Doctor of Podiatric Medicine (DPM)	<input type="checkbox"/> Nurse Practitioner (NP)	
<input type="checkbox"/> Doctor of Chiropractic Medicine (DC)	<input type="checkbox"/> Licensed Psychologist	

10. Health care provider's mailing address

Mailing address _____

City, State _____ Zip code _____ Country (if not U.S.A.) _____

11. Health care provider's telephone number (provide area or country code) _____

12. Health care provider's fax number (provide area or country code) _____

13. Health care provider's email address (if available) _____

14. State or country (if not U.S.A.) in which health care provider is licensed to practice _____

15. Specialty _____

16. Health care provider's license number _____

Certification and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

My signature attests that the information I have provided in this form is based on my professional assessment within my licensed scope of practice.

Health care provider's signature _____ Date signed (MM/DD/YYYY) / /

Handling Family Care Requests for Paid Family Leave



Timely Completion of the Provider Certification Form

Health care providers must:

- Answer their portion of the *Health Care Provider Certification for Care of a Family Member with Serious Health Condition (Form PFL-4)* in order for the family member to take Paid Family Leave
- Recognize that timely completion of this form is critical to the family member submitting their completed request for Paid Family Leave. Family members must submit **within 30 days of start of leave** or risk losing benefits

Handling Disputes

- **If an employee's Paid Family Leave request is denied, they may request a review by a neutral arbitrator**
- **Additional medical records may be needed if the employee's request is denied**
- **An independent medical examination may be requested**

Top Questions on Paid Family Leave for Health Care Providers

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**Paid Family
Leave**

Can Paid Family Leave be used for patients who live outside of New York or the country?

- **Location of the patient does not matter as long as the family member (employee) providing care is in close proximity during the majority of the leave period**
- **Out-of-state/out-of-country health care providers responsible for completing medical certification**

How are Paid Family Leave and the Federal Family and Medical Leave Act (FMLA) similar?

The federal Family Medical Leave Act is a United States labor law that provides job-protected, unpaid leave for employees for qualified medical and family reasons

How are Paid Family Leave and FMLA similar?

Both Paid Family Leave and the Family and Medical Leave Act provide:

- Leave for :
 - bonding with a child
 - caring for sick family members
 - assisting family when a service member is deployed abroad
- Job protection
- Continued health insurance during leave

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**Paid Family
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How do Paid Family Leave and FMLA Differ?

	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> All private employers Public employers may opt in One or more employees in any calendar year 	<ul style="list-style-type: none"> Public and private employers 50 or more employees in a 75-mile radius
Eligibility	<ul style="list-style-type: none"> After 26 consecutive weeks of employment if regularly working 20 or more hours per week After 175 days worked if regularly working less than 20 hours per week 	<ul style="list-style-type: none"> 12 months of employment 1,250 hours of work in the 12-month period preceding leave
Reason for Leave	<ul style="list-style-type: none"> Employees cannot use for own serious health condition Can be used to care for a child of any age 	<ul style="list-style-type: none"> Employee can use for own serious health condition Can only be used to care for a child if the child is under 18 years old, or "incapable of self-care because of a mental or physical disability"
Length of Leave	<ul style="list-style-type: none"> Only in full-day increments 	<ul style="list-style-type: none"> Hourly basis
Paid Time Off	<ul style="list-style-type: none"> Employers cannot require employees use paid time off while on PFL 	<ul style="list-style-type: none"> Employer can compel an employee to use paid time off while on FMLA

If PFL and FMLA run concurrently, do I have to certify leaves separately?

Not directly stated in law and regulations but may depend on:

- The insurance carrier's business processes
- The employer's practice on designating leave under FMLA

Employee seeking leave should tell you whether both forms are necessary

How long is the release of personal health information valid for?

- Health care providers should keep a copy of the release on file
- The release will be valid for **one year**, or earlier if your patient revokes it

How much time do I have to complete the certification form?

- Complete *Form PFL-4* **as soon as possible**
- Employees must submit *Form PFL-4* to their employer's Paid Family Leave insurance carrier **within 30 days of the start of their leave** or risk losing Paid Family Leave benefits

Can I refuse to complete the certification?

You can decline to complete *Form PFL-4* if you believe that leave is not warranted

For example:

- The patient's health condition is not serious
- The patient's family member is the perpetrator of domestic violence or child abuse against your patient

Paid Family Leave is Here

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Learn More

Visit [ny.gov/PaidFamilyLeave](https://www.ny.gov/PaidFamilyLeave) to access:

- Detailed information on Paid Family Leave
- Paid Family Leave Request Forms
- Frequently asked questions
- Fact Sheets and FAQs

Learn More

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(844) 337-6303

Website:
ny.gov/PaidFamilyLeave

Get Email Updates:
Select "Get Updates" on the bottom of PFL website

GET UPDATES

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Website: **www.ny.gov/PaidFamilyLeave**



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Questions?

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