## Licensed Health Professionals' Guide to Paid Family Leave



C A L I F O R N I A PAID FAMILY LEAVE moments matter.



#### What Is Paid Family Leave?

Paid Family Leave (PFL) provides partial-wage-replacement benefits by replacing about 60-70 percent of a California worker's paycheck. PFL allows eligible workers benefits when they take time off work to care for a seriously ill family member, to bond with a new child, or to participate in a qualifying military event. PFL benefits are available for a maximum of 8 weeks within a 12-month period. Citizenship and immigration status do not affect eligibility.

### What Is a Care Claim?

A care claim is when an eligible individual takes time off of work to care for family – a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner. They must show proof of illness and the need for care, this means a medical certification from you, the licensed health professional.

#### What is considered a serious health condition under PFL?

A serious health condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, residential health care facility, or at home, or continuing supervision by a health care provider.

# Bonding With a New Child

Bonding claims provide mothers, fathers, registered domestic partners, or foster care/ adoptive parents partial-wage-replacement benefits for the time they take off work to bond with their new child. This does not require medical certification.

#### What is Military Assist?

Military assist claims allow the eligible individual partial-wage-replacement benefits to take time off work to take part in a qualifying event resulting from a spouse, registered domestic partner, parent, or child's military deployment to a foreign country. This does not require medical certification.

#### What Is My Role as a Licensed Health Professional?

You must determine if your patient's physical or mental health condition requires physical care or emotional support from a family member. In certain instances, more than one individual may be eligible to receive PFL benefits to care for the same family member.

Be sure to include the following in your medical certification:

- Your name.
- Your medical license number.
- Your signature.
- Your patient's diagnosis and corresponding International Classification of Diseases (ICD) code. An estimated duration (including number of hours per day) your patient will need care provided by a family member.
- An estimated date when that care is no longer necessary/prognosis date.





#### How Do I Submit a Medical Certification?

You or your designated representative can complete the medical certification of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F) online through <u>SDI Online</u> (edd.ca.gov/ SDI\_Online) or by mail.

- **Online:** Enter the receipt number (provided by the individual filing for EDD benefits) and their last name. In order to submit your portion online, the individual filing for benefits must have already submitted their part of the DE 2501F electronically. For stepby-step directions on how to complete your portion online, visit <u>SDI Online Tutorials</u> (edd. ca.gov/disability/SDI\_Online\_Tutorials.htm).
- Mail: Complete Part D of the Physician/ Practitioner's Certification of the DE 2501F paper form.

#### Who Can Certify to an Illness for PFL?

The following are authorized to either certify online through SDI Online or sign Part D of the Physician/ Practitioner's Certification of the *Claim for Paid Family Leave (PFL) Benefits* (DE 2501F):

- Licensed medical or osteopathic physician/surgeon.
- Medical Officer of a US government facility or registrar of a county hospital in California.
- Chiropractor.

- Podiatrist.
- Optometrist.
- Dentist.
- Psychologist.
- Accredited religious practitioner.
- Nurse practitioner or physician assistant after examination and collaboration with a physician and/or surgeon.



#### Additional Considerations

- If your patient's recovery date is less than eight weeks, you may receive a Paid Family Leave (PFL) Supplemental Claim Certification (DE 2525XFA) to complete and return if your patient requires additional care/support from the person caring for them.
- If the estimated period of care for your patient is longer than normal, we may contact you for additional medical information to confirm your patient's extended illness/ disability period.
- We may request an examination by an independent medical examiner to determine the extent of your patient's illness or disability. The examiner submits a report that confirms or adjusts the extent and/or duration of the need for care or illness/disability. We may deny or discontinue benefits if an independent medical examiner decides your patient's illness is not a serious health condition, as defined by PFL.

#### Disclosure of Medical Information

Your patients (care recipients) with serious health conditions authorize disclosure of their medical information to us by their licensed health professionals when they sign the PFL claim form. Because the PFL claim must be completed before any benefits are paid, we will not contact you to discuss your patients' conditions without their prior authorization.

If we need to contact you, questions will be limited to the information you provided about the care recipient on the claim form.

For more information, visit <u>California Paid</u> <u>Family Leave</u> (edd.ca.gov/PaidFamilyLeave).

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.