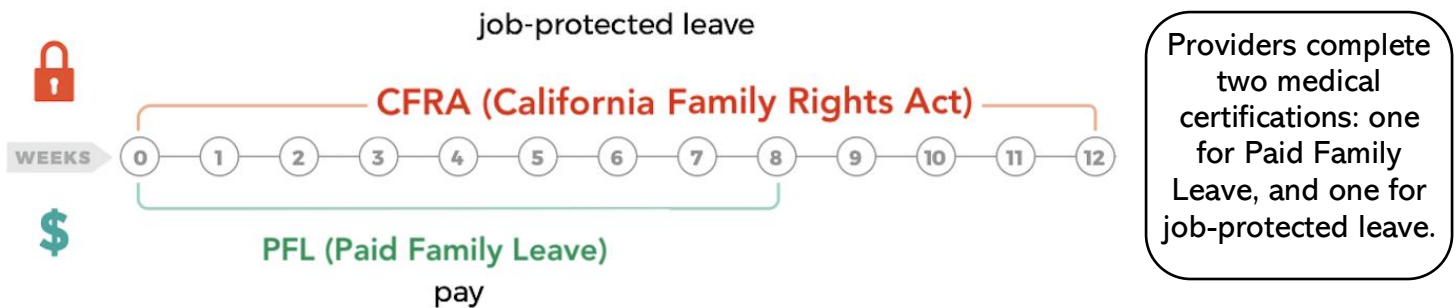


Tips for Health Care Providers Certifying California Paid Family Leave Claims and Job-Protected Leave for Family Caregivers

Most workers in California have the right to Paid Family Leave benefits and job-protected leave to care for their seriously ill family members. Health care providers play an important role in certifying family caregivers' need for leave from work to care for their patients' serious health conditions. This tip sheet answers frequently asked questions from providers about how to complete medical certifications for Paid Family Leave (PFL) benefits and job-protected leave under the California Family Rights Act (CFRA).



CFRA: 12 weeks per year of job-protected leave. Eligible if worked 1,250 hours in year prior, worked at least 1 year for same employer, employer has 5+ employees.

PFL: 8 weeks per year of partial wage replacement benefits. Eligible if contributed through paycheck deductions.

Overview

1. **Paid Family Leave (PFL) provides up to 8 weeks of partial pay per year to eligible workers in California to care for a seriously ill family member.** PFL does not protect a worker's job or ensure that they can return to their job after their caregiving leave; however, separate laws may provide job protection. (See below.)
2. **PFL provides 60 or 70% of a worker's pay, up to a cap.** Starting in January 2025, benefits will increase to 90% for most low and middle-income workers, and 70% for higher earners.
3. PFL is entirely worker-funded, and **most private employees in California contribute to the program through paycheck deductions** and are therefore eligible. Contributions appear as "SDI" or "CASDI" on most paychecks.
4. Workers can apply for PFL online at edd.ca.gov or with a paper application. To receive PFL to care for a family member with a serious illness, **the claimant must**

submit a medical certification to the Employment Development Department (EDD) from the patient's health care provider.

5. **Separate laws with different eligibility requirements provide 12 weeks of job-protected leave per year.** These include the California Family Rights Act (CFRA) and the federal Family and Medical Leave Act (FMLA).
 - a. To be eligible for job-protected leave under the CFRA, an employee must work for an employer that has 5+ employees nationwide, have worked at least 1 year with the employer, and have worked 1,250 hours in the prior year. **A worker may need to provide their employer with a separate medical certification to support their request for job-protected leave.**

** CFRA and FMLA generally run at the same time and cover the same caregiving needs; however, more workers in California qualify for CFRA than for FMLA, CFRA covers more family members than FMLA (including chosen and extended family), and CFRA has stronger privacy protections than FMLA. This tip sheet therefore focuses on CFRA leave.*

Medical Certifications for Paid Family Leave

To enable a family caregiver to receive wage replacement and have their job protected, a healthcare provider must fill out two certifications, one for PFL to the EDD and one for job-protected leave to the caregiver's employer.

The PFL medical certification form requires you to certify that your patient has a serious health condition that requires care from a family member. **The PFL recipient is not your patient, but your patient's caregiver.**

What is a serious health condition?

A serious health condition for PFL purposes is an illness, injury, impairment, or physical or mental condition that requires:

- Continuing care by a physician or health care practitioner (e.g., cancer or dementia)
OR
- At-home or in-patient care in a hospital, hospice, or residential medical care facility (e.g., a heart condition requiring surgery and an overnight stay at the hospital)

Who can certify a serious illness for Paid Family Leave?

The following licensed physicians or practitioners are authorized to certify a care recipient's serious illness:

- Licensed medical or osteopathic physician/surgeon
- Nurse practitioner or physician assistant after examination and collaboration with a physician and/or surgeon

- Psychologist
- Optometrist
- Dentist
- Medical Officer of a US government facility or county hospital registrar in California
- Chiropractor
- Podiatrist
- Optometrist
- Dentist
- Accredited religious practitioner

Note that a broader list of health care providers can certify a serious illness for purposes of job-protected leave under CFRA/FMLA, including nurse-midwives and clinical social workers - but in order to certify PFL benefits from the EDD, the health care provider completing the certification must be in the list above.

What must a medical certification for a PFL claim include?

- Your patient’s diagnosis as well as the corresponding ICD code. *Note that this diagnosis goes to the Employment Development Department, not to the caregiver’s employer.*
- Your medical license number
- The estimated date your patient will no longer require care
- The estimated duration your patient will need care provided by the family member
- Your signature

How do I submit my medical certification to the EDD as part of a caregiver’s PFL claim?

If your patient’s caregiver is filing their PFL claim **electronically through SDI Online:**

- You or your designated representative (e.g. an assistant) can submit your medical certifications electronically through SDI Online.
- To submit your portion online, make sure to enter the receipt number, which is provided to the individual filing for EDD benefits, and the caregiver’s last name.
- You can create an account by visiting edd.ca.gov/disability/SDI_Online.htm.
- Note that you can only submit your portion once the individual filing for benefits has submitted their part of the form.
- For step-by-step directions, go to edd.ca.gov/disability/SDI_Online_Tutorials.htm

If your patient’s caregiver is **filing their PFL claim by mail:**

- Complete and sign part D – Physician/ Practitioner’s Certification of form DE 2501F, and give the form to your patient’s caregiver so they can submit it to EDD.
- Fill out the form in uppercase letters in black ink.

Medical Certifications for Job-Protected Leave

The California Family Rights Act (CFRA) and the federal Family and Medical Leave Act (FMLA) provide eligible employees with the right to 12 weeks unpaid, job-protected leave each year to care for a seriously ill family member. A caregiver may apply to EDD for PFL to get paid for 8 of these 12 weeks.

An employer may require an employee to provide a medical certification to support their request for caregiving leave. This certification is separate from the Paid Family Leave certification, which goes to the EDD.

What must a medical certification for job-protected family caregiving leave include?

A certification for job-protected leave to care for a family member should contain:

- The fact that the family member has a serious health condition. **You should not provide the diagnosis in the certification that goes to the caregiver's employer.**
 - Note that the federal FMLA form asks for medical facts about the patient's condition. In California, employees do not need to disclose specific medical facts or diagnoses to their employer.
- The date when the serious health condition began.
- The probable duration of the condition, including estimated return to work date. If the patient is not ready to return to work on this date, you can provide another certification with a new return to work date.
- A statement that the person's health condition requires the participation of a family member to provide care or supervision.

Case Study: Lisa and Norma

Lisa is a drugstore clerk and needs to take time off work to care for her mom, Norma, who has Alzheimer's. Norma can no longer live alone, and Lisa needs leave from work to care for her while they search for a residential care facility and arrange her mother's move. Lisa will need to be out of work for eight weeks.

Lisa is eligible for job-protected leave under the California Family Rights Act (CFRA) since her employer has at least 5 employees nationwide, she has worked for over a year, and she has worked for at least 1,250 hours within that year. She is also eligible to receive Paid Family Leave (PFL) benefits because she had been paying into the fund through paystub deductions. Lisa asks you to complete a medical certification for her job-

protected leave and for her ability to collect PFL benefits during the 8 weeks she is unable to work.

Sample Certification Forms

CFRA (California Family Rights Act) Leave Medical Certification

CERTIFICATION OF HEALTH CARE PROVIDER

for California Family Rights Act (CFRA) or Family and Medical Leave Act (FMLA)



1. Employee Name: Lisa Daughter

2. Patient's Name (if other than employee): Norma Mother
Is patient the employee's family member (i.e., child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, domestic partner, or designated person)?
Note: "child" includes a biological, adopted, foster child, a stepchild, a legal ward, a child of the employee's domestic partner, and a person to whom the employee stands in loco parentis. "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. A biological or legal relationship is not necessary for a person to have stood in loco parentis to the employee as a child. "Designated person" means any individual related by blood or whose association with the employee is the equivalent of a family relationship.
 Yes No

3. Date medical condition or need for treatment commenced [NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF THE PATIENT]:
06/15/2021

4. Probable duration of medical condition or need for treatment: Indefinite

5. Below is a description of what constitutes a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). Does the patient's condition qualify as a serious health condition? Yes No

6. If the certification is for the serious health condition of the employee, please answer the following:
Is the employee able to perform work of any kind? (If "No," skip next question) Yes No
Is employee unable to perform any one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) Yes No

7. If the certification is for the care of the employee's family member, please answer the following:
Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? Yes No
After review of the employee's signed statement (see item 10 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.) Yes No

PFL (Paid Family Leave) Benefits Medical Certification – Mail Version

SAMPLE, this page for reference only

Medical certifications must be completed by a licensed physician or practitioner authorized to certify to a patient's disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

INSTRUCTIONS FOR COMPLETING THIS FORM:
Please complete the information in the spaces provided in **UPPER CASE** using black ink. Do not use special characters (-, ., /). If handwritten, print each letter or number in a separate box. Ignore the boxes provided if using a typewriter or printer.

PART D – PHYSICIAN/PRACTITIONER'S CERTIFICATION (DO NOT COMPLETE THIS PART IF YOU ARE BONDING OR PARTICIPATING IN A QUALIFYING EVENT.)

D1. PFL CLAIMANT'S (CARE PROVIDER'S) SOCIAL SECURITY NUMBER	D2. PFL CLAIMANT'S NAME (FIRST MIDDLE INITIAL LAST) L I S A P A U G H T E R		
D3. PATIENT'S DATE OF BIRTH M M D D Y Y Y Y	D4. DOES YOUR PATIENT REQUIRE CARE BY THE CLAIMANT? NO (SKIP TO D15) YES <input checked="" type="checkbox"/>		
D5. PATIENT'S NAME (FIRST MIDDLE INITIAL LAST) N O R M A M O T H E R			
D6. DIAGNOSIS OR, IF NOT YET DETERMINED, A DETAILED STATEMENT OF SYMPTOMS A L Z H E I M E R S			
D7. PRIMARY ICD CODE 0 3 0 . 9	D8. SECONDARY ICD CODES	D9. DATE PATIENT'S CONDITION COMMENCED M M D D Y Y Y Y 0 6 1 5 2 0 2 1	
D10. FIRST DATE CARE NEEDED M M D D Y Y Y Y 0 5 2 3 2 0 2 4	D11. DATE YOU EXPECT RECOVERY M M D D Y Y Y Y NEVER <input checked="" type="checkbox"/>	D12. DATE YOU ESTIMATE PATIENT WILL NO LONGER REQUIRE CARE BY THE CLAIMANT M M D D Y Y Y Y PERMANENT 0 7 1 8 2 0 2 4	
D13. APPROXIMATELY HOW MANY TOTAL HOURS PER DAY WILL PATIENT REQUIRE CLAIMANT? HOURS COMMENTS			
D14. WOULD DISCLOSURE OF THIS CERTIFICATE TO YOUR PATIENT BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL? NO YES			
D15. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER		D16. STATE OR COUNTRY PHYSICIAN/PRACTITIONER IS LICENSED.	
D17. PHYSICIAN/PRACTITIONER'S NAME (FIRST MIDDLE INITIAL LAST)			
D18. PHYSICIAN/PRACTITIONER'S ADDRESS (POST OFFICE BOX IS NOT ACCEPTABLE AS THE SOLE ADDRESS)			
CITY		STATE/PROV.	ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)
D19. TYPE OF PHYSICIAN/PRACTITIONER		D20. SPECIALTY (IF ANY)	
D21. PHYSICIAN/PRACTITIONER'S Certification and Signature: I certify under penalty of perjury that this patient has a serious health condition and requires a care provider. I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.			
Original Signature of Attending Physician/Practitioner – RUBBER STAMP IS NOT ACCEPTABLE		PHYSICIAN/PRACTITIONER'S PHONE NO.	Date Signed (MM DD YYYY)

Under sections 2116 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding \$20,000. Sections 1143 and 3305 require additional administrative penalties.

DE 2501F Rev. 5 (12-20) (INTERNET) Page 9 of 11

Additional Information

To learn more about Paid Family Leave and related rights, visit legalaidthatwork.org/wf or contact Legal Aid at Work's [Work & Family Helpline](http://legalaidthatwork.org/wf) at 800-880-8047. For more information about how to certify Paid Family Leave claims, see the EDD's step-by-step tutorial at edd.ca.gov/disability/SDI_Online_Tutorials.htm.

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