



GUIDE TO FAMILY LEAVE INSURANCE FOR MEDICAL PROVIDERS

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WHAT IS FAMILY LEAVE INSURANCE?

Family Leave Insurance (FLI) provides benefits to workers who need to care for a seriously ill family member or bond with a newborn or newly adopted child. The FLI program complements the Temporary Disability Insurance program, which partially replaces wages during an employee's own injury, illness, or other disability, including pregnancy. Claimants can collect FLI benefits for a maximum of six weeks in a 12-month period.

BONDING CLAIMS

Individuals may be eligible for FLI benefits to bond with a child during the first 12 months after the child's birth or adoption. To bond with a newborn, the claimant must be either the biological parent, or the biological parent's domestic partner or civil union partner.

Bonding leave must be for a period of more than seven consecutive days unless the employer permits employees to take leave in non-consecutive periods. If the employer permits non-consecutive leave periods, each period must be longer than seven days.

Medical documentation is not required for bonding claims.

CARE CLAIMS

An individual may be eligible for FLI benefits to care for a family member with a serious health condition. A health care provider must provide supporting certification. In the 12 months starting with the first date of the claim, claimants may take leave for

- six consecutive weeks, or
- intermittent weeks, or
- 42 intermittent days.

"Family member" means a claimant's child, spouse, domestic partner, civil union partner, or parent.

"Child" means a claimant's

- biological, adopted, or foster child, stepchild or legal ward, or
- domestic partner's or civil union partner's child

The child must be

- less than 19 years old, or
- 19 years of age or older but incapable of self-care because of mental or physical impairment.

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

THE MEDICAL PROFESSIONAL'S ROLE

As a medical provider, you determine whether your patient's physical or mental health condition requires physical care or emotional support from a family member. In certain instances, more than one person may receive Family Leave Insurance benefits to care for the same family member.

WHO CAN ATTEST TO THE CARE RECIPIENT'S SERIOUS ILLNESS?

A health care provider licensed to provide health care services under federal, state, or local law or the laws of a foreign nation, or any other person who is authorized by a licensed health care provider to provide health care, can attest to the serious illness on the application for Family Leave Insurance benefits (Form FL-1).



MEDICAL EXTENSIONS

If your patient's expected recovery date is less than six weeks, we will send the care giver (FLI claimant) a supplemental medical form that you, as the patient's medical provider, must complete and return, if the patient requires additional care or support from their care giver.

DISCLOSURE OF MEDICAL INFORMATION

When patients sign a Family Leave Insurance claim form, they authorize health care providers to share their medical information with their care givers and the Division of Temporary Disability Insurance. We will not contact you to discuss your patient's condition without their authorization. If we need more information to substantiate your patient's extended illness/disability period, we may contact you by telephone or letter.

The Division of Temporary Disability Insurance is not a "covered entity" under the federal Health Information Portability & Accountability Act (HIPAA). All of your medical records, except to the extent necessary to administer the Temporary Disability Benefits Law, are confidential and are not open to public inspection. We protect all records that may reveal the identity of your patient.

INTEGRITY OF THE FAMILY LEAVE INSURANCE PROGRAM

The fiscal integrity of the Family Leave Insurance program depends on the accuracy of information you provide.

In order to protect the integrity of the Temporary Disability Benefits Fund, we practice fiscal responsibility and apply control measures to verify the validity of claims. We review your diagnosis/ICD coding and estimated date of recovery to determine

whether it is consistent with the normal expectancy for the illness, injury, or other disability indicated on the claim form.

FOR MORE INFORMATION

You can get more information about Family Leave Insurance online at www.nj.gov/labor. You may also call the Customer Service Section of the Division of Temporary Disability Insurance at 609-292-7060, or write to us at: Division of Temporary Disability Insurance, P.O. Box 387, Trenton, NJ 08625-0387.

Remember, to receive timely payments, your patient's care giver depends on you to promptly complete and return the Medical Certificate portion of the claim forms.