

Guidance for Completion of Short Term Disability Forms for an Underlying Condition During COVID-19 Emergency

The CARES Act which was signed into law on March 27 has provisions that allow individuals with underlying conditions that make them at high risk for severe disease to take Short Term Disability in order to allow them to self-isolate in the circumstance that the nature of their job does not allow them to work from home. Disability insurance is covered by a variety of insurance companies that are engaged by employers. However, many of the forms have great similarities from company to company. What follows is a work flow for completion of these forms. It is anticipated that FHN may see a surge in requests for these forms to be filled out. The aim of this workflow/ guidance to make this task and efficient one.

What makes this challenging is that these forms are not really designed for the current circumstances: A patient has an underlying condition but ordinarily could work but is being advised not to because of the increased risk posed by COVID-19.

1. In the event that a patient requests a document for Disability due to COVID-19, the PSR should inform the patient that we require a form from the patient's employer. This form can be faxed, mailed or dropped off at a Health Center. At no point should there be guarantee offered that disability will be recommended by the provider.
2. FHN will only fill out the *Physician's Statement* of the Disability form.
3. For each health there should be at least one LPN who is assigned to populate the form with appropriate information.
 4. The LPN will fill out the following information (If required)
 - a. Height
 - b. Weight
 - c. Blood Pressure
5. The LPN will provide the ICD code and name of the underlying condition(s) that make this person high risk for severe COVID-19 disease. **Please refer to the attached appendix for a list of diagnoses that qualify.** Please refer to the patient problem list.
6. In the event of pregnancy (this is a qualifying diagnosis) please include date of first prenatal (Date First treated) and Estimated Delivery Date.
7. For other problems:
 - a. Onset of symptoms (see date of entry for that problem in the problem list)
 - b. Reduced ability to work: March 22, 2020. This was when New York State on Pause took effect.
 - c. Advised to Stop work – Put in Today's date.

8. Restrictions: Should not work in environment with possible exposure to COVID-19
9. Limitation: May leave blank
10. Please leave the following items blank:
 - a. Symptoms
 - b. Objective findings
 - c. Questions on reaching/ carrying/ lifting
 - d. Questions on activities of daily living (ADL's)
11. Treatment: May include medications used to treat the underlying condition
12. Date of return: April 15 or " When state of emergency is lifted"
13. Once these items are filled in by the LPN, the form will be given to the provider for review and signature.

Appendix A

List of Qualifying Diagnoses for COVID-19 Disability*

*This is not an exhaustive list

Cardiovascular

Cardiomyopathy
Congestive heart failure
Coronary artery disease
Moderate to severe heart valve stenosis
Moderate to severe heart valve regurgitation
Atrial fibrillation
Rheumatic heart disease
Congenital heart disease

Metabolic

Type 1 diabetes
Type 2 diabetes
Morbid obesity (BMI>40)
Inherited metabolic disorders

Cancer

Current treatment for all cancers

Pulmonary

COPD
pulmonary fibrosis
moderate to severe asthma
sarcoidosis
s/p lung cancer treatment
bronchial dysplasia
pulmonary hypertension
cystic fibrosis
Asbestosis, silicosis, farmers
Lung, black lung

Immunodeficiency

HIV
Variable immune deficiency
long-term steroid use
undergoing chemotherapy
Tx for Autoimmune D/O
Tx for Crohns, U. Colitis
Recipient organ Transplant

Kidney Disease

Chronic Kidney Disease