



MOLST Legal Requirements Checklist For People With Developmental Disabilities

LAST NAME/FIRST NAME

DATE OF BIRTH

ADDRESS

Note: Actual orders should be placed on the MOLST form with this completed checklist attached. Use of this checklist is required for individuals with developmental disabilities (DD) who lack the capacity to make their own health care decisions and do not have a health care proxy. Medical decisions which involve the withholding or withdrawing of life sustaining treatment (LST) for individuals with DD who lack capacity and do not have a health care proxy must comply with the process set forth in the Health Care Decisions Act for persons with MR (HCDA) [SCPA § 1750-b (4)]. Effective June 1, 2010, this includes the issuance of DNR orders.

Step 1 – Identification of Appropriate 1750-b Surrogate from Prioritized List. Check appropriate category and add name of surrogate.

- a. 17-A guardian
b. actively involved spouse
c. actively involved parent
d. actively involved adult child
e. actively involved adult sibling
f. actively involved family member
g. Willowbrook CAB (full representation)
h. Surrogate Decision Making Committee (MHL Article 80)

Step 2 – 1750-b surrogate has a conversation or a series of conversations with the treating physician regarding possible treatment options and goals for care. Following these discussions, the 1750-b surrogate makes a decision to withhold or withdraw LST, either orally or in writing.

Specify the LST that is requested to be withdrawn or withheld:

Blank lines for specifying LST

Decision made orally

Witness – Attending Physician

Second Witness

Decision made in writing (must be dated, signed by surrogate, signed by 1 witness and given to attending physician).

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Step 3 – Confirm individual’s lack of capacity to make health care decisions. Either the attending physician or the concurring physician or licensed psychologist must: (a) be employed by a DDSO; or (b) have been employed for at least 2 years in a facility or program operated, licensed or authorized by OPWDD; or (c) have been approved by the commissioner of OPWDD as either possessing specialized training or have 3 years experience in providing services to individuals with DD.

Attending Physician

Concurring Physician or Licensed Psychologist

Step 4– Determination of Necessary Medical Criteria.

We have determined to a reasonable degree of medical certainty that **both** of the following conditions are met:

(1) the individual has one of the following medical conditions:

_____ a. a terminal condition; (briefly describe _____
_____);

or

_____ b. permanent unconsciousness; or

_____ c. a medical condition other than DD which requires LST, is irreversible and which will continue indefinitely (briefly describe _____
_____)

AND

(2) the LST would impose an extraordinary burden on the individual in light of:

_____ a. the person's medical condition other than DD (briefly explain _____
_____) and

_____ b. the expected outcome of the LST, notwithstanding the person’s DD (briefly explain _____
_____)

If the 1750-b surrogate has requested that artificially provided nutrition or hydration be withdrawn or withheld, one of the following additional factors must also be met:

_____ a. there is no reasonable hope of maintaining life (explain _____
_____); or

_____ b. the artificially provided nutrition or hydration poses an extraordinary burden (explain: _____

_____)

Attending Physician

Concurring Physician

LAST NAME/FIRST NAME

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Step 5 – Notifications. At least 48 hours prior to the implementation of a decision to withdraw LST, or at the earliest possible time prior to a decision to withhold LST, the attending physician must notify the following parties:

_____ the person with DD, unless therapeutic exception applies

notified on ____/____/____

_____ if the person is in or was transferred from an OPWDD residential facility

_____ Facility Director notified on ____/____/____

_____ MHLS notified on ____/____/____

_____ if the person is not in and was not transferred from an OPWDD residential facility

_____ the director of the local DDSO notified on ____/____/____

Step 6 - I certify that the 1750-b process has been complied with, the appropriate parties have been notified and no objection to the surrogate’s decision remains unresolved.

Attending Physician

Date

Note: The MOLST form may ONLY be completed with the 1750-b surrogate after all 6 steps on this checklist have been completed.