

**MOLST LEGAL REQUIREMENTS CHECKLIST FOR INDIVIDUALS 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**Specify the LST that is requested to be withdrawn or withheld:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 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).

\_\_\_\_\_  
LAST NAME/FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH

**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  
Revised 3/18/2013

\_\_\_\_\_  
Concurring Physician  
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\_\_\_\_\_  
LAST NAME/FIRST NAME

\_\_\_\_\_  
DATE OF BIRTH

**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.**