



MOLST Legal Requirements Checklist For People With Developmental Disabilities

Notes in yellow are guidance provided by SDMC for assistance in the completion of an OPWDD MOLST Checklist after an SDMC Panel has provided consent. Please refer to OPWDD for assistance with the MOLST and MOLST Checklist.

All references to SDMC forms apply to the current SDMC Forms (issued 04/2020).

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)

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Specify the LST that is requested to be withdrawn or withheld:

This should reflect the decision as it appears on the SDMC Consent issued on Form 380-A at the SDMC Hearing

Blank lines for specifying LST

Decision made orally

No signatures here when the decision is made by SDMC

Witness – Attending Physician

Second Witness

X Decision made in writing (must be dated, signed by surrogate, signed by 1 witness and given to attending physician). Attach a copy of the SDMC Consent to this MOLST Checklist.

\_\_\_\_\_  
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

**Enter the Attending Physician and Concurring Physician/Psychologist names from SDMC Form 310**

**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:

**Enter text from Form 320AB, Page 2, Part 4 on the appropriate line.**

\_\_\_\_\_ 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 \_\_\_\_\_  
\_\_\_\_\_)

**Enter text from Form 320AB, Page 3, Part 5b**

\_\_\_\_\_ ) and

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

**Enter text from Form 320AB, Page 4, Part 6**

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:

**Enter text from Form 320AB, Page 3, Part 5a in the applicable area.**

\_\_\_\_\_ 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

**Enter the Physicians' Names from SDMC Form 320AB**

\_\_\_\_\_  
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:

***These contacts are identified on SDMC Form 375***

\_\_\_\_\_ 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.

***Please send a copy of this completed MOLST Checklist and a copy of the SDMC Decision/ Consent (SDMC 380-A) to the OPWDD Regional Office/State Operations Office/or the Agency CEO/Director listed on the SDMC Notification Form (SDMC Form 375)***