



MOLST CHECKLIST

Massachusetts Department of Developmental Services

Entry Date: _____

Entered By: _____

Individual Name: _____ Individual D.O.B: _____

The Massachusetts MOLST form is a MA DPH-approved standardized medical order form for use by licensed Massachusetts's physicians, nurse practitioners and physician assistants. The Area Office Nurse should complete this checklist when a MOLST form is submitted from a provider. Please review the case and the MOLST form within 72 hours of receipt for accuracy and completion, then forward to the Area Office / Regional legal department for final determination with a copy to the Service Coordinator.

Please check all that apply

- _____ This is a standardized MOLST form that has not be altered in any way
- _____ The MOLST form is printed on bright or fluorescent pink paper (Astrobrights® Pulsar Pink is highly recommended)
- _____ The MOLST form (pages 1 and 2) are printed as a double-sided document on a single sheet of paper
- _____ The MOLST form is signed by a physician, nurse practitioner or physician assistant
- _____ On Page 1, Sections D & E are complete. On Page 2 Sections G & H are complete.

All items must be checked for the attached MOLST to meet DDS requirements

_____ The attached MOLST meets all DDS requirements. Why?

_____ The attached MOLST does **NOT** meet all DDS requirements. Why?

_____ It is unclear if the attached MOLST meets all DDS requirements. Why?

_____ The guardian has completed appropriately based on his/her authority? Yes/No/Comment

Signature & Title of Person Completing Form

Date

March 2016