



# Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

April 5, 2022

DAL: DAL #22-13  
Medical Orders for Life-Sustaining  
Treatment (MOLST) - Clarification for Adult  
Care Facilities

Dear Adult Care Facility Administrator:

The [Medical Orders for Life-Sustaining Treatment \(MOLST\) form \(DOH-5003\)](#) can be used for individuals with advanced illness who require long-term care services. A MOLST form allows an individual to document their decision to withhold life-sustaining treatment at the end of life, when extending the duration of the individual's life is more likely to result in a quality of life characterized by burden or suffering. A signed MOLST form should accompany the ACF resident when they transfer to another setting across the healthcare continuum.

## Admission and Retention Standards

It is paramount that the conditions of the resident's or prospective resident's individualized MOLST form be reviewed by the ACF during the admission process, if a new MOLST form is signed, and when an existing MOLST form is modified. Additionally, a physician, nurse practitioner or physician assistant must review existing MOLST forms whenever the resident moves from one location to another for care; or the resident has a major change in health status whether for better or worse; or the resident or other health care decision-maker wants to make changes to the MOLST.

ACF case managers are strongly encouraged to discuss MOLST options with existing and prospective ACF residents and their families to allow interested individuals the ability to make an informed decision about MOLST, and the ACF must have the ability - within its existing scope of licensure and certification - to honor the medical orders on the MOLST form. If 911 is called, Emergency Medical Services (EMS) should see the resident's valid and effective MOLST form so that EMS can honor it.

For existing or prospective ACF residents with a MOLST, the ACF must determine if it can adequately and safely provide care and services to the individual **within the ACF's existing licensure and certification**. Admission and retention decisions made by the ACF must be based on the ACF's existing licensure and certification, applicable regulatory constructs, and the resident's medical orders on the MOLST, taking into consideration current operational factors (e.g., staffing).

## Emergencies

**The MOLST does not dictate actions ACF staff take in the event of an emergency.** Instead, in an emergency, pursuant to 18 NYCRR §§487.7(d)(6) and 488.7(b)(4), ACFs must secure necessary medical assistance which may include outreach to EMS. Existence of a MOLST does not prohibit the ACF from contacting EMS in the event of an emergency. In this circumstance, if EMS honors the MOLST and/or the qualified resident refuses treatment and the MOLST lacks specific instructions, the ACF must notify the resident's primary care physician, or if such physician is not available, a qualified alternate, and follow the physician's or alternate's instructions. Notably, such instructions may require the resident's transfer to an appropriate setting or linkage with a specific program (i.e., hospice) that can meet the resident's needs as related to the ACF by the resident's primary care physician.

If you have any questions regarding this correspondence, please contact the Division of Adult Care Facility and Assisted Living Surveillance via email to [acfinfo@health.ny.gov](mailto:acfinfo@health.ny.gov).

Sincerely,

Heidi L. Hayes, Acting Director  
Division of Adult Care Facility  
and Assisted Living Surveillance

cc: J. Treacy  
M. Hennessey  
V. Deetz  
T. Hesse  
J. Pinto  
D. Pulver  
J. Van Dyke  
K. Pergolino