**Skilled Nursing Facility (SNF)**

**REQUIRED PROCESS FOR CHANGE IN CODE STATUS**

**for Persons Served by the Department of Developmental Services (DDS)**

***This document is NOT a Do Not Resuscitate (DNR) order***

**Name:**       **Date:**

**D.O.B.**       **DDS#:**       **SS#: XXX-XX-**     

**Name of Facility:**

The above named individual is served by DDS; therefore, in the event that a change in code status is considered the following applies. *(Please* *indicate by marking the appropriate checkbox*)

Individual is placed or treated under the direction of the DDS Commissioner, which requires that any change in the individual’s code status from a full code to a DNR shall be compliant with section 17a-238 of the Connecticut General Statutes and DDS procedure I.E.PR.007c Withholding Cardiopulmonary Resuscitation. I.E.PR.007c requires following the DDS DNR Review process by contacting the DDS case manager and the appropriate Regional Health Services Director.

Individual is placed by a family member. If the individual is not placed or treated under the direction of the DDS Commissioner, the Commissioner has no official medical monitoring and oversight responsibility and the individual may then be exempt from the DDS DNR review process. The nursing facility may wish to employ the standards set forth in section 17a-238 of Connecticut General Statutes and DDS procedure I.E.P.R.007c Withholding Cardiopulmonary Resuscitation as safeguards.

OBRA Registrant who receives services from DDS only in the areas defined in OBRA legislation and does not fall under the requirements of section 17a-238 of Connecticut General Statues and DDS procedure I.E.P.R.007c Withholding Cardiopulmonary Resuscitation.

Please place this form in the Advance Directives section of the individual’s chart or other designated area for easy access and visibility.

**\*\*\* PLEASE DO NOT REMOVE THIS FORM FROM THE PERSON’S CHART \*\*\***

If you have any questions, please contact the DDS case manager assigned to this individual or the DDS Regional Health Services Director, or the director’s designee.

**West Region Health Services Director**

Judi Blanchet [Judi.Blanchet@ct.gov](mailto:Judi.Blanchet@ct.gov)

Phone: (203) 805-7437

Secure Fax: (860) 706-5670

**North Region Health Services Director**

Stacy Dawes [Stacy.Dawes@ct.gov](mailto:Stacy.Dawes@ct.gov)

Phone: (860) 263-2621

After hours & weekends (860) 372-1475

Secure Fax: (860) 706-5703

**South Region Health Services Director**

Dr. Jorge Munoz [Jorge.Munoz@ct.gov](mailto:Jorge.Munoz@ct.gov)

Phone: (203) 294-5079

Secure Fax: (860) 622-2721

**cc: DDS Master file, DDS Case Manager**