

My Health Care Planning Checklist is designed to help you create a personal care plan centered around your decision-making abilities, unique needs and care choices. The checklist's planning process protects your right to make decisions where you are able, and helps you build in supports to meet your essential health, personal and safety needs. You can personalize your plan using the free planning documents and resources to get the care you need and want.

Here's how it works

You can complete the checklist yourself or with the help of a trusted person to create your own plan.

Follow the 5 step planning process to help you:

1. Identify your decision-making abilities and things you can decide and do;
2. Note your health and personal needs and where you need help;
3. Make care choices and complete planning documents;
4. Build in any help, services, supports and alternatives to meet your essential health and personal needs and avoid an unnecessary Guardianship or Conservatorship;
5. Consider the steps to pursue a Guardianship or Conservatorship *only if* your essential needs remain unmet and help is needed after exploring all supports and alternatives.
 - If you are currently under a Guardianship or Conservatorship and your essential needs are met with supports and alternatives, explore steps to modify or terminate.

Make a plan

Use your completed checklist to make your personal plan. Each of the 5 steps above has free planning documents and tool kits on page 7 to write down your care choices. Explore the list of resources on pages 7 to 10 to build in needed help, supports and alternatives.

Go at your own pace

You can print a paper copy and complete by hand or type in responses on the fillable PDF.

Instructions

You can fill out the checklist yourself or with the help of anyone you choose – your family, a supportive person or care professional. Follow the five step planning process to make your personal plan.

In each step you can:

- **Check the Boxes** to show your decision-making abilities, care needs and choices
- **Add Comments** that describe your abilities and where you need help
- **Make a Plan** using the free planning tools and list of supports and resources.

Next Steps

Talk with your care professionals and other important people about your plan to keep control of your decision-making and get the care and supports you need and want.

Step 1. Personal Decision Making Abilities and Skills

You have the right to make decisions about your health, personal and safety needs. You keep your right to make decisions where you are able, whether you can make some or all decisions. You can choose a trusted person(s) to help make, communicate and carry out your decisions.

My Personal Decision Making Abilities and Skills

Check all the boxes that apply to you. In *Comments*, describe your abilities and where you need help.

I am able to do the following:

- ☐ Make all decisions about my health and personal needs
- ☐ Make some decisions, but not others, about my health and personal needs
- ☐ Communicate my decisions to my care professionals and others
- ☐ Carry out my decisions to get needed care and services
- ☐ Appoint a trusted person as my Health Care Agent in a Health Care Proxy document
- ☐ Choose a trusted supportive person to help me make decisions and get needed care

Comments

Here is what I can decide and do, and areas where I need help and assistance. Note any temporary or reversible conditions that affect your decision-making ability.

Make a Plan

Use the free planning tools below and see the list of help and supports on pages 7 to 10.

- [The Getting Started Tool Kit](#) – complete a Health Care Proxy and Personal Directive
- [Health Care Proxy, multiple languages](#) – download and complete a document yourself
- [Adult and Supportive Person Tool Kit](#) – choose a supportive person to help make a plan
- [Supported Decision-Making Agreement](#) – choose a supportive person and make an agreement to help you get the care and services you need and want.

Step 2. Health Care, Personal and Financial Planning Needs

You have the right to receive information in ways you can understand in order to make informed choices about the care you need and want. You can make decisions where you are able, and identify areas where you need help to meet your health, personal and financial planning needs.

My Health, Personal and Safety Needs

Check all the boxes that apply to you. In *Comments*, describe your abilities and where you need help.

I am able to make some or all decisions about my:

- ☐ Current health condition and treatment options
- ☐ Behavioral and mental health and treatments options
- ☐ Personal care needs including daily living activities and safety needs
- ☐ Safe discharge or transfer plan from one care setting to another, when needed
- ☐ Alternatives to avoid an unnecessary guardianship

I receive information that is in my primary language and is culturally sensitive. ☐ Yes ☐ No

If no, write-in your culture or primary/preferred language: _____

My Financial Planning Needs

I am able to do the following:

- ☐ Pay bills and manage my income
- ☐ Apply for benefits, waivers and health care insurance
- ☐ Appoint a financial decision maker in a Durable Power of Attorney document
- ☐ Choose a supportive person to help with my financial planning needs
- ☐ Consider the alternatives to avoid an unnecessary conservatorship

Comments

Here is what I can decide and do, and areas where I need help and assistance.

Make a Plan

Use the free planning tools below and list of help and supports on pages 7 to 10.

- [Supported Decision-Making and Agreement](#) – choose a person to help with financial planning
- [Alternatives to Guardianship](#): Health Care Proxy, MOLST/POLST, Supported Decision-Making
- [Durable Power of Attorney](#) and other alternatives to conservatorship

Step 3. Care Choices, Preferences and Planning Documents

You have the right to make choices about the kind of care you need and want. You can complete planning documents and agreements to write down your values, goals, care choices and preferences. Having a plan protects your decision-making rights and independence and tells others how to honor your choices.

My Care Goals, Choices and Preferences

Check all the boxes that apply to you. In *Comments*, describe your abilities and where you need help.

I am able to do the following:

- ☐ Participate in care planning meetings to make informed choices about my care
- ☐ Tell my care providers about my likes and dislikes, care goals, choices and preferences
- ☐ Make care choices with or without the help of others (describe in *Comments*)
- ☐ Write down or communicate my choices and preferences in a personal care plan

My Planning Documents and Agreements

I have completed the following:

- ☐ Health Care Proxy – choose a trusted person to make health care decisions
- ☐ Personal Directive or Living Will – tell others what's important and your care instructions
- ☐ Durable Power of Attorney– choose a trusted person to make financial decisions
- ☐ Medical Orders for Life-Sustaining Treatment (MOLST) or ☐ Comfort Care/Do Not Resuscitate Order (CC/DNR Order) – choose treatments with your clinician
- ☐ Supported Decision-Making Agreement – choose a supportive person and make an agreement to help make decisions and get you care and services you need and want

A Guardianship or Conservatorship is in place: ☐ No ☐ Yes; Specify type: _____

Comments

Here is what I can decide and do, and areas where I need assistance. Here are the documents or agreements I want to explore or complete.

Make a Plan

Use the free planning tools below and list of help and supports on pages 7 to 10.

- [Tool Kits](#): Getting Started Tool Kit; Next Steps Tool Kit; Adult and Supportive Person Tool Kit
- [Simple to Serious Illness Conversation Guide Series](#) to Talk with Care Professionals
- [Download free planning documents, sample forms, fact sheets; see helpful videos.](#)

Step 4. Community Services, Supports, Accommodations and Alternatives

Now that you have identified your decision-making abilities, unique needs and care choices, and the areas where you need help, you can build in needed care and supports into your personal plan. Share your checklist with a trusted person or care professional to help explore needed services, supports and alternatives—and avoid an unnecessary Guardianship or Conservatorship, if possible.

If your essential health, personal and safety needs are met at this time skip Step 4. Revisit as needed.

My Home and Community Care and Services

Check all the boxes that apply to you. In *Comments*, note what you have and what you need.

I have or receive the following:

- ☐ Help and services in my primary language that are culturally sensitive
- ☐ Health related needs such as: ☐ Stable housing, ☐ Nutritional meals, ☐ Transportation, ☐ Social Connections, ☐ Basic living expenses, ☐ Medications, ☐ Other (Describe in *Comments*)
- ☐ In-home care and home modifications
- ☐ Help and supports for daily living activities and my safety
- ☐ Residential services
- ☐ Education and vocational training
- ☐ Caregiver and family supports

My Supports, Accommodations and Alternatives (See full resources list on page 8-10.)

I have or receive the following:

- ☐ Family, caregiver, supportive person or professional to help with supports and services
- ☐ Supports and accommodations to meet my health and personal needs like- technological aids, medical equipment, communication devices, personal aides and **more on page 8 to 10.**
- ☐ Reconsidered the alternatives to avoid an unnecessary Guardianship and Conservatorship

Comments

Here are the services and supports I have or currently receive. Here's the help, community services, supports, accommodations I want to explore or include in my plan.

Make a Plan

Explore the list of help, supports and alternatives to include in your plan on pages 8 to 10.

- Review the list of health related needs and daily living activities that impact health.
- Review the List of Services, Supports, Accommodations and Alternatives
- Learn more about the [alternatives to avoid a Guardianship or Conservatorship](#)

Step 5. Considering Guardianship and Conservatorship

Guardianship and Conservatorship are legal procedures you can consider when all help, services, supports, accommodations and alternatives have been tried and are not able to meet your essential health, personal and safety needs.

If your essential needs remain unmet and help is needed, you and a trusted person can follow the steps in *Section A*. If you are under a Guardianship or Conservatorship and your essential needs are met with supports and alternatives, review *Section B*. Use additional pages to record your responses.

If your essential health, personal and safety needs are met at this time skip Step 5. Revisit as needed.

A. If you are pursuing a Guardianship or Conservatorship, follow these steps:

- Review and update your checklist (Steps 1 to 4) to:
 - Identify your current decision-making abilities, health & personal needs and choices
 - Re-assess all supports and alternatives, including if you are able to complete a Health Care Proxy, Durable Power of Attorney, or Supported Decision-Making Agreement
- Identify the specific decision-making abilities and skills needed to meet your essential needs
- Identify which decision-making abilities and skills you have retained (kept), regained (improved), or that changed or diminished
- Identify the areas where you need assistance and how a guardian or conservator would help
- Now that you know what decision-making abilities you have and where you need help, consider one of the following before pursuing a full guardianship or conservatorship:
 - Special or temporary Guardianship or Conservatorship
 - Single transaction
 - Limited guardianship or conservatorship
- Explore filing a Petition for Appointment of a Guardian or Conservator with the court

B. If under a Guardianship or Conservatorship and essential needs are met, follow these steps:

- Review and update your checklist (Steps 1 to 4) to:
 - Identify current decision-making abilities, health & personal needs, and care choices
 - Identify abilities & skills you have kept or improved to meet your essential needs
 - Re-assess alternatives including a Health Care Proxy, Durable Power of Attorney, or Supported Decision-Making Agreement
- Explore filing a Petition to Expand, Modify or Limit the Powers of a Guardian or Conservator
 - Explore a Petition for Termination of a Guardianship or Conservatorship

Make a Plan

Explore information and download free tools and resources below and on pages 7 to 10.

- [Things to Know About Guardianship and Conservatorship](#)
- [Role and Responsibilities of a Guardian and Conservator](#); what they can and cannot do
- [MA Probate & Family Court on-line education modules; Ombudsperson Service Program](#)
- [Procedures & forms to initiate, modify, terminate a Guardianship or Conservatorship](#)

Planning Tools and Documents

Make a Plan: Use your completed checklist to make a personal plan with the Honoring Choices *Who's Your Agent?*® planning tools below, and the list of services, supports and alternatives on pages 8 to 10. Each step below has documents and tools to help you write down your care choices and personalize your plan.

See the [My Health Care Planning Checklist](#) web page for quick links to the tools below.

Step 1. Personal Decision Making Abilities

- Getting Started Tool Kit – adults can make their own personal care plan
- Health Care Proxy – appoint a Health Care Agent in a Health Care Proxy document, available in multiple languages
- Adult and Supportive Person Tool Kit – choose a supportive person to help make a plan
- Supported Decision-Making Agreement – choose trusted person(s) to help make decisions to meet your health, personal, financial needs; make an agreement
- Conversation Guides to Talk with Care Providers – talk about your care goals and choices

Step 2. Health Care, Personal and Financial Planning Needs

- Supported Decision-Making Agreement – choose trusted person(s) to help make decisions to meet your health, personal, financial planning needs; make an agreement
- Durable Power of Attorney fact sheet – information to choose a financial decision maker
- Explore Alternatives to Guardianship and Conservatorship

Step 3. Care Choices, Preferences and Planning Documents

- Tool Kits: The Getting Started Tool Kit; Next Steps Tool Kit; Adult and Supportive Person Tool Kit; Supported Decision-Making Agreement
- MA multi-lingual planning documents and fact sheets: Health Care Proxy; Personal Directive (Living Will); Durable Power of Attorney; Medical Orders for Life-Sustaining Treatment (MOLST); Comfort Care/Do Not Resuscitate Order (CC/DNR)
- Simple to Serious Illness Conversation Guides Series to Talk with Care Providers
- *What Matters to Me Workbook* for adults, *The Conversation Project/Ariadne Labs*

Step 4. Community Services, Supports, Accommodations and Alternatives

- What are health-related social needs and barriers that impact health?
- List of Services, Supports, Accommodations and Alternatives
- Explore Alternatives to Guardianship and Conservatorship

Step 5. Considering Guardianship and Conservatorship

- Things to Know About Guardianship and Conservatorship
- Role and responsibilities of a Guardian and Conservator
- MA Probate and Family Court on-line modules; Ombudsperson Service Program; and procedures and forms to initiate, modify, terminate a Guardianship or Conservatorship

List of Services, Supports, Accommodations and Alternatives

This is partial list of resources and an outline of services, supports, accommodations and alternatives to consider when making your plan. Explore with a trusted person to get the help and supports you need. An expanded list of resources is available on the Honoring Choices [My Health Care Planning Checklist](#) web page. This list is for information only and not intended as a referral or as legal advice.

Community and Home Care Resources: Links to State and Local Help

- [Mass Aging Access – 27 Aging Services Access Point organizations](#)
- [Massachusetts Council on Aging – 370 local Councils across the Commonwealth](#)
- [MA Probate and Family Court, Office of Adult Guardianship and Conservatorship Oversight](#)
- [Mass Senior Care – nursing facilities and long term care organizations](#)
- [Mass211/HelpSteps – health related social needs](#)
- [MassAbility Home and Community Life Services](#)
- [Massachusetts Health & Hospital Association](#)
- [MA Independent Living Centers](#)
- [The Alzheimer Association, MA & NH Chapter 24/7 Helpline and website](#)
- [The Arc of Massachusetts](#)
- [Behavioral Health Services and Helpline](#)
- [Bringing People Home Initiative – Center for Public Representation](#)
- [Home Care Alliance](#)
- [Honoring Choices MA Community Partners – helping adults across the state](#)
- [Hospice & Palliative Care Fed of MA](#)
- [Supported Decision Making – Center for Public Representation](#)
- [Veterans Health Administration](#)

Help with Services, Supports and Accommodations

Check the boxes of resources to explore or add to your plan. In *Comments*, describe the supports you need and where possible add in the name of the care provider helping you with care and services.

☐ Accommodations:

- [Reasonable Accommodations Fact Sheet](#) – Center for Public Representation
 - What is a reasonable accommodation and how do I ask for it?
 - Environmental Adjustment – sensory, physical, psychosocial needs

☐ Behavioral and Mental Health

- [Community Behavioral Health Centers \(CBHCs\)](#) 26 centers across MA
- [National Alliance on Mental Illness – MA Chapter](#)
- [Behavioral Health Help Line at 833-773-2445](#)

☐ Communication

- [ALS Association Communication & Assistive Devices Equipment List](#)

☐ Disability Resources

- [Disability Law Center](#)
- [Olmstead Rights: List of MA Disability Resources and Advocacy Organizations](#)
- [“After I’m Gone: Future Planning Guide” The Arc of Massachusetts](#)

☐ Digital Content Accessibility

- [Digital Access Resources](#)
 - Access to email, electronic medical records, test results; schedule appointment

☐ Family Caregiver Support

- [Family Caregiver Support Program](#)

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☐ **Financial Assistance**

- [Money Management Program through local Area Agencies on Aging](#)

☐ **Hearing & Vision Impairment**

- [Perkins Transitions Center](#)
 - [Transition Timeline Organization tool](#)
 - [Self Determination and Transition](#)
 - [Legal and Financial, Guardianship](#)
- [Association for the Blind and Visually Impaired](#)
- [MA Commission for Deaf and Hard of Hearing](#)

☐ **Housing Assistance**

- [MA Housing Assistance Information](#)

☐ **Legal, MA Probate and Family Court and Guardianship**

- [Finding Legal Help and Clinics](#)
- [2025 Elder Resources Guide, MassNAELA](#)
- [MassNAELA Special Needs and Disability Law Toolkit](#)
- [MA Probate and Family Court Resources – Guardianship and Conservatorship](#)
- [MA Guardianship Policy Institute Legal Resources](#)
- [Center for Guardianship Excellence](#)

☐ **Medical, Personal and Health-Related Needs**

- [Daily Living, Home Care, Supported Living](#)
- [Medical equipment and assistive technologies](#)
- [Health-related priorities \(housing, food, transportation, social needs, etc.\)](#)
- [“After the Hospital: The Guide to Post-Acute Care”, Mass Health & Hospital Association](#)

☐ **Physical Accessibility and Transportation**

- [Physical Accessibility and Mobility](#)
- [Ride Match](#)

Alternatives to Guardianship – re-assess often to avoid an unnecessary Guardianship

- ☐ Complete a Health Care Proxy
- ☐ Complete a MOLST/POLST AND CC/DNR
- ☐ Supported Decision-Making Plan and Agreement

Alternatives to Conservatorship – reassess often to avoid an unnecessary Conservatorship

- ☐ Complete a Durable Power of Attorney
- ☐ Supported Decision-Making Plan and Agreement
- ☐ Social Security’s Representative Payment
- ☐ Veterans Administration’s Fiduciary Program
- ☐ Joint Bank Accounts, ABLE Savings Plan, Trusts

Comments

Describe specific help and supports you need. Add in the name of the care provider or organization helping you with care and services.

My Health Care Planning Checklist Summary Page

You can summarize the information on your checklist below to share with your family, supportive persons and care professionals. Write in the name and organization of people providing care and services. Attach any documents you like. This page is optional.

My Name: _____

Date: _____

My Abilities and Skills

Here's what I can decide and do, with or without help from others:

Help and Supports

Here's the help and supports I need, and the name of the supportive persons and care professionals helping me:

Comments

Things to know about me:

Next Steps

- Share your personal plan with important people and your care team members.
- Ask your doctor or care team to place your planning documents in your medical record.
- Re-visit the checklist as your abilities and health and personal needs change.