Massachusetts Probate and Family Court

Module 5: How to Complete the Guardian’s Care Plan Report (MPC 821)

The Guardian’s Care Plan Report (MPC 821) is the form that guardians use to tell the Court how the adult is doing and how they are performing their guardianship duties.

When you are appointed as a permanent guardian, a Guardian’s Care Plan Report is due within 60 days of your appointment. This is referred to as the “60 Day” Report. Then, it is due every year on the anniversary date of your permanent appointment. This is referred to as the “Annual” Report.

The form is on the Probate and Family Court webpage at: [Guardian's Care Plan Report](https://www.mass.gov/info-details/probate-and-family-court-guardians-care-plan-report-mpc-821). It is also located at the Registry in each Division of the Probate and Family Court.

Let’s take a look below at how to complete the Guardian’s Care Plan Report.

**Instructions**

Once you have a copy of the Guardian’s Care Plan Report, read the instructions at the top of the form. It is important to note that you must answer all questions. If any do not apply, state that it is not applicable.

The instructions also provide information about serving the Guardian’s Care Plan Report once it is completed. To learn more about who must be provided a copy of the Report and how to file the Report with the Court, watch *Module 8: How to File and Distribute Guardian and Conservator Reports.*

**General information**

Complete the requested information on the top of the first page, above the instructions. This includes the case docket number, the name of the adult with a guardian, and the Court Division where the case is filed.

If you need more room to answer any questions, you can attach separate sheets of paper with your responses handwritten or typed on them.

**Question 1: Information about the Report**

Check the box to state whether this is the “60 Day” or the “Annual” Report.

Fill in the “from” and “to” dates for the reporting period.

If this is the 60 Day Report, the reporting period is from the date of the Decree appointing you as the guardian to day 60.

Example: If you were appointed on April 1, 2024 you would write April 1, 2024 as the “from” date and May 30, 2024 as the “to” date.

If this is the first Annual Report, the reporting period is from the date of the Decree appointing you as the guardian to day 365. This means that you are reporting for the year that just passed. Each year when you file an “Annual” Report, you will do the same.

If the guardianship ends, your next Guardian’s Care Plan Report will be the Final Report. The reporting period will end on the date the guardianship ended.

Example: If the adult has died during the reporting period, the next Guardian’s Care Plan Report you file will be your Final Report. You need to attach a copy of the adult’s death certificate. It is best to file the Final Report as soon as the guardianship ends and not wait until your next Annual Guardian’s Care Plan Report would be due.

**Question 2: Relationship to the Adult**

Check the box to state your relationship to the adult.

Note: Some examples of a “professional” may be an attorney or a social worker.

If you are not one of the listed family members or a professional, use the line next to “other” to state your relationship, such as a friend of the adult.

**Question 3: The Adult’s current address**

This question asks about the adult’s current location/address or residence. List the physical address where the adult currently resides.

Example: If they are currently staying in a facility, put the address where the facility is located. If the adult is homeless, write “unhoused” on the line as their current address.

Check the box that describes their living arrangement.

Example: If the adult is living in a private home, check that box. If the adult lives in a facility, check the box for the correct type of facility. Use the line next to “other” to describe any residency type that is not listed.

**Question 4: Did the Adult reside at any other address during this reporting period?**

Use this space to list any other address where the adult was located or lived during this reporting period and the type of location it was. If the adult only lived in one location during this reporting period, check the “no” box.

**Question 5: Is the Adult restricted from any of the following in their living arrangements?**

This question asks about specific types of interactions the adult has in their living arrangements, and if they are restricted from any. If you answered “yes” to any, you must provide an explanation under the “reasons for restriction(s)”.

**Question 6: Rate and explain the adult’s current overall condition**

You need to rate the mental, physical and social condition of the adult. Check the appropriate box for each. The adult’s mental condition includes their mental and behavioral health. Consider whether there have been any significant improvements or declines during the reporting period.

It is important to note that if the adult receives any type of extraordinary treatment the Court must first authorize this treatment.

The adult’s social health includes their interactions with others. When rating their overall social health, consider the following: who do they interact with on a regular basis? What activities are they involved in? Have there been any significant changes in these interactions during the reporting period?

Use the “explain” lines provided to summarize the adult’s current condition.

**Question 7: Explain and rate the adequacy of the services the Adult receives**

Provide information about specific types of services the adult received during the reporting period. You will choose a rating for each based on your opinion of the services provided.

Use the line provided to list the type of medical services the adult receives.

Example: Medical services may include visits with a primary provider, a specialist, or a dentist.

Questions 7 b and c, which ask about educational and vocational services, provide a check box option if the adult did not receive this type of service.

Example: If the adult is retired, they may not be receiving any vocational services. Check the box for “not receiving this service”.

Use the line provided for other services to describe anything else the adult receives.

Example: Other services may include meal delivery, housekeeping, transportation services, and more.

For this question, answers should be brief; you will have the opportunity to list more details in Question 11.

**Question 8: How often did you have contact with the Adult during this reporting period?**

Describe your contact with the adult that took place during the reporting period. Check all that apply.

Example: If the adult lives with you, check the box for daily contact with the adult. If your visits with the adult vary, you may check multiple boxes or provide a description on the line.

**Question 9: Did the Adult participate in any decision making?**

Under Massachusetts law, it is the guardian’s responsibility to “encourage[s] the [adult] to participate in decisions, to act on [their] own behalf, and to develop or regain the capacity to manage personal affairs.”

Question 9 asks you to select the extent to which the adult participated in decision making. Check the appropriate box.

**Question 10: Which of the following decisions did the Adult participate in?**

If the adult did participate in decision making, check all that apply in question 10.

Example: “other” may include participating in care plan meetings, deciding who they socialize with, financial decisions, where they live, and more.

**Question 11: Summarize and rate your interactions and contact with the Adult’s health care providers**

Share details in summary about your interactions with the adult’s providers on the provided lines.

Note: In Question 7, you provided a list of services the adult receives. In Question 11, you have a chance to share your opinion about interactions with the providers of those services.

**Question 12: Has the Adult been hospitalized, institutionalized, or admitted to a medical facility during this reporting period, or are they now?**

Share any information about if the adult had any hospital stays or was admitted to an institution or other medical facility during the reporting period. If the adult has not had any of these, check “no” and skip to the next question. If they have, check “yes” and provide the requested details about the stay on the provided lines.

This question also asks if you consider the adult’s treatment or habilitation plan to be in their best interest.

Note: Treatment plans are used to treat a wide range of physical and mental health conditions. Habilitation plans are used to develop, maintain, or improve daily living and adaptive skills.

If the adult currently has a treatment or habilitation plan, or had one during the reporting period, check “yes” or “no”.

**Question 13: What are the plans for the future care of the Adult?**

Explain the future care of the adult on the provided lines. Writing “Not applicable” or “no changes” are not acceptable answers.

Example: If the current care and services provided to the adult meet their needs and are expected to continue, write that here.

**Question 14: In your opinion, is there a need for the guardianship to continue, and/or any changes in the scope of the guardianship?**

Share your opinion if you think the guardianship should continue, or if you recommend any changes to the current guardianship plan. This includes if you recommend that your authority be limited, further limited, or expanded due to changes in the adult’s circumstances. If you answer “yes”, you need to explain on the lines provided.

Note: Your answer here is not enough to make any changes to the guardianship. You still must file a Petition with the Court requesting the changes you recommend.

**Question 15: Have any criminal charges, reports of abuse, or neglect involving the Adult been filed with a court or agency since the last reporting period?**

This question needs to be answered to include any charges or reports that involve the guardian or the adult.

During the reporting period, have you or the adult been involved with any of the following:

1. law enforcement
2. the Disabled Persons Protection Commission
3. adult protective services
4. any investigation by any government agency

If “yes”, please include as much information as possible on the lines provided.

**Questions 16 and 17: Do you hold or receive financial funds belonging to the Adult?**

If you are managing the adult’s funds, check “yes”. If you do not manage their funds, check “no”.

If you answered “yes” to Question 16, you must answer Question 17. It asks you to check your role that gives you the authority to hold or receive the adult’s funds. If you manage assets belonging to the adult but none of the options listed apply to you, you must explain on the line provided.

Please do not submit any supporting documents with this Guardian’s Care Plan Report, such as bank statements. Keep them organized so that you can show them, if asked by the Court.

If you are also the conservator, you must separately file a conservator’s Account. To learn more, watch *Module 7: How to Complete the Conservator’s Account.*

**Signing and Completing the Report**

Once you have completed the Guardian’s Care Plan Report you should review your answers. Then you must sign under the penalties of perjury on the last page.

Signing under the penalties of perjury means that you are promising that the statements you made in the Guardian’s Care Plan Report are true to the best of your knowledge and information. If you are serving as co-guardian with another person, both of you need to sign.

Complete the “Certificate of Service” on the last page. The Certificate of Service tells the Court to who you sent a copy to. To learn more about who must be provided a copy of the Report and how to file the Report with the Court, watch *Module 8: How to File and Distribute Guardian and Conservator Reports.*

**Resources**

Remember, there are resources available to you to help you in your role as guardian:

* If you have questions, you may always ask the Court for direction.
* You may reach out to the Office of Adult Guardianship and Conservatorship Oversight (OAGCO) in the Administrative Office of the Probate and Family Court. We are here to help you. You can contact us by email at [OAGCO@jud.state.ma.us](mailto:OAGCO@jud.state.ma.us).
* You can visit the Probate and Family Court webpage at mass.gov to learn more about the OAGCO and how it can assist you as a guardian. Link: [OAGCO](https://www.mass.gov/office-of-adult-guardianship-and-conservatorship-oversight-oagco)

Thank you for taking the time to review this information, and for being a guardian for an adult who needs your help.