



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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January 16, 2026

To: The Honorable Glenn A. Youngkin, Governor
The Honorable Winsome Earle-Sears, Lieutenant Governor
The Honorable Don L. Scott, Speaker, House of Delegates
The Honorable L. Louise Lucas, President pro tempore, Senate of Virginia

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Disabilities

RE: § 37.2-314.3 of the Code of Virginia

Chapter 232 of the 2021 Acts of Assembly (House Bill 2230) directs the Department of Behavioral Health and Developmental Services (DBHDS) to create a Supported Decision-Making Agreement (SDMA) template for individuals with intellectual and developmental disabilities to use, develop and provide education regarding the development and use of SDMAs, develop information and protocols related to preventing, identifying, and addressing abuse and exploitation of individuals using SDMAs, and to collect data regarding the use of SDMAs in Virginia. Specifically, the language states:

B. The Department shall develop and implement a program to educate individuals with intellectual and developmental disabilities, their families, and others regarding the availability of supported decision-making agreements, the process by which an individual with an intellectual or developmental disability may enter into a supported decision-making agreement with a supporter, and the rights and responsibilities of principals and supporters who are parties to a supported decision-making agreement. Such program shall include (i) specific training opportunities for individuals with intellectual and developmental disabilities and who seek to enter into supported decision-making agreements, individuals interested in serving as supporters pursuant to supported decision-making agreements, family members of principals and individuals with intellectual and developmental disabilities who seek to enter into supported decision-making agreements, and members of the medical, legal, and financial professions and other individuals who provide services to individuals with intellectual and developmental disabilities who may enter into supported decision-making agreements and...Such program shall also include development of information about and protocols for

preventing, identifying, and addressing abuse and exploitation of individuals with intellectual and developmental disabilities who enter into supported decision-making agreements.

C. The Department shall collect data regarding the utilization of supported decision-making agreements in the Commonwealth to guide the development of policies and programs to enhance the use of supported decision-making agreements and shall report such information together with recommendations to enhance the utilization of supported decision-making agreements annually to the Governor and the General Assembly by November 1.

In accordance with this item, please find enclosed the combined report which provides details of the development of a Virginia SDMA template, education and training conducted thus far, as well as recommendations to enhance the utilization of SDMAs in Virginia. Staff are available should you wish to discuss this request.

CC: The Honorable Janet V. Kelly, Secretary, Health & Human Resources



Virginia Department of Behavioral Health
and Developmental Services

Annual Report on Supported Decision-Making Agreements (§ 37.2-314.3 of the Code of Virginia)

November 1, 2022

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Executive Summary

Chapter 232 of the 2021 Acts of Assembly (HB 2230) directs the Department of Behavioral Health and Developmental Services (DBHDS) to create a Supported Decision-Making Agreement (SDMA) template for individuals with intellectual and developmental disabilities to use, develop and provide education regarding the development and use of SDMAs, develop information and protocols related to preventing, identifying, and addressing abuse and exploitation of individuals using SDMAs, and to collect data regarding the use of SDMAs in Virginia.

Virginia has studied supported decision-making in 2014, 2019, and 2020. In 2022, DBHDS created a workgroup to assist with the development of the SDMA template and protocol to address abuse and exploitation of individuals using SDMAs. The workgroup kept in mind the core principles of supported decision-making and the recommendations of the 2020 workgroup while developing the goals of SDMAs for individuals in Virginia and creating a list of recommendations.

The Workgroup agreed on the following goals for SDMAs in Virginia:

1. People with developmental disabilities (including intellectual disabilities) in Virginia exercise maximum self-determination through supported decision-making agreements as the first option before guardianship is considered.
2. Virginians are less reliant on guardianship for individuals with developmental disabilities (including intellectual disabilities) once supported decision-making agreements are available.
3. Increase the knowledge of individuals with developmental disabilities (including intellectual disabilities), their families, and other community members related to supported decision-making and supported decision-making agreements compared to other decision-making options.

The Workgroup created the following documents:

- Virginia's Supported Decision-Making Agreement template
- Instructions for completing the SDMA, including a protocol for addressing abuse and exploitation
- Frequently Asked Questions (FAQ) in formal and plain language
- Medical Release of Information form
- Educational Release of Information form
- Three Discovery Tools - When Do I Want Support?, What Kind of Support Do I Want?, Relationship Map
- Narratives and examples of the completed SDMA template and discovery tools

Finally, the Workgroup made the following recommendations for DBHDS to explore for feasibility of implementation:

1. Enhance data elements in the Waiver Management System (WaMS) Individual Support Plan (ISP).
2. Explore other sources for data collection.

3. Change and update state code to reflect more person-centered wording and to clarify roles and responsibilities.
4. Ensure written information and forms are available in other languages to increase accessibility and utilization.
5. Investigate implementation of a uniform tool for capacity evaluations.
6. Explore the implementation of a volunteer Supporter program.

Background

Previous Supported Decision-Making Workgroup

Chapter 855 of the 2020 Acts of Assembly directed DBHDS to organize a workgroup to further study the use of SDMAs in Virginia. The Workgroup met three times in 2020 and provided a report with its findings and recommendations to the Chairmen of the Senate Committee of the Judiciary and the House Committee on Health, Welfare, and Institutions. Most notably, the Workgroup developed four core principles for supported decision-making in Virginia. These principles were used as a guide for the 2022 Supported Decision-Making Workgroup.

Supported Decision-Making Core Principles for Virginia¹:

1. Every individual should be presumed capable of making his or her own decisions.
2. When an individual requires assistance in making decisions, the least restrictive option that meets the individual's needs should be pursued, and every effort should be made to maximize an individual's autonomy and independence.
3. Supporters, guardians, substitute decision-makers, and other agents should always take into consideration an individual's expressed personal preferences to the extent appropriate.
4. Making good decisions takes practice and individual growth. Everyone should have the opportunity to learn and grow from making poor decisions, sometimes called "Dignity of Risk". Poor decision-making should not be motivation for restricting an individual's rights through guardianship or substitute decision-making.

The 2022 Supported Decision-Making Workgroup

The 2022 Supported Decision-Making Workgroup met a total of ten times between February and August 2022. The Workgroup was comprised of self-advocates, family members of individuals with developmental disabilities, and individuals from various state agencies and advocacy organizations. All meetings took place virtually due to COVID-19 precautions. A full list of workgroup participants can be found in Appendix A.

The Workgroup discussed a variety of topics including concerns or barriers to individuals accessing and utilizing SDMAs, potential positive and negative long-term impacts of SDMAs and how to address them, strategies for education and training, and ultimately agreed upon the following goals for SDMAs in Virginia:

¹ "Report on Senate Bill 585, Supported Decision Making Workgroup Report". Virginia Department of Behavioral Health and Developmental Services. October 2020.

1. People with developmental disabilities (DD) (including intellectual disabilities) in Virginia exercise maximum self-determination through supported decision-making agreements as the first option before guardianship is considered.
2. Virginians are less reliant on guardianship for individuals with DD (including intellectual disabilities) once supported decision-making agreements are available.
3. Increase the knowledge of individuals with DD (including intellectual disabilities), their families, and other community members related to supported decision-making and supported decision-making agreements compared to other decision-making options.

Additionally, the Workgroup reviewed examples of SDMA templates from other states and created the Virginia SDMA template, Discovery Tools, and supplemental documents. Changes were made to the Virginia SDMA template based on Public Comment. DBHDS's response to the public comments can be found in Appendix B. This workgroup may convene in the future to review progress towards goals, guidance, and future recommendations.

Virginia's Supported Decision-Making Agreement Template

Virginia's SDMA template is written in plain language so that the Decision Maker (Principal) can understand the document and what they are signing. In Virginia, an SDMA can be created with a minimum of two people- the Decision Maker and a Supporter. A Decision Maker can have as many Supporters as they want; however, all Supporters must agree to the terms of the SDMA. Decision Makers also have the option of identifying an SDMA Facilitator. The SDMA Facilitator can be either one of their Supporters, or a separate person. At this time, the Workgroup determined that there should not be limitations or requirements regarding who can and cannot be a Support or an SDMA Facilitator, as this could create barriers to individuals creating SDMAs and would require further oversight of the SDMA process.

The SDMA template covers eight life areas and includes a ninth area which provides Decision Makers with the option to add any other specific types of support they do or do not want which were not covered in the other life areas. The template also includes an agreements page which provides space for all parties to sign. While SDMAs are not legally enforceable, should the Decision Maker choose to have their SDMA notarized, there is a page included in the template for this option. Additionally, Decision Makers can easily document any changes through the Changes and Cancellation of SDMA sections included in the Virginia SDMA template. This way, the SDMA remains a fluid document and Decision Makers do not have to create a new SDMA every time they want to make a change.

To provide assistance with the completion of the Virginia SDMA template, three Discovery Tools were created. These are optional and can be used individually or altogether. In addition to the instructions and Discovery Tools, the Workgroup also developed several supplemental documents. A medical release of information form and an educational release of information form were adapted from documents from the American Civil Liberties Union (ACLU) ². All forms are written in plain language. A completed example of the Virginia SDMA template, Three Discovery Tools, and release forms, along with instructions on how to complete them, can be found in Appendix C.

² "Sharing My Medical Information". American Civil Liberties Union.; "Sharing School Information". American Civil Liberties Union.

The Workgroup also developed a frequently asked questions (FAQ) document, which is available in both formal and plain language. This document provides information on supported decision-making and SDMA, the rights of Decision Makers, as well as the roles and responsibilities of Supporters and SDMA Facilitators. The FAQ document provides links to additional resources and contains the protocol for addressing abuse and exploitation of individuals who have SDMA. A copy of both versions can be found in Appendix D.

Education and Training Campaign

One of the directives of DBHDS by Chapter 232 of the 2021 Acts of Assembly (House Bill 2230) is to develop and provide education regarding the development and use of SDMA to individuals with intellectual and developmental disabilities, their family members, and members of any profession that provide services to individuals with intellectual and developmental disabilities, including those in the fields of law, finance, and medicine. The 2022 SDMA Workgroup also identified the following additional populations to target for education and training: community services boards (CSBs), Developmental Disabilities (DD) Waiver providers, other state agencies, educators, public and private legal guardians, and anyone interested in or serving as a Supporter. Education and training related to SDMA in Virginia was broken into multiple phases to begin educating the public on the concept of supported decision-making while the process of creating the Virginia SDMA template was ongoing. Demographic data was collected at each training session during Phase 1 and Phase 2 to better determine who attended the sessions and to help identify if there are barriers to reaching certain populations. The demographic questions asked can be found in Appendix E.

Phase 1 – Phase 1 of the supported decision-making educational campaign consisted of six virtual training sessions conducted through Zoom throughout the month of June 2022 targeted at community service boards, DD Waiver providers, the general public, and individuals with intellectual or developmental disabilities and their families. The trainings focused on educating the audience on the following topics: the concept of supported decision-making, what SDMA are/are not, risks and benefits of SDMA, roles and responsibilities of those involved in SDMA, history of supported decision-making, principles of supported decision-making, Virginia laws and codes, other types of representation, and defining capacity, competency, and consent. A total of 793 people attended the sessions, however, this number is likely higher, as it does not account for multiple people attending the session while using the same computer. Demographic information for attendees is outlined in Figure 1.

Phase 2 – Phase 2 of the supported decision-making educational campaign took place throughout the month of August 2022 and consisted of 25 sessions offered simultaneously in person and virtually through Zoom across all five regions of Virginia. The information covered in the trainings included: a brief overview of SDMA, avoiding, identifying, and addressing abuse, neglect, exploitation, manipulation, and undue influence of individuals with SDMA and the protocol for addressing abuse and exploitation for individuals who have SDMA, mandated reporters, and how to complete the Virginia SDMA template by using the three Discovery Tools. The Phase 2 sessions reached a total of 521 people. The total attendance is likely higher, as the reported number does not account for multiple people attending a session while using the same computer. Demographic information for attendees is outlined in Figure 2.

Figure 1 - Phase 1 Demographic Data of Attendees³

<i>Question/ Possible Answers</i>	<i>Responses</i>
1. Are you an individual with a developmental disability (including intellectual disabilities)?	
Yes	21
No	573
2. If you have a developmental disability, how old are you?	
17 years old and younger	2
18-22 years old	2
23-26 years old	5
27- 59 years old	12
60 years old and older	0
3. If you have a developmental disability, do you have any of the following? (Choose all that apply)	
Legal Guardian	6
Power of Attorney	5
Authorized Representative	4
Supported Decision-Making Agreement	0
None	10
I do not know	2
4. What is your relationship to individuals with developmental disabilities? (Choose all that apply)	
I have a developmental disability (including intellectual disability).	18
I'm a parent of someone with a developmental disability.	50
I'm a friend of someone with a developmental disability.	48
I work with people with developmental disabilities.	520
Other	30
5. If you work with people with developmental disabilities, what field are you in?	
Public Services	490
Education	4
Legal	7
Financial	1
Medical	8
Other	34

³ There were a total of 793 individuals that attended the Phase 1 trainings, however 594 individuals completed the demographics survey.

Figure 2 - Phase 2 Demographic Data of Attendees⁴

<i>Question/ Possible Answers</i>	<i>Responses</i>
1. Are you an individual with a developmental disability (including intellectual disabilities)?	
Yes	3
No	309
2. If you have a developmental disability, how old are you?	
17 years old and younger	0
18-22 years old	0
23-26 years old	0
27- 59 years old	2
60 years old and older	0
3. If you have a developmental disability, do you have any of the following? (Choose all that apply)	
Legal Guardian	0
Power of Attorney	0
Authorized Representative	0
Supported Decision-Making Agreement	0
None	3
I do not know	0
4. What is your relationship to individuals with developmental disabilities? (Choose all that apply)	
I have a developmental disability (including intellectual disability).	3
I'm a parent of someone with a developmental disability.	21
I'm a friend of someone with a developmental disability.	3
I work with people with developmental disabilities.	277
Other	11
5. If you work with people with developmental disabilities, what field are you in?	
Public Services	289
Education	1
Legal	0
Financial	0
Medical	2
Other	12

⁴ There were a total of 521 individuals that attended the Phase 1 trainings, however 312 individuals completed the demographics survey.

Future Phases

Continued education and training regarding SDMAs in Virginia is essential for increasing self-determination for individuals with intellectual and developmental disabilities and reducing the use of more restrictive, substitute decision-making options. It is also crucial for ensuring increased utilization of SDMAs in Virginia. One of the most important aspects of individuals being able to utilize the Virginia SDMA template and Discovery Tools is the ability to access this information online. All documents, as well as instructional and training videos, and links to additional resources need to be added to a website that is accessible for people of all abilities.

Additionally, education and training information specifically targeted at those in the fields of education, medical, finance, and legal need to be conducted. The concept of supported decision-making and SDMAs impacts each of these groups differently and information needs to be specific to each population.

Now that the Virginia SDMA template is available for use, DBHDS can begin to collect data on utilization and better assess barriers. Additional education, training, and outreach can be developed, as can recommendations for changes at the state level to address the specific barriers identified.

As the general public becomes more aware of SDMAs and their utilization increases, the state should consider the possibility of expanding the availability of the Virginia SDMA template to other populations, such as those with significant mental health needs, the aging population, and individuals with brain injuries. Additionally, consideration should be given to developing processes by which the use of SDMAs could assist individuals with legal guardians and/or conservators with restoring their rights and competencies.

Supported Decision-Making Utilization

The Virginia SDMA template became available for public use on July 15, 2022. Due to the limited time between the publish date and this report, there is no current data regarding utilization of the template. Additionally, although there has been nothing preventing individuals from creating SDMAs prior to the development of the Virginia SDMA template, there has been no data collected regarding the number of individuals who have done so.

Virginia Waiver Management System (WaMS)

DBHDS currently has the ability to collect information regarding demographics, services, and representation through the online Virginia Waiver Management System (WaMS), which is used for individuals with Developmental Disabilities Waivers (DD Waivers), as well as those on the DD Waiver waiting list. Individuals on the DD Waiver waiting list or with DD Waivers must meet specific diagnostic and functional criteria, including having a diagnosis of a developmental disability (including intellectual disabilities). As of April 2022, there are 15,691 individuals with DD Waivers and 14,342 individuals on the DD Waiver waiting list⁵.

The scope of information collected varies between those with DD Waivers and those on the waiver waiting list. At this time, only individuals with DD Waivers are required to have Person Centered Individual Support Plans (PC ISPs) in WaMS. Thus, DBHDS is only able to obtain

⁵ “Provider Data Summary”. Virginia Department of Behavioral Health and Developmental Services. May 2022.

SDMA utilization data for the individuals that currently have a DD Waiver, as this is a newly required elements on the PC ISP as of May 2022, and is not reflected in the general information collected in WaMS for all individuals. The new data elements are included under the Representation section of the PC ISP. These elements (Table 1) are collected at least annually by the individual's Support Coordinator/ Case Manager at their annual PC ISP meeting.

Table 1 - ISP Data Elements and Data Use

New ISP element	Data entry options	Data use
Individual has a Supported Decision-Making Agreement?	Yes/No	This tells us the number of individuals with an SDMA.
If yes, enter the effective date of the Agreement.	Date	This provides data regarding the effective date of the SDMA.
Decisions that are supported under the Agreement.	Medical, Financial, Service Planning, Other (describe), If other, 6000 character box	This provides data related to the areas of support under the SDMA.

Recommendations

The 2022 SDMA Workgroup discussed many recommendations but felt that the ones listed below were the priority for the upcoming year. Additional recommendations will continue to be discussed as more data on utilization and barriers is collected in the coming year.

1. Enhance Data Elements in the WaMS ISP

The current data elements addressing SDMA's in WaMS are required for only a little over half (52.2 percent) of the entire population for which data can be collected for in WaMS. Creating additional data elements within the required areas that are filled out for all individuals within WaMS would almost double the data available to DBHDS regarding SDMA utilization. Support Coordinators/ Case Managers are already required to fill out information in the Representation section of WaMS for all individuals. Adding data elements similar to the ones listed in the PC ISP would assist in better determining utilization numbers. This recommendation would require an upgrade to the current system which will require funding in order to implement.

2. Examine Other Sources for Data Collection

The Workgroup recommended the creation of an ADA-compliant statewide SDMA web site/page. This would provide easy access to clear, understandable information, consolidated in one location, which increases the chances of utilization, especially for individuals with disabilities and their families. Electronic versions of printed information, recordings of trainings,

and tutorial videos would be made available on this website, as well as information and resources specific to the target populations listed in the code, as well as those in the field of education. Additionally, the group recommended that DBHDS explore as part of the web site/page what it would cost to develop tools that would allow individuals with developmental disabilities to easily create, digitally sign (optional), print, download, and share their own SDMA using a wizard that guides them through the template step by step. This web site/page could be able to obtain data on how many new/original SDMAs are created, how many are updated, demographics on who creates SDMAs, as well as analytics for anyone who clicks on the site and various pages. This would increase data collection regarding utilization, identifying barriers for specific populations, and developing recommendations for future changes.

Additionally, the Workgroup recommended efforts to further explore options for who can collect data, what types of data they can collect, and if they currently report data related to the utilization of SDMAs. Not only will this aid in data collection, but it also assists in increasing the familiarity of SDMAs to the general public by them hearing this term in a variety of different settings. The following collaborations were identified as potential starting points and will be explored to determine implications for implementation including relevance, ability, time and cost.

- Department for Aging and Rehabilitative Services (DARS) – Add questions regarding whether or not an individual has an SDMA and if the reporter is a Supporter to the elements collected at the time of an adult protective services report.
- Department of Medical Assistance Services (DMAS) – Add elements to the Quality Management Review process with community service boards to ensure validity of data collected in WaMS.
- National Core Indicators- Add a question asking if an individual has an SDMA and develop a self-determination scale to collect data on whether or not the use of SDMAs in Virginia is increasing the self-determination of individuals with developmental disabilities.
- Computerized Human Rights Information System (CHRIS) system – Add a question in the demographics section to indicate whether or not an individual has an SDMA.

3. *Changes and Updates to Virginia Codes*

The Workgroup recommended the following changes and updates to § 37.2-314.3 to reflect more person-centered verbiage and to clarify responsibilities, and to reduce barriers to identifying Supporters:

- Change the title of “Principal” to “Decision Maker”.
- Update the definition of a “Supported decision-making agreement” to state “an agreement between a *decision maker* and a supporter that sets out the specific terms of support to be provided by the supporter, including (i) helping the *decision maker* monitor and manage his medical, financial, and other affairs; (ii) assisting the *decision maker* in accessing, obtaining, and understanding information relevant to decisions regarding his affairs; (iii) assisting the *decision maker* in understanding information, options, responsibilities, and consequences of decisions; and (iv) ascertaining the wishes and decisions of the *decision maker* regarding his affairs, assisting in communicating such wishes and decisions to other persons, and advocating to ensure the wishes and decisions

of the *decision maker* are implemented, as decisions made by the decision maker are legally enforceable.”

- Update the definition of a “Supporter” to mean “a person who has entered into a supported decision-making agreement with a *decision maker*. Under no circumstances should a supporter be liable for the decisions a decision maker makes based on the advice given by a supporter, unless in the event of grossly or intentionally negligent.”

4. *Accessibility of Information*

The Workgroup recommended that all written information and forms are available in multiple languages including English and Spanish, at a minimum, and in accessible formats. This helps ensure equity amongst Virginia’s diverse population and can help with the goals of increasing utilization of SDMA’s.

5. *Investigate the Implementation of a Uniform Capacity Tool*

For a court to appoint a legal guardian or conservator, the petitioner must prove that the individual lacks capacity and is in need of a substitute decision maker (12VAC35-115-145). Determination of capacity to give consent or authorization provides general guidance of what should be considered when determining capacity but does not provide examples of preferred assessments or preferred documentation of findings. Therefore, given the same circumstances, the result of a capacity evaluation may be different dependent on the staff who implement the process and how that is documented. It is important that these process and decisions be as consistent statewide as possible. For that reason, the Workgroup recommended that Virginia investigate the implementation of uniform capacity evaluations throughout the Commonwealth. This will help reduce ambiguity and subjective decisions when an individual’s capacity is in question and when courts are considering more restrictive options that will remove an individual’s civil rights.

6. *Explore the Implementation of a Volunteer Supporter Program*

Natural supports⁶ help individuals with disabilities increase their independence and improve quality of life. However, a lack of natural supports is a consistent barrier for individuals with disabilities⁷. The lack of natural supports sometimes leads to individuals being referred to and entering into Virginia’s public guardianship program as a means for the individual to receive support with decision making. The Workgroup recommended that Virginia explore the implementation of a volunteer Supporter program to assist those with limited or no natural supports to create and use a SDMA. A volunteer Supporter program could reduce the state funds used for public guardianship, as it would provide an alternative (and less restrictive) means for individuals with developmental disabilities to receive support with making decisions. Once the parameters for implementation have been vetted, this program could be created and piloted in a specific locality within Virginia or developed by state agencies and programs already providing public guardianship assistance. A fiscal impact study would need to be conducted.

⁶ Natural supports are personal relationships or associations, such as family and friends, which are developed in the community and enhance a person’s quality of life.

⁷ Carli Friedman (2021) Natural supports: the impact on people with intellectual and developmental disabilities’ quality of life and service expenditures, *Journal of Family Social Work*, 24:2, 118-135, DOI: [10.1080/10522158.2020.1861158](https://doi.org/10.1080/10522158.2020.1861158)

Conclusion

Supported decision-making and SDMAs are an integral piece to increasing autonomy and self-determination for individuals with disabilities. Continuing to educate individuals with disabilities, as well as those who interact or support individuals with disabilities (e.g., those in the fields of education, law, finance, and medicine) about the option of using supported decision-making and SDMAs, as opposed to more restrictive alternatives, will play an important part in increasing utilization. In addition to education and training, removing barriers such as access to information and forms through websites that are ADA compliant, as well as increasing the availability of SDMAs to individuals in other populations, not just those with developmental and intellectual disabilities, will also increase utilization. Increased utilization of SDMAs will make Virginia a more inclusive state by ensuring that people with disabilities are supported to make their own decisions and are considered capable and contributing members of their community.

Appendix A: Workgroup Participants

Workgroup Chair:

Sara Thompson, Supported Decision-Making Community Resource Consultant, Office of Provider Development

Workgroup Members:

Dana Koenig, IFSP State Council

Donna Boyce, Department of Medical Assistance Services

Eric Williams, Director, Office of Provider Development

Heidi Lawyer, Parent Educational Advocacy Training Center (PEATC)

Jason Perkins, Department of Medical Assistance Services

Katherine Olson, The Arc of Virginia

Lucy Beadnell, The Arc of Northern Virginia

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Patti Meire, Department of Aging and Rehabilitative Services

Sean Campbell, IFSP State Council

Taneika Goldman, Director, Office of Human Rights

Teri Morgan, Virginia Board for People with Disabilities

Other Participants:

Amber Vernon, Amber Vernon, PsycD

Catherine Harrison, Department of Aging and Rehabilitative Services

Clare Huerta, Virginia Board for People with Disabilities

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Dyanne Gordon, Department of Medical Assistance Services

Jennifer Kovack, Associate Director, Office of Human Rights

Jon Morris, Virginia Network of Private Providers

Rebecca (Becky) Helgeson, Hope Tree Family Services

Threnodiez Baugh, Department of Medical Assistance Services

Appendix B: Response to Public Comments

State Board of Behavioral Health and Developmental Services

Division of Developmental Services – Office of Provider Development

RESPONSE TO COMMENTS ON: SUPPORTED DECISION-MAKING AGREEMENT DRAFT SAMPLE

Documents	Supported Decision-Making Agreement Draft Sample
VAC	Powers and Duties of the Department Related to Supported Decision-Making Agreements; Report. [37.2-314.3]
Window:	Opened on 06/06/2022 and Ended on 07/06/2022

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
1	Christianne Miller	DARS	6/3/22	10:55 am	Provided by email	This is not a big thing but I was reading the draft sample of the Supported Decision-Making agreement. In it they provide some examples of people with disabilities that might use one. On page 7 in the document they describe Maria and include that she had seizures which resulted in a traumatic brain injury. I really appreciate that they included a person with a brain injury, but a seizure does not cause a traumatic brain injury, rather it's an acquired brain injury or just a brain injury. We're trying to make it more clear that a traumatic brain injury,	Thank you for your comment. The wording will be adjusted to ensure proper terminology is used.

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						which we use way too much, is a form of an acquired brain injury that occurs from an internal or external blow or force.	
2	Patti Meire on behalf of DARS Policy Office	DARS	6/3/22	10:55 am	Provided by email	Also, someone caught that it should be HPPIA not HIPPA.	Thank you for noting the correction. This will be corrected on the final version for all forms.
3	Tracey Paliath	Chimes	6/6/22	10:43 am	Townhall online	Chimes has reviewed the guidance, including the Draft Agreement for Supported Decision Making, and has no concerns at this time. We think this is a positive step towards helping people realize the full breadth of their independence.	Thank you for your comment. We appreciate you all taking the time to review the document.
4	Robert Gray	disAbility Law Center of Virginia	6/24/22	10:26 am	Townhall online	The following quote appears on Page 3 of the Proposed Document:	Thank you for your feedback. The wording will be

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						<p>"You must be 18 years old or older and not have a court-appointed legal guardian or conservator."</p> <p>The quoted language appears to be incorrect since an individual who has a conservator ONLY, and who DOES NOT ALSO have a guardian, would ONLY be legally incompetent with regard to financial matters.</p> <p>Such a person would remain legally competent to create and sign an advance directive, power of attorney or supported decision making arrangement for medical or other non-financial matters.</p>	adjusted some in the final document, but at this time we are focusing the supported decision-making agreement on individuals who retain legal competency in all areas of life in order to reduce confusion by the general public. Future phases will focus on the use of supported decision-making agreements for individuals with limited legal guardians, or those who retain some legal competency.
5	Robert Gray	disAbility Law Center of Virginia	6/24/22	10:34 am	Townhall online	<p>The following language appears on Page 4 of the Proposed Document:</p> <p>"These included [typo]:...Durable Power of Attorney...Advanced [typo] Medical Directive"</p> <p>Please correct the typos indicated above.</p>	Thank you for noting these typos. They will be corrected on the final version of all forms.

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
6	Robert Gray	disAbility Law Center of Virginia	6/24/22	10:57 am	Townhall online	<p>The following language appears on Page 4 of the Proposed Document:</p> <p>"Representative Payee- A person that helps pay your bills, budget and makes sure you have money for the things you need."</p> <p>The definition quoted above should be clarified to specify that Representative Payees are persons whom the Social Security Administration (SSA) appoints to handle an individual's Social Security benefits. A Representative Payee does not have authority to handle an individual's non-SSA funds unless she is separately authorized to do that (such as by a Durable Power of Attorney or other legal authority).</p> <p>By the same token the SSA will not recognize, or share an SSA beneficiary's information with, a person who is authorized under a power of attorney to conduct business on behalf of the beneficiary, but who has not also been appointed as that beneficiary's representative payee.</p>	Thank you for your comment and suggestion. Efforts are being made to utilize common language as much as possible, however additional wording will be added to the final version to address the Social Security Administration component.
7	Robert Gray	disAbility Law Center of Virginia	6/24/22	11:04 am	Townhall online	Please correct misspelling: "HIPPA Release Form" should be "HIPAA Release Form"	Thank you for noting the correction. This will be corrected on

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
							the final version for all forms.
8	None	disAbility Law Center of Virginia	6/24/22	11:08 am	Townhall online	<p>The term "Educational Release Form" is used.</p> <p>dLCV suggests that clarification should be added to specify that this term may refer to either an Educational Transfer of Rights or an Educational Power of Attorney.</p>	<p>Thank you for your comment and suggestion. The purpose of the Educational Release Form is for individuals to be able to indicate who they would like to view their records or attend meetings. It does not give others permission to make decisions on behalf of the individual, like an Educational Transfer of Rights. Wording will be added to include additional support options, such as an Educational Power of Attorney.</p>

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
9	Adrien Monti	Blue Ridge Behavioral Healthcare	6/29/22	10:50 am	Townhall online	<p>Paid professionals generally do not serve as an AR due to the potential conflict of interest. We recommend that support coordinators and other paid professionals should also not serve as supporters, as they are tasked with empowering the individuals they serve to make their own decisions, as opposed to taking an active role in the process. For a paid professional to operate as a supporter could pose potential conflicts of interest, blur boundaries, and create challenges upon change of employment.</p> <p>Recommend adding the last sentence below to Step 4 under the category, Decide Who You Want to Support You:</p> <p><i>Step 4: Decide who you want to support you.</i></p> <p>Supported decision-making agreement are made up of <i>supporters</i> and <i>decision makers</i>. You are the <i>decision maker</i> and the people you select to help you are the <i>supporters</i>. You can choose anyone you want to be your supporter and you can choose to have many supporters. Some supporters might help you with one thing and others might help you with several things. The decision is up to you.</p>	<p>Thank you for your comments and suggestions. Limiting Supporters to just those who are unpaid, could make it difficult for some individuals to create supported decision-making agreements, as they might not have many unpaid supporters. It is important to note that individuals entering into supported decision-making agreements make all their decisions, not the Supporters, therefore serving as a Supporter is different from being an authorized representative (both through DBHDS</p>

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						<p>You can also choose someone to be a supporter and your <i>supported decision-making facilitator</i>. This person helps you make sure that the agreement is working and everyone is doing their part. You do not have to have a <i>supported decision-making facilitator</i> if you do not want one. When thinking about who you want as a supporter, think about people that you trust and that know what you want and do not want in your life. You can use the <i>Relationship Map</i> tool to help you think about and write down people who help you and might be your supporters. <i>It is best to not choose anyone who is a paid support for you currently so there are no misunderstandings about their role in your life.</i></p>	<p>and the court). Additionally, Supporters agree to not provide support in areas of life that could be a conflict of interest. Supported decision-making agreements can be amended at any time if the Decision Maker decides to add/remove a Supporter or a Supporter decides to remove themselves.</p>
10	Erica Wood	n/a	7/2/22	5:17p m	Townhall online	<p>On page 4, under "Step 5: Fill Out Your Supported Decision-Making Agreement" I suggest the following minor edits:</p> <ul style="list-style-type: none"> "Advanced Medical Directive" should be called "Advance Medical Directive." This also appears on page 10. 	<p>Thank you for your comment and corrections. These will be corrected on the final version of all of the forms.</p>

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						<ul style="list-style-type: none"> "HIPPA Release Form" should be "HIPAA Release Form" <p>Additionally, the definition of "Representative Payee" is far too broad. A representative payee only makes decisions about a beneficiary's public benefits -- most frequently it refers to Social Security payees. The VA system has "VA Fiduciaries" in a similar role, and other agencies may also have payees to make decisions about the use of public benefit payments.</p>	Thank you for your concerns regarding the broadness of the definition provided. Efforts are being made to utilize common language as much as possible, however additional wording will be added to the final version to address the different types of payees.
11	Rhona Levine, Stephen Burns, Amy McCullough	VAELA Public Policy	7/6/22	4:20p m	Townhall online	The Virginia Academy of Elder Law Attorneys (VAELA) supports the retention of independent decision-making authority by individuals with ID, DD, and other cognitive challenges, whenever feasible and appropriate. The SDM Agreements set forth in this Guidance may be very useful for informing supported decision-makers when an individual has capacity. They could also be very helpful to guardians and conservators, as <i>substitute</i> decision makers, in understanding their roles in supporting the individual's independence, by fleshing out the decision-maker's interests, concerns, and perspectives.	Thank you for your comments and concerns. In a supplemental FAQ document, as well as in trainings, we address the limitations of supported decision-making agreements and encourage individuals to consider creating a Power of Attorney

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						<p>But we have serious concerns that the proposed SDM Agreements may also contribute to the belief that an SDM Agreement is a substitute for a Power of Attorney and Advance Medical Directive. We believe that virtually every adult with the requisite capacity to do so should consider executing a Power of Attorney and Advance Medical Directive. Our concern that SDM Agreements will be used in place of these documents is magnified by the proposed “Purpose” statement on the first page of the document. In order to minimize this concern, we suggest replacing the fourth sentence in that section with this:</p> <p>SDM Agreements are not legally binding or enforceable, and while they are a good support mechanism for supporters, as well as for agents under powers of attorney and advance medical directives, guardians, and conservators, they are not a replacement for any of these. In addition, we think SDM Agreements would provide greater utility if they included a “black box warning” that reminds the decision-maker and supporters that these other documents remain necessary. We suggest adding this Black</p>	<p>and/or an Advance Medical Directive in addition to a supported decision-making agreement. On the first page of the agreement, we also list both a Power of Attorney and an Advance Medical Directive as forms that can be attached or accompany the supported decision-making agreement.</p> <p>Thank you for your recommendations. Supported decision-making agreements can be used as a replacement for legal guardians and conservators for individuals who are</p>

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
						<p>Box warning under Step 1, page 3 of 47, as follows:</p> <p>“A Supported Decision-Making Agreement does not confer legal authority on any other party to make decisions on your behalf, and is not a replacement for an Advance Medical Directive or a Power of Attorney.”</p> <p>This warning should also be included on the Agreement itself.</p> <p>We continue to have grave concerns about promotion of any SDM Agreement, since these “Agreements” are not, in fact, legal contracts, legally binding, or legally enforceable, and the use of that term will be confusing. But because the process of working through the template, as well as the “product” then created, makes this potentially a very valuable tool, it should more appropriately be called a “Statement of Intent” or “Supported Decision-Making Plan.” We encourage development of this and other tools, to promote and encourage autonomy and independence in decision-making.</p>	<p>able to gain capacity through the use of supported decision-making and would no longer need a substitute decision-maker. Throughout trainings, a supplemental FAQ document, and on page 1 of the supported decision-making agreement we indicate that Supporters do not make decisions for the Decision Maker. Additionally, efforts are being made to utilize common language as much as possible for any documents that would utilized by an individual with a</p>

#	Commenter Name	Commenter Organization	Date	Time	Comment Title	Comments	DBHDS Response 07/07/22
							<p>developmental disability.</p> <p>Thank you for your recommendation. The term supported decision-making agreement is utilized in state laws across the country. At this time, the Code of Virginia § 37.2-314.3 directs the use of the title. We will continue to provide education throughout Virginia regarding the benefits and risks of utilizing an agreement.</p>

Appendix C: Completed SDMA Sample with Discovery Tools and Supplemental Documents

How to Fill Out My Supported Decision-Making Agreement

Step 1: Decide if a supported decision-making agreement is right for you.

A **supported decision-making agreement** might be right for you if you can make decisions about your life on your own, or with some help from people you trust. You must be 18 years old or older and legally be able to make your own decisions. Typically, if you have a court-appointed legal guardian or conservator you have been declared incapacitated in some, if not all, parts of your life. This means that you may not have the legal right to make certain decisions. A **supported decision-making agreement** is not a legal document a judge would order in court to give you, but people should follow any choices you make, as you have the right to make all final decisions.

Step 2: Decide when you want support.

You might want support in some parts of your life, but not in others, and that is okay. You can use the [When Do I Want Support? tool](#) to help you think about choices in your life. For each choice or activity, think about if you:

- Can do this on your own.
- Can do it with help.
- Need someone to do it for you.

The choices and activities listed on this tool are the same ones listed on the [Commonwealth of Virginia Supported Decision-Making Agreement](#) and are listed in the same order on both forms.

Step 3: Decide what kind of support you want.

Support (help) can look different for everyone and can be different for each choice or activity. Think about the choices and activities you can do with help and what help looks like for you. You can use the [What Kind of Support Do I Want? tool](#) to help think about and write down the different types of support you might want.

Step 4: Decide who you want to support you.

Supported decision-making agreement are made up of **supporters** and **decision makers**. You are the **decision maker** and the people you select to help you are the **supporters**. You can choose anyone you want to be your **supporter** and you can choose to have many **supporters**. Some **supporters** might help you with one thing and others might help you with several things. The decision is up to you.

You can also choose someone to be a **supporter** and your **supported decision-making facilitator**. This person helps you make sure that the agreement is working and everyone is doing their part. You do not have to have a **supported decision-making facilitator** if you do not want one.

When thinking about who you want as a **supporter**, think about people that you trust and that know what you want and do not want in your life. You can use the [Relationship Map tool](#) to help you think about and write down people who help you and might be your **supporters**.

Step 5: Fill out your supported decision-making agreement.

Ask the people you want to be your **supporters** to meet with you. Talk with them about the choices and activities you can do with help and what kind of help (support) you want. You can even show them your [When Do I Want Support?](#) and [What Kind of Support Do I Want? tools](#) to help with this conversation.

Read through the [Supported Decision-Making Agreement](#) with your **supporters** starting on the first (1) page and fill out each question. You can fill out (write) the information in the agreement yourself or have someone you trust help you fill it out. It is okay to ask questions if you do not understand something.

On the first (1) page, your name goes on the line that asks for the “**decision maker**.” Then write the best way for someone to contact you. This could be your email address, cell phone number, home phone number, or something else. Next is the “initial effective date of the agreement”. This is the date when you first fill out and sign this form with your **supporters**. The last part of page 1 is where you can point out if you have any other types of support. These include:

- *Durable Power of Attorney*- A document that tells people who you want to help make decisions for you if you are not able to tell people what you want on your own due to being sick or injured.
- *Advance Medical Directive*- A document that tells people who you want to help make decisions about your health care for you if you are not able to tell people what you want on your own due to being sick or injured. It can also tell your doctors and people you trust what kind of medical care you do want, if you need it.
- *Financial Fiduciary*- A person who is responsible for managing your money. There are many different types of fiduciaries: Social Security Representative Payee, Department of Veterans Affairs VA Fiduciary, a Trust, your designee under a Power of Attorney, etc.
- *HIPAA Release Form*- A form that tells your doctors who you say it is okay to let see notes (records) about your doctor’s appointments and health information.

- *Educational Release Form*- A form that tells your school who you say it is okay to let see notes (records), attend meetings, and help you make decisions about your school services. You can use the form provided or one provided by your school. There are also other ways to get support with decisions about your education such as an Educational Power of Attorney.
- *Other*- Any other documents that tell other people who the people are that help you and how they help you.

If you do have other types of support, write a check (✓) whether or not you are attaching a copy of the document to our [Supported Decision-Making Agreement](#).

Pages 2-18 list nine (9) life areas where you might make choices. These include:

1. *Health and Personal Care,*
2. *Friends and Partners,*
3. *Money,*
4. *Where I Live and Community Living,*
5. *School and Education,*
6. *Working,*
7. *My Rights and Safety,*
8. *Meeting and Talking with My Supporters, and*
9. *Other*- The life area of *Other* lets you write in other choices and activities you want help with or those that you do not want help with that are not listed in any of the other life areas.

For each life area, check (✓) whether you do or do not want help. If you answer that you “do not want help” in a life area, you do not need to answer any more questions for that life area and you can go to the next one.

If you do want help with this life area, fill out the name, relationship (for example, mom, dad, teacher, sister, friend, doctor, etc.), address, email address, and phone number of your **supporters** for that life area. Then write “Y” for yes or “N” for no next to each sentence if you want that support. Reminder: These are the same sentences from the [When Do I Want Support? tool](#) and are listed in the same order.

For each sentence that you answer “Y” to, check (✓) whether you want all of the **supporters** listed above to help you or just some of the **supporters**. If not all of the **supporters**, write the names of the **supporters** you want to help next to “Only Supporters Listed Here”.

For each life area, you have the option to write additional things you want help with, as there might be choices and activities not listed. You can also write things that you do not want your **supporters** to help you with or do for each life area.

Page 19 is the *Agreements* page. This is the page that you and your **supporters** sign stating that you all agree to the information written in the *Supported Decision-Making Agreement*. Make sure you and your **supporters** read and understand the *Agreements* page before signing. Remember, it is okay to ask questions if you do not understand something. If you have more than three (3) **supporters**, you can print the *Agreements* page again so that the other **supporters** can sign.

Do not fill out the grey box at the bottom when you are first creating your *Supported Decision-Making Agreement*. The grey box is the “Cancellation of Supported Decision-Making Agreement”. You fill this out and sign when you no longer want a *Supported Decision-Making Agreement*.

Page 20 gives you the option to choose a **supported decision-making facilitator**. This person helps you make sure that the agreement is working and everyone is doing their part. They can help you schedule meetings and talk with your other **supporters**, like the things listed in area 8. *Meeting and Talking with My Supporters*. The **supported decision-making facilitator** might be a **supporter** that you trust with helping you with many decisions or they might not be one of your **supporters**. You do not have to have a **supported decision-making facilitator**. It is your choice.

Page 21 gives you the option to have a notary sign and stamp your *Supported Decision-Making Agreement*. A notary public is someone who can confirm that everyone signed the agreement. You do not have to have a notary sign and stamp your agreement. It is your choice. You can find a notary public at most banks and local courts.

Sometimes people want to make changes to their *Supported Decision-Making Agreement* after it is done. You can write these changes on page 22, the *Changes* page. Write the date of the change, what the change was, and sign it. If you are adding a **supporter**, then the new **supporter** will need to sign also. You can do this up to three (3) different times on this same form.

There may also be times when you might not want someone to support you anymore. When this happens, you can fill out page 23, the *Cancellation* page. Write the date of this change and the name(s) of the **supporter** you no longer want help from. Then sign the form. You can do this up to three (3) different times on this same form.

Step 6: My supported decision-making agreement is done. Now what do I do?

Once you have completed your *Supported Decision-Making Agreement* it is important to make sure that your **supporters** have copies of the agreement and other people who work with you have copies as well. This might include your doctors, case manager, school, service providers, or other people paid to support you. This way they know who you want support from, when you want support, and how you want support with different decisions. Make sure you keep a copy for yourself so that you know who to call when you need help or advice with different choices. It is important to that you and your **supporters** know that you cannot take your **supporters** to court if you do not like the advice they give you or they do not support you how you want to be supported (it is not

legally binding). Remember, you make all of the decisions for yourself and you can change your **supporters** at any time.

Examples of People Using Supported Decision-Making Agreements

Sam

Sam is 18 years old. He has autism and uses words to communicate. He is in high school and has been learning job skills and about how to be a good employee while in school. Sam is considering graduating so that he can work and focus on his dream of being an actor.

Sam lives with his mother, father, and older sister, who visits when home from college. Sam wants to live on his own in the nearby city after he graduates. He feels “the city is where stars are made.”

Sam’s parents are nervous about Sam living on his own and making his own decisions because they worry he will be taken advantage of by others. Sam has never had to budget his money or pay bills and believes that everyone he meets is his friend.

Sam and his family decided to use a supported decision-making agreement to help Sam talk through decisions in the areas of life he needs more support. Sam is able to make his own decisions and keep his rights and independence. Sam and his family understand the benefits of Sam’s right to take risks and learn from them (dignity of risk).

Nikkia

Nikkia is 25 years old and works part-time at Target helping people in the dressing rooms and rehangng clothes. Nikkia has cerebral palsy and an intellectual disability.

She has lived in her own apartment for the past three (3) years. Her apartment has space for her to move around easily when she uses wheelchair or walker. Nikkia has friends, neighbors, and coworkers that she trusts and they help her. Her family does not live close to her.

Nikkia talks, but some people who do not know her do not understand what she is saying. She does not like to use any type of technology to help her communicate, like an iPad or tablet.

One day Nikkia fell and had to go to the hospital. The doctors did not understand what she was saying and no one was able to help Nikkia answer questions. This made Nikkia think that she needed to write down the people she wants to help her if she gets sick or hurt. Nikkia created an advanced directive while at the hospital but felt that she wanted to write down all of the people she wants to help her in her life.

Nikkia created a supported decision-making agreement with the people who agreed to be her Supporters. She gave copies of her supported decision-making agreement to her doctors, landlord, supervisor at work, and community case manager so that they all know what Nikkia wants help with, who she wants to help her, and how she wants to receive help.

Maria

Maria is 35 years old and lives with her mother. Maria has an intellectual disability. When she was a toddler she had several seizures which also caused her to have an acquired brain injury.

Maria does not use words to communicate, but does use sign language, pictures, and a program on her tablet.

During the day, Maria goes to a day support program in the mornings and then volunteers at the local SPCA shelter in the afternoons. Maria's mother helps Maria with many things each day. She organizes Maria's medications and reminds her when it is time to take them. She cooks for Maria and makes sure that Maria's bedroom is clean. Maria's mother also helps Maria brush her teeth, brush her hair, and makes sure she is wearing clean clothes. Maria's mother will drive Maria to places she wants to go and schedules the van when she cannot drive Maria.

Maria's mother is aging and her other family members are worried about who will help Maria as her mother gets older. Maria's mother never went to court to become her guardian. She felt she was able to care for Maria by being her Representative Payee, Power of Attorney, and Authorized Representative, which meant Maria could keep all of her rights. None of Maria's other family members can be Maria's legal guardian and Maria does not want to lose her rights to make her own decisions.

Maria, her mother, and her other family members decided to use a supported decision-making agreement to help Maria continue to make her own choices but get help she needs when she wants it. Maria's mother feels a sense of relief knowing that a supported decision-making agreement is in place.

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

This agreement should be read out loud or otherwise communicated in a way that is accessible and understandable to all parties. The form of communication should be appropriate to the needs and preferences of the person with a disability. A *Supported Decision-Making Facilitator* may be assigned to oversee this agreement, but is not required. Additionally, a notary may sign the agreement, but it is not required.

I, Sam Smith, am the creator of this Supported Decision-Making Agreement which is all about me, and that makes me the "Decision Maker". I made this agreement with my choices and have selected people that I trust to be my "Supporters".

The people I select as my *Supporters* are the people who have agreed to help me understand and make choices.

My *Supporters* **DO NOT** make decisions for me. They give me information, advice, and other support so that **I CAN make decisions for myself.**

This agreement can be changed at any time. I can change it by crossing out words and writing my initials next to the changes, or I can change it by writing new information onto the form and writing my initials next to what I add. I will keep track of anything I add by filling out and signing the "Changes" page attached to this agreement. I will also write the names of any Supporters that I no longer want to support me on the "Cancellation" page attached to this agreement and sign it.

If I decide that I no longer want to have a Supported Decision-Making Agreement, I can fill out the *Cancellation of Supported Decision-Making Agreement* section at the bottom of the "Agreements" page attached to this document.

Name of Decision Maker: Sam Smith

Preferred Method of Contact (e.g. email address, phone number, how to contact you):

Cell phone- 804-555-8000

Initial Effective Date of Agreement: 05/01/2022

In addition to this Supported Decision-Making Agreement, I have the following forms of support:

<u> </u> Durable Power of Attorney	<u> </u> Documents Attached/ <u> </u> Documents NOT Attached
<u> </u> Advance Medical Directive	<u> </u> Documents Attached/ <u> </u> Documents NOT Attached
<u> X </u> Financial Fiduciary	<u> </u> Documents Attached/ <u> X </u> Documents NOT Attached
<u> X </u> HIPAA Release Form	<u> X </u> Documents Attached/ <u> </u> Documents NOT Attached
<u> X </u> Educational Release Form	<u> X </u> Documents Attached/ <u> </u> Documents NOT Attached
<u> </u> Other: _____	<u> </u> Documents Attached/ <u> </u> Documents NOT Attached

(e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

1. Health and Personal Care

I DO X / DO NOT ___ want help with health and personal care decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-8789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters may do these things:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

Y Get and look at my health care information, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed and attached to this agreement.

X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me choose when to go to the doctor.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me make and keep my doctor and dentist appointments.

X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).

X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and make medical choices in an emergency.

X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).

X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.

X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.

___ All Supporters/ ___ Only Supporters Listed Here: _____

N Help me choose what to wear and help me get dressed, if needed.

___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

- N Help me decide where, when, and what to eat.
___ All Supporters/ ___ Only Supporters Listed Here: _____
- Y Help me make choices about drinking alcohol and using drugs.
X All Supporters/ ___ Only Supporters Listed Here: _____
- N Help me tell people what I want and what I don't want regarding my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____
- N Help me tell people how I make choices about my health and personal care.
___ All Supporters/ ___ Only Supporters Listed Here: _____
- Y Make sure people understand what I am saying about my health and personal care.
X All Supporters/ ___ Only Supporters Listed Here: _____

To help with my health and personal care these supporters may also do these things:
(Examples: Attend medical appointments with me, talk directly to my doctors, help others understand what helps me calm down when I'm upset)

1. Help me look for new doctors, when needed.- All Supporters

These supporters MAY NOT do these things to help me with my health and personal care:
(Examples: May not talk directly to doctors, may not attend medical appointments)

None.

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

2. Friends and Partners

I DO X / DO NOT ___ want help with decisions about my friends and partners. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
April Smith	Sister	345 Main St., Richmond, VA 23235	asmith@coll.edu	804-555-1000
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-8585
Adam Young	Friend	56 W. Main St., Richmond, VA 23234	Ayoung56@email.com	804-888-9900

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters may do these things:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

N Help me understand and choose if I want to date and who I want to date.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and make choices about birth control and pregnancy, and access medical care, if needed.
___ All Supporters/ X Only Supporters Listed Here: Adam Young, Rachael Jones

N Help me make choices about sex.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me make choices about marriage.
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me choose who to spend time with.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me tell people what I want and what I don't want regarding my friends and partners.
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me tell people how I make choices about my friends and partners.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.
X All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

To help me with my friends and partners these supporters may also do these things:

(Examples: Help me find groups/places where I could meet new friends/partners, talk directly to my friends and partners)

None.

These supporters MAY NOT do these things to help me with my friends and partners:

(Examples: May not talk directly to my friends and partners, may not decide who my friends and partners are, may not contact my friends and partners without my consent)

None.

Supported Decision-Making Agreement for: Sam Smith

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**Commonwealth of Virginia:
Supported Decision-Making Agreement**

3. Money

I DO X / DO NOT ___ want help with decisions about money. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-8585

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

- Y Get and look at my financial information, including bank records.
X All Supporters/ ___ Only Supporters Listed Here: _____
- Y Help me get information about my finances.
X All Supporters/ ___ Only Supporters Listed Here: _____
- Y Help me make big decisions about money (for example, opening a bank account, signing a lease).
 ___ All Supporters/ X Only Supporters Listed Here: Paul Smith, Mary Smith
- Y Help me fill out financial forms and documents.
X All Supporters/ ___ Only Supporters Listed Here: _____
- Y Help me keep a budget so I know how much money I can spend.
X All Supporters/ ___ Only Supporters Listed Here: _____
- Y Help me pay rent and bills on time.
 ___ All Supporters/ X Only Supporters Listed Here: Paul Smith, Mary Smith
- Y Help me make sure no one is taking my money or using it for themselves.
X All Supporters/ ___ Only Supporters Listed Here: _____
- N Help me tell people what I want and what I don't want regarding my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____
- N Help me tell people how I make choices about my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____
- N Make sure people understand what I am saying about my choices and decisions regarding my money.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
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To help me with my money these supports may also do these things:

(Examples: Help me save money, Help me budget for larger purchase, look at and help me understand my Social Security benefits, help me apply for other benefits)

None.

These supporters MAY NOT do these things to help me with my money:

(Examples: May not tell me how to spend my money, may not spend my money without my consent, may not see my finances without my consent)

None.

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

4. Where I Live and Community Living

I DO X / DO NOT ___ want help with decisions about where I live and how I live in my community. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-6565

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

N Get and look at information about places where I have lived.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me decide where to live.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me decide who to live with.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand chores, remind me to do chores, and help me do chores.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand any leases I am thinking about, and help me understand any rules of my home and community.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me make safe choices around the house (for example, turning off the stove, practicing for fire alarms).
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me make decisions about what to do and where to go in my free time.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me make decisions about transportation, and help me use transportation.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me with understanding, finding, hiring, and firing support staff and services.
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).
___ All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Y Help me make decisions about traveling to places I do not go often (for example, special events, vacations).

X All Supporters/ Only Supporters Listed Here: _____

N Help me tell people what I want and what I don't want regarding where I live and what I do in my community.

 All Supporters/ Only Supporters Listed Here: _____

N Help me tell people how I make choices about where I live and what I do in my community.

 All Supporters/ Only Supporters Listed Here: _____

Y Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.

X All Supporters/ Only Supporters Listed Here: _____

To help me with where I live and my community these supporters may also do these things:

(Examples: Help me explore other ways to spend my days, talk directly to my paid supports, talk directly to my roommates)

1. Help me with issues with my roommates. – Only Supporters Listed Here: Rachael Jones

These supporters MAY NOT do these things to help me with where I live and my community:

(Examples: May not change where I live without my consent, may not decide how I spend my days, may not speak with my paid supports without my consent)

1. Talk to my roommates without me. – All Supporters

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

5. School and Education

I DO X / DO NOT ___ want help with decisions about school and education. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

Y Get and look at my education information, including seeing my education records under the Family Educational Rights and Privacy Act of 1974 (FERPA). A release is signed and attached to this agreement.
 ___ All Supporters/ X Only Supporters Listed Here: Mary Smith

Y Help me make decisions about whether to go to school, and where to go.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me make decisions about special education and accommodations.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Attend education meetings with me, including IEP meetings and school conferences.
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me make decisions about school activities and events.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

N Help me tell people what I want and what I don't want regarding my education.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

N Help me tell people how I make choices about my education.
 ___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Make sure people understand what I am saying my education.
X All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
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To help me with my school and education these supporters may also do these things:

(Examples: Help me understand my prevocational options, help me communicate my decisions about my prevocational interests to my teachers and school supports)

None.

These supporters MAY NOT do these things to help me with my school and education:

(Examples: May not attend school/IEP meetings, may not decide what supports I receive at school, may not see my grades or school reports)

None.

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

6. Working

I DO X / DO NOT ___ want help with decisions about working. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Johnny Prime	Theater Coach	676 Allen St., Richmond, VA 23234	theaterlv@email.com	804-888-3434

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:

Write Y for "yes" or N for "no" to say if your *Supporters* can or cannot help with each option.

N Help me choose if I want to work.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand my work choices and apply for jobs.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand how working will affect my benefits (Social Security, Medicaid, etc.).
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand the benefits I can have at work (vacation time, sick leave, time off, etc.).
X All Supporters/ ___ Only Supporters Listed Here: _____

N Help me request benefits at work (vacation time, sick leave, time off, etc.).
___ All Supporters/ ___ Only Supporters Listed Here: _____

N Help me make decisions about transitional services (services as I transition out of high school).
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me explore and make decisions about internships, apprenticeships, and/or mentoring.
___ All Supporters/ X Only Supporters Listed Here: Johnny Prime

Y Help me make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.
___ All Supporters/ X Only Supporters Listed Here: Johnny Prime

Y Help me make decisions about supported employment or other supports and services I need in order to work.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Attend meetings about my employment with my employment supporters, including Vocational Rehabilitation or other employment agencies.
X All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
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N Help me with career preparation and placement.
 All Supporters/ Only Supporters Listed Here: _____

Y Help me request accommodations for my work.
 X All Supporters/ Only Supporters Listed Here: _____

Y Help me get to and from work every day.
 X All Supporters/ Only Supporters Listed Here: _____

N Help me talk to my employer.
 All Supporters/ Only Supporters Listed Here: _____

N Help me tell people what I want and what I don't want regarding my work and work related supports.
 All Supporters/ Only Supporters Listed Here: _____

N Help me tell people how I make choices about my work and work related supports.
 All Supporters/ Only Supporters Listed Here: _____

Y Make sure people understand what I am saying about my work and work related supports.
 X All Supporters/ Only Supporters Listed Here: _____

To help me with my work these supporters may also do these things:

(Examples: Talk to my employment supports, help me understand and decide my work schedule, talk to my employer or supervisor)

None.

These supporters MAY NOT do these things to help me with my work:

(Examples: May not talk to my supervisor or employer without my consent, may not visit me at work, may not talk with my employment supports without my consent, may not dictate my work schedule)

None.

Supported Decision-Making Agreement for: Sam Smith_____

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

7. My Rights and Safety

I DO X / DO NOT ___ want help with decisions about my rights and safety. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789
Mary Smith	Mom	345 Main St., Richmond, VA 23235	Mary.smith4@email.com	804-555-1234
Rachael Jones	ABA Therapist	45 Duncan Rd, Richmond, VA 23113	jonesaba@email.com	703-777-6565

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters can help me in these ways:

Write Y for "yes" or N for "no" to say if your Supporters can or cannot help with each option.

___ Help me understand my rights as a voter and register to vote.
___ All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand my choices when voting at elections.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me cast my ballot when voting.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and sign contracts and formal agreements.
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).
X All Supporters/ ___ Only Supporters Listed Here: _____

Y Help me communicate to others and make sure people understand what I am communicating in regards to my rights and issues of safety (what I want and do not want when I'm upset or in crisis, what to do when interacting with emergency services).
X All Supporters/ ___ Only Supporters Listed Here: _____

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
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To help me with my rights and safety these supporters may also do these things:

(Examples: Help me understand benefits that I am eligible for, help me apply for additional benefits, may help me find and obtain legal services, may help me access help when I feel unsafe)

1. Help me understand benefits that I'm eligible for. – All Supporters
2. Help me apply for additional benefits. – All Supporters
3. Help me access help when I feel unsafe. – All Supporters

These supporters MAY NOT do these things to help me with my rights and safety:

(Examples: May not dictate who I can and cannot talk to, may not decide who I vote for, may not sign contracts for me)

1. May not sign contracts for me. – All Supporters

Supported Decision-Making Agreement for: Sam Smith

8. Meeting and Talking with My Supporters

First and Last Name	Relationship	Home Address	Email	Phone Number
Paul Smith	Dad	345 Main St., Richmond, VA 23235	Paul.w.smith@email.com	804-555-6789

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**Commonwealth of Virginia:
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These supporters **MAY NOT** do these things to help me meet and talk with my Supporters:
(Examples: May not meet with my Supporters without me, May not talk with my Supporters about me without me present)

None.

Supported Decision-Making Agreement for: Sam Smith

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**Commonwealth of Virginia:
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9. Other

I DO ___ / DO NOT X want help with other decisions. Here is a list of people I want to help me:

First and Last Name	Relationship	Home Address	Email	Phone Number

**To add a new row, place cursor in bottom right box and press Tab.*

These supporters may also help me in these other ways:

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

Other: _____

___ All Supporters/ ___ Only Supporters Listed Here: _____

These supporters MAY NOT do these other things to help me:

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter*, agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Sam Smith
Signature of Decision Maker in This Agreement

Sam Smith
Printed Name of Decision Maker in This Agreement

Date Signed: 05/01/2022

I agree to be a *Supporter* under this agreement:

Paul Smith
Signature of Supporter 1

Paul Smith
Printed Name of Supporter 1

Date Signed: 05/01/2022

Mary Smith
Signature of Supporter 2

Mary Smith
Printed Name of Supporter 2

Date Signed: 05/01/2022

April Smith
Signature of Supporter 3

April Smith
Printed Name of Supporter 3

Date Signed: 05/01/2022

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker*. As the *Decision Maker*, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

Signature of Decision Maker in This Agreement

Date of Revocation

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Agreements

By my signature below I, the *Decision Maker*, agree to consult and work with my *Supporters* in making decisions and in other matters that I need and to consider (think about) their guidance. This agreement starts when I sign it, and ends when I choose to end it. Any *Supporter* may leave the agreement by telling me in writing. If a *Supporter* leaves the agreement, the rest of the agreement continues.

By my signature below I, the *Supporter*, agree to be available as often as needed to give the *Decision Maker* my best advice and assistance. I agree to support the *Decision Maker* with honesty, good faith, and in their and only their stated best interest, in line with the *Decision Maker's* values, needs, and preferences in order to assist them with making decisions relating to their life. When requested by the *Decision Maker*, I agree to help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian. As the *Supporter*, I acknowledge that I might know private information about the *Decision Maker* and will respect their confidentiality. I agree not to use my position to abuse, exploit, manipulate, slander or exercise undue influence on the *Decision Maker*. If I am also a paid provider, I will not provide support in areas that would appear as a conflict of interest.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Sam Smith
Signature of Decision Maker in This Agreement

Sam Smith
Printed Name of Decision Maker in This Agreement

Date Signed: 05/01/2022

I agree to be a *Supporter* under this agreement:

Rachael Jones
Signature of Supporter 1

Rachael Jones
Printed Name of Supporter 1

Date Signed: 05/01/2022

Johnny Prime
Signature of Supporter 2

Johnny Prime
Printed Name of Supporter 2

Date Signed: 05/01/2022

Adam Young
Signature of Supporter 3

Adam Young
Printed Name of Supporter 3

Date Signed: 05/01/2022

This page can be printed again if space for more Supporter's signatures is needed.

Cancellation of Supported Decision-Making Agreement

I, _____, am the creator of this agreement, which is all about me, and that makes me the *Decision Maker*. As the *Decision Maker*, I no longer want this Support Decision-Making Agreement. This agreement will no longer be effective as of the date indicated below.

Signature of Decision Maker in This Agreement

Date of Revocation

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Supported Decision-Making Facilitator (Optional):

By my signature below I, the *Facilitator*, agree to assist the *Decision Maker* with coordinating meetings with their *Supporters*, if and when needed. I agree to make reasonable efforts to ensure that the *Supporters* under this agreement are acting honestly, in good faith, and in accordance with the choices of the *Decision Maker*. If I suspect abuse, exploitation, manipulation, neglect, or undue influence on the *Decision Maker* by a *Supporter* I will discuss my concerns with both the *Decision Maker* and the *Supporter*, and follow the *Protocols for Addressing Abuse and Exploitation*. I also agree to help and advise the *Decision Maker*, should they have issues or concerns with any of their *Supporters*. If I am also a *Supporter*, I will take necessary steps to prevent any potential conflict with my role as the *Facilitator*.

None of the parties to this agreement are required to sign it, and any of us can resign from it with 10 days written notice to the others.

Sam Smith
Signature of Decision Maker in This Agreement

Sam Smith
Printed Name of Decision Maker in This Agreement

Date Signed: 05/01/2022

Paul Smith
Signature of Facilitator

Paul Smith
Printed Name of Facilitator

Date Signed: 05/01/2022

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Notary (Optional):

COMMONWEALTH OF VIRGINIA
COUNTY OF _____

On (date) _____ (name of Decision Maker) _____ appeared
and verified their identity, acknowledged this Supported Decision- Making Agreement, and affixed their
signature on the agreements page above.

NOTARY _____
Signature

REGISTRATION NUMBER _____

MY COMMISSION EXPIRES _____

SEAL

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Changes

Changes to this Supported Decision-Making Agreement can be made at any time by the Decision Maker to add a new Supporter(s) and/or adjust how Supporters provide support. Use the chart below to track changes to the Supported Decision-Making Agreement. Print this page again if space for more Amendments is needed or fill out a new Supported Decision-Making Agreement.

Change 1:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 2:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Change 3:

Date: _____

Change:

Signature of Decision Maker

Signature of Supporter(s) Involved

Signature of Supporter(s) Involved

Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Agreement**

Cancellations

The Decision Maker and/or Supporters may cancel their agreement at any time. This cancellation will not affect any decisions made or action taken on the basis of the initial Supported Decision-Making Agreement prior to receiving this notice.

Cancelled Supporter(s) 1:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 2:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker

Cancelled Supporter(s) 3:

Date: _____

Name of Cancelled Supporter(s):

Signature of Decision Maker




Supported Decision-Making Agreement for: Sam Smith

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

When do I want support? Everyone needs support with making some decisions, not just people with disabilities. Some people ask for help from a doctor when they are sick or before taking medicine. Some people ask a mechanic before buying a new car, or ask a friend before moving into a new apartment. When you get help from others with making decisions this is called Supported Decision-Making.




You can use this form to help you fill out the *Commonwealth of Virginia's Supported Decision-Making Agreement*. Place a check (✓) in box next to each sentence to say if you can do this on your own, if you can do it with support, or if you need someone else to do the task for you. You do not have to place a check in each area.

If you check "I can do this with support" think about who you might ask to support you, as well as what kind of support you want or need. You can also use the attached [Relationship Map](#) and/or [What Kind of Support Do I Want?](#) tools to help answer these questions.

	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Health and Personal Care			
Get my health care information.		✓	
Choose when to go to the doctor.	✓		
Make and keep my doctor and dentist appointments.		✓	
Understand and make medical choices in serious situations (for example, surgery, big injuries).		✓	
Understand and make medical choices in an emergency.			✓




This document was adapted from *Supported Decision-Making – When Do I Need Support? A Resource Document*, developed by the American Civil Liberties Union (ACLU) and the Parent Educational Advocacy Training Center (PEATC).

**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Health and Personal Care- continued			
Understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).		✓	
Understand my medications, help remind me about my medications, and assist me in getting and taking my medications.		✓	
Understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.	✓		
Choose what to wear and help me get dressed, if needed.	✓		
Decide where, when, and what to eat.	✓		
Make choices about drinking alcohol and using drugs.		✓	
Tell people what I want and what I don't want regarding my health and personal care.	✓		
Tell people how I make choices about my health and personal care.	✓		
Make sure people understand what I am saying about my health and personal care.		✓	




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	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Friends and Partners			
Understand and choose if I want to date and who I want to date.	✓		
Understand and make choices about birth control and pregnancy, and access medical care, if needed.		✓	
Make choices about sex.	✓		
Make choices about marriage.		✓	
Choose who to spend time with.	✓		
Tell people what I want and what I don't want regarding my friends and partners.		✓	
Tell people how I make choices about my friends and partners.	✓		
Make sure people understand what I am saying about my choices and decisions regarding my friends and partners.		✓	




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**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Money			
Get information about my finances.		✓	
Make big decisions about money (for example, opening a bank account, signing a lease).		✓	
Fill out financial forms and documents.		✓	
Keep a budget so I know how much money I can spend.		✓	
Pay rent and bills on time.			✓
Make sure no one is taking my money or using it for themselves.		✓	
Tell people what I want and what I don't want regarding my money.	✓		
Make sure people understand what I am saying about my choices and decisions regarding my money.	✓		




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**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u>. 	I can do this <u>with support</u>. 	I need <u>someone else</u> to do this for me. 
Where I Live and Community Living			
Get and look at information about places where I have lived.	✓		
Decide where to live.		✓	
Decide who to live with.		✓	
Understand chores, remind me to do chores, and help me do chores.		✓	
Understand any leases I am thinking about, and help me understand any rules of my home and community.		✓	
Make safe choices around the house (for example, turning off the stove, practicing for fire alarms).		✓	
Make decisions about what to do and where to go in my free time.	✓		
Make decisions about transportation, and help me use transportation.		✓	
Understand, find, hire, and fire support staff and services.		✓	
Make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes).	✓		




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**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Where I Live and Community Living- continued			
Make decisions about traveling to places I do not go often (for example, special events, vacations).		✓	
Tell people what I want and what I don't want regarding where I live and what I do in my community.	✓		
Tell people how I make choices about where I live and what I do in my community.	✓		
Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community.		✓	
School and Education			
Get and look at my education information and records.		✓	
Make decisions about whether to go to school, and where to go.		✓	
Make decisions about special education and accommodations.		✓	
Attend education meetings, including IEP meetings and school conferences.		✓	
Make decisions about school activities and events.	✓		




This document was adapted from *Supported Decision-Making – When Do I Need Support? A Resource Document*, developed by the American Civil Liberties Union (ACLU) and the Parent Educational Advocacy Training Center (PEATC).

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	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
School and Education- continued			
Tell people what I want and what I don't want regarding my education.	✓		
Tell people how I make choices about my education.	✓		
Make sure people understand what I am saying my education.		✓	
Working			
Choose if I want to work.	✓		
Understand my work choices and apply for jobs.		✓	
Understand how working will affect my benefits (Social Security, Medicaid, etc.).		✓	
Understand the benefits I can have at work (vacation time, sick leave, time off, etc.).		✓	
Request benefits at work (vacation time, sick leave, time off, etc.).	✓		
Make decisions about transitional services (services as I transition out of high school).	✓		




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	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Working- continued			
Explore and make decisions about internships, apprenticeships, and/or mentoring.		✓	
Make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes.		✓	
Make decisions about supported employment or other supports and services I need in order to work.		✓	
Attend meetings with my employment supporters, including Vocational Rehabilitation or other employment agencies.		✓	
Make decisions about career preparation and placement.	✓		
Request accommodations for my work.		✓	
Get to and from work every day.		✓	
Talk to my employer.	✓		
Tell people what I want and what I don't want regarding my work and work related supports.	✓		
Tell people how I make choices about my work and work related supports.	✓		




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Working- continued			
Make sure people understand what I am saying about my work and work related supports.		✓	
My Rights and Safety			
Understand my rights as a voter and register to vote.	✓		
Understand my choices when voting at elections.		✓	
Cast my ballot when voting.		✓	
Understand and sign contracts and formal agreements.		✓	
Understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation).		✓	
Communicate to others and make sure people understand what I am saying in regards to my rights and issues of safety.		✓	
Meeting and Talking with My Supporters			
Contact my Supporters to set up meetings.		✓	
Talk with my Supporters when I am upset or have a problem with them.		✓	

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	I can do this <u>on my own</u> . 	I can do this <u>with support</u> . 	I need <u>someone else</u> to do this for me. 
Meeting and Talking with My Supporters- continued			
Keep my Supporters updated on how I am doing.	✓		
Keep my Supporters updated on what I am doing.	✓		
Communicate to my Supporters to make sure they understand what I am saying.		✓	
Other Choices or Activities			

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What kind of support do I want? Support (help) can look different for everyone and can be different for each choice or activity.

You can use this form to help you think about the different ways people can help and how you might want your Supporters to help you. Place a check (✓) in the box next to each type of help you think you might want or need.

	Types of Support	
✓	Have help filling out/writing on forms, such as my Supported Decision-Making Agreement.	
	Have information written and/or spoken in simple words (plain-language).	
	Have information provided in pictures.	
✓	Talk to your Supporters to know what your choices are.	
✓	Research to learn more about your choices on your own or with help from your Supporters.	
✓	Talk to experts (people who know a lot about your choices) about your options and choices.	
✓	Talk to your Supporters to get advice.	

This document was adapted from *How to Make a Supported Decision-Making Agreement, A Guide for People with Disabilities and their Families*, developed by the American Civil Liberties Union (ACLU).

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	Types of Support	
	Take extra time to think about your choices.	
✓	Get help making a pros and cons list (a list of good and bad sides of each choice).	
✓	Have Supporters remind you about your values (what is most important to you) and how these might impact your choices.	
✓	Help trying out different choices to see how you feel and which choice you like.	
	Have help from your Supporters with communicating your choice to others.	
	Use technology (a phone or computer) to help communicate your choice to others.	
✓	Receive reminders about important dates and times.	
✓	Have a Supporter come to meetings and appointments with you.	
	Take classes (on-line or in person) to help learn more about choices.	

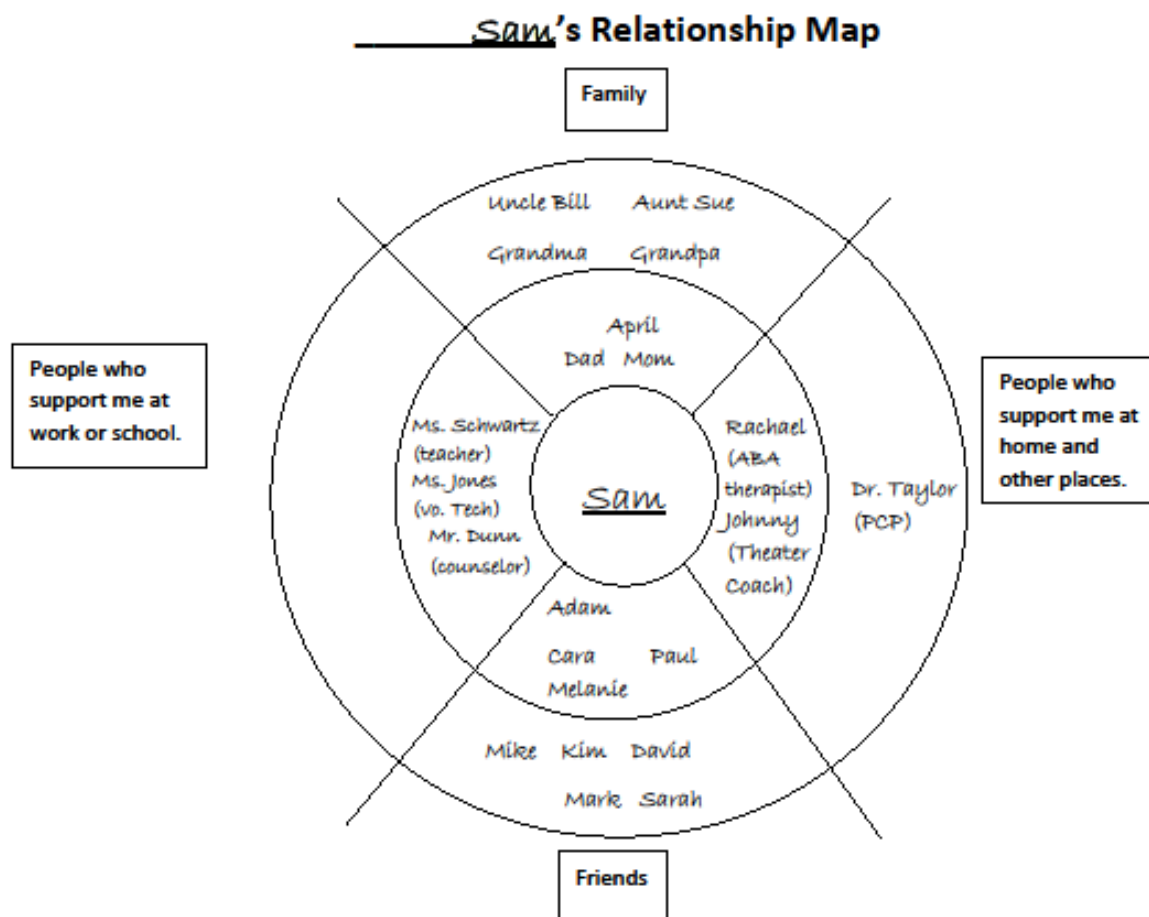
This document was adapted from *How to Make a Supported Decision-Making Agreement, A Guide for People with Disabilities and their Families*, developed by the American Civil Liberties Union (ACLU).

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Who do I want to support me? Supported Decision-Making Agreements are made up of Supporters and Decision Makers. You are the Decision Maker and the people you choose to help you are the Supporters. You can choose anyone you want to be your Supporter and you can choose to have many supporters. Some Supporters might help you in one area of life and others might help you in several areas. The decision is up to you.

When thinking about who you want as a Supporter, think about people that you trust and talk to them to see if they will agree to be your Supporter.

You can use this form to help you think about the different people who already help you in your life. Your name goes in the center circle. Write the names of the people who help you in the category that best fits them. People who you feel closest to will go in the circle closest to your name. People that you do not feel as close to or that you do not look to for help as often can go in the outer circle.



The *Relationship Map* is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practiced.

Sharing School Information

(Plain Language Authorization to Disclose Educational Information)

My name is: _____

My address is: _____

I go to school at: _____

My school is in this city: _____

I want someone to help me make choices about school.

The person I want to help me is: _____

This person's phone number is: _____

I want this person to: *(Check all boxes that apply.)*

- ☐ I want this person to come to my Individualized Education Program (IEP) or 504 Plan meetings.
- ☐ I want this person to come to all meetings at my school.
- ☐ I want this person to get all the information that I get from my school.
- ☐ I want this person to communicate with school staff, including requesting help if there is a disagreement (i.e. legal due process, mediation).
- ☐ It is okay for this person to see my report card and progress reports.
- ☐ It is okay for this person to see my discipline records.
- ☐ It is okay for this person to see my evaluations.
- ☐ It is okay for this person to see all information that my school has about me.
- ☐ It is okay for this person to see the following information about me:

- ☐ It is okay for this person to do these other things:

This agreement to share school information will continue until I say it should stop.

My signature: Sam Smith

Today's Date: _____

Sharing My Medical Information

(Plain Language HIPAA Authorization for Disclosure of Health Information)

A Note to Providers/ Records Departments: Per the Americans with Disabilities Act, individuals with disabilities are able to use simplified versions of forms to request or grant permission for others to access their information as a reasonable accommodation. There are no federal or state mandated forms for HIPAA Authorization. This form stands as a valid a means for the individual named below to request information and grant permission for others to access their information as detailed below.

My name is: _____.

My doctor's office or hospital is called: _____.

It is in this city: _____.

My doctors and nurses write notes about me. They also write about the tests they do. These notes are called **records**.

I want to share my medical records.

The person who can see my records is:

Name:

Address:

Phone number: _____

Email address: _____

This person can see: *(Check one box.)*

- ☐ All of my medical records.
☐ Only some records. The records this person **can see** are:

(Write what records you want the person to see.)

This person can see my records until: *(Check one box.)*

☐ This date: _____.

☐ When I sign a form to say that this person can no longer see my records.

I have decided to share my medical records with: _____.

I know that I do not have to share these records.

I know that I can stop this agreement at any time.

My doctors and nurses have to be very careful with my medical records.
They cannot usually show my records to other people. The person who I
am sharing my records with cannot share them with other people unless I
agree.

I trust the person I am sharing my records with.

My signature:

Sam Smith

The date today is:

_____.

Appendix D: Frequently Asked Questions

Frequently Asked Questions (Plain Language)

1. What is Supported Decision-Making?

When you choose to get help with making a decision that is called supported decision-making. Everyone needs support with making some decisions, not just people with disabilities. Some people ask for help from a doctor when they are sick or before taking medicine. Some people ask a mechanic before buying a new car or ask a friend before moving into a new apartment. Many people with disabilities live on their own or with some help and can make important decisions because they use supported decision-making. When you use supported decision-making, you work with people you trust to help you think about your different options, but you make the final decision.

2. What is the difference between a Supporter and Substitute Decision-Maker?

A Supporter is someone, or multiple people, selected by you, the Decision Maker, to help you with making choices. The Supporter helps you understand the choice that needs to be made, your options, and the positives and negatives of each option. Supporters can help explain forms or processes in ways that make more sense to you, and they can even help you tell others what your choice is, if you want them to. The Supporter does not make decisions or choices for you. They are only there to help you. You keep all of your legal rights and make all final decisions for yourself.

A Substitute Decision-Maker is someone, or multiple people, who makes decisions for you, typically after a judge or another professional says that you are not able to make choices on your own. Examples of a substitute decision-maker are a legal guardian, who is a person selected by the court, or a DBHDS authorized representative, who is a person select by a specific agency or provider. Substitute Decision-Makers can make decisions for you, agree to services for you, and sign forms for you. The information about what the substitute decision-maker can and cannot do will be written in a form. You should have a copy of this form and you can ask for help understanding what the form says.

Both a Supporter and a Substitute Decision-Maker should always keep in mind your preferences, what you do and do not want in your life, and your values when a choice needs to be made.

3. What is a Supported Decision-Making Agreement?

Supported Decision-Making Agreements are a way to show in writing who you want to support (help) you, in what areas of life, and how you want to be supported. Both you and the people you want to support you have to agree to working together on the things you put in your Supported Decision-Making Agreement.

- *Decision Maker*- You are the creator of the Supported Decision-Making Agreement and you are called the Decision Maker
- *Supporters*- The people you trust and select to help you understand and make choices are called Supporters
- *Supported Decision-Making Facilitator*- The person you select to help make sure your agreement is working and everyone is doing their part. This is optional and the person may also be one of your Supporters.

Your Supported Decision-Making Agreement can be changed (updated) at any time. You can use the “Changes” page on the Supported Decision-Making Agreement to write down your changes. You can also decide at any time that you no longer want a Supported Decision-Making Agreement. A Supported Decision-Making Agreement is not a legal document a judge would order in court to give you, but people should follow any choices you make, as you have the right to make all final decisions.

4. What does a Supported Decision-Making Agreement NOT do?

Supported Decision-Making Agreements do not let people become your legal guardian or take away your rights, like voting, getting married, or moving into an apartment. They do not let your parents or anyone else make decisions for you. But it is also important to make sure you think about who you might want to make decisions for you if you are sick or can't make your own decisions. To help with this, you can fill out forms like an Advanced Medical Directive or a Power of Attorney. Make sure before you do this, you understand what you are agreeing to for each of these forms.

5. Who can have a Supported Decision-Making Agreement?

[Any person 18 and older with a developmental disability \(including intellectual disabilities\)](#). In [Virginia](#) you can make decisions on your own and you have rights. Only a judge can make changes to this for you. If a judge has selected a legal guardian or conservator for you, then you cannot make a Supported Decision-Making Agreement.

6. How is a Supported Decision-Making Agreement created?

Supported Decision-Making Agreements can be made by you and the people you trust to be your Supporters. You can talk with the people you trust and use the activity sheets (tools) to help you think about what you want or need help with, how you want help, and who you want to help you. You can use Virginia's

Supported Decision-Making Agreement form or your own form. If you make your own Supported Decision-Making Agreement form, make sure it includes these things:

- Who you want as your Supporter(s)
- When you want help
- How you want to receive help
- Make sure that you and your Supporter(s) agree to the information and sign the form

7. Do I need to have a formal Supported Decision-Making Agreement?

No. You have the right to ask for help when you want to and from anyone you want to ask for help from. For example, you can bring anyone you want to your doctor's appointment, even without a Supported Decision-Making Agreement. You can request that specific people come to important meetings in your life and help you make decisions without a Supported Decision-Making Agreement. There are also other ways to write down who you want to help you make decisions, when needed, like a Power of Attorney or an Advanced Medical Directive.

8. I received a copy of someone's Supported Decision-Making Agreement. What does this mean?

We all use supported decision-making in our lives. A Supported Decision-Making Agreement is an official way of making sure people know what you want. The Decision Maker provided you with a copy so that you know who they trust for support and advice in different areas of life. You might work with people called Supporters, as identified in the Supported Decision-Making Agreement; however, the Decision Maker makes the ultimate decision. This means that even when a Supporter is asked to help the Decision Maker communicate, the Supporter is not the one making the decision.

9. What are the rights, role, and responsibilities of a Decision Maker?

As the Decision Maker, you have the following rights:

- The right to make your own decisions.
- The right to self-determination (choosing for yourself) and to take risks (chances) when making decisions about your life (sometimes this is called dignity of risk).
- The right to choose who you want as Supporters, when you receive help (support), and how you receive help (support).
- The right to change or cancel your Supported Decision-Making Agreement at any time.

It is important that you think carefully about who you want to help you and be your Supporters. You also want to talk to your Supporters and make sure they are okay helping you as a Supporter. Make sure you ask people you trust and feel good about talking to about hard decisions.

10. What are the roles and responsibilities of a Supporter?

Supporters can be your family and friends, coworkers, or even your doctor, service provider, or teacher. The parts of your life and the ways a Supporter helps you can be different for each person you ask for help from. Supporters should:

- Be available to you when you need them to help with decisions that you marked on your Supported Decision-Making Agreement.
- Know they do not make decisions for you and cannot get in trouble for the decisions you make based on their help (advice).
- Provide you with truthful advice and information so that you can make decisions based on good information and your understanding of that information.
- Know that you have the right to take changes and make mistakes, called dignity of risk, when making decisions.
- Not offer advice or help if you do not ask for it.
- Not provide advice about things that could be a conflict of interest, that would help the Supporter more than you, or on things they do not know about.
- Provide help that is honest and given in a way that agrees with your feelings, needs, and things you like.
- Help you plan and get supports and services that will help you live safely and successfully in your community without a legal guardian, when you ask for their help.
- Respect your privacy and the information you share with them.
- Protocol for Addressing Abuse and Exploitation: Supporters agree to not use their position to abuse, exploit, manipulate, neglect, or provide undue influence on the Decision Maker. Should you have concerns, discuss with the Decision Maker and contact Adult Protective Services, if needed. If abuse, exploitation, or neglect is suspected, contact Adult Protective Services and emergency services (911), as appropriate. The Virginia Adult Protective Services hotline is 888-832-3858 or find the number to your local Adult Protective Services at <https://www.dss.virginia.gov/localagency/index.cgi>. You can learn more about Adult Protective Services and mandated reporting at <https://www.vadars.org/aps/AdultProtServ.htm>.

Some examples of abuse and exploitation are if someone hits you, someone tries to steal your money or use your money without your permission, or someone tries to keep you from seeing your girlfriend or boyfriend.

11. What are the roles and responsibilities of Supported Decision-Making Facilitator?

Having a Supported Decision-Making Facilitator is optional. You made decide to have one of your Supporters in this role. The Supported Decision-Making Facilitator agrees to:

- Help schedule meetings with you and your Supporters if and when needed.
- Provide you with help and advice if you have issues with any of your Supporters.
- Monitor your Supporters to make sure they are being honest and helping you in the ways that they agreed to in your Supported Decision-Making Agreement.
- Monitor for suspected abuse, exploitation, manipulation, neglect, or undue influence by your Supporters.

Should the Supported Decision-Making Facilitator suspect abuse, exploitation, manipulation, neglect, or undue influence, they will follow the “Protocol for Addressing Abuse and Exploitation”, as outlined above.

12. Where can I go for more information on Supported Decision-Making and Supported Decision-Making Agreements?

You can get more information online about Supported Decision-Making and Supported Decision-Making Agreements:

- *The Arc of Northern Virginia*- <https://thearcofnova.org/programs-services/sdm-resource-library/>
- *Charting the LifeCourse*- <http://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/>
- *disAbility Law Center of Virginia*- <https://www.dlcva.org/supported-decision-making>
- *PEATC*- <https://peatc.org/services/transition-to-adulthood/>
- *Supported Decision Making*- <http://www.supporteddecisionmaking.org/>

Frequently Asked Questions

13. What is Supported Decision- Making?

Supported decision-making is defined by the American Bar Association as a “decision-making model in which an individual makes decisions with the support of trusted individuals.” Everyone receives supports with making decisions, not just individuals with disabilities. You might consult with your primary care physician when you are ill or before taking a new prescription. When looking into purchasing a new car, you might talk to your mechanic or friends of yours that have the car you are interested in to obtain their opinions. When looking into places to move to, you might look up statistics online or talk to people who live in that area to get information about the cost of living and the pros and cons of living in certain neighborhoods. Many individuals with disabilities are able to live independent lives and make important decisions through the use of supported decision-making. Supported decision-making allows individuals with disabilities to

maximize their self-determination by making the ultimate decision regarding their own lives, including supports and services, while receiving assistance of those they trust to ensure they receive all of the information needed to make an informed decision. It is important to practice supported decision-making starting at a young age, not just as an adult, in order for individuals to build their confidence with making decisions on their own.

14. What is the difference between a Supporter and Substitute Decision-Maker?

A Supporter is someone, or multiple people, selected by the Decision Maker (i.e. the person with a developmental disability) to help them with making decisions. The Supporter helps ensure that the Decision Maker understands the decision that needs to be made, their choices, and the potential short- and long-term implications of each choice. Supporters can help explain forms or processes in words that the Decision Maker understands, and they can even help the Decision Maker communicate to others, if the Decision Maker wants them to do so. The Supporter does not have any decision-making authority over the Decision Maker and is only there to assist. The Decision Maker retains all of their legal rights and makes all final decisions for themselves.

A Substitute Decision-Maker is someone, or multiple people, who makes decisions for another person, typically after the individual is found to be legally incompetent or lack capacity. Examples of a substitute decision-maker are a legal guardian, who is appointed by the court, or a DBHDS authorized representative, who is appointed by a specific agency or provider. Substitute Decision-Makers can have the authority to make decisions on behalf of, or for, the individual, as well consent to services/treatment, and sign forms for the individual. The details of their authority are stated in official forms, such as ones provided by the court or an authorized representative agreement form.

Both a Supporter and a Substitute Decision-Maker should always keep in mind the individual's preferences, desires for their life, and values when a decision needs to be made.

15. What is a Supported Decision-Making Agreement?

Supported Decision-Making Agreements are the formal process of documenting who an individual wants to support them, in what areas of life, and how they want to be supported. Both the individual and the supporters consent to entering into this agreement.

- *Decision Maker*- Individuals with disabilities entering into a Supported Decision- Making Agreement.
- *Supporters*- Those selected by the Decision Maker to help understand and make choices.
- *Supported Decision-Making Facilitator*- The person selected by the Decision Maker to help oversee the agreement. This is optional and the

person can be both a Supporter and the Supported Decision-Making Facilitator.

Supported Decision-Making Agreements can be updated and amended at any time. Supported Decision-Making Agreements are formally recognized in Virginia, as noted in [Virginia Code 37.2-314.3](#). A Supported Decision-Making Agreement is not a legal document a judge would order in court, but people should follow any choices the Decision Maker makes, as they have the right to make all final decisions.

16. What does a Supported Decision-Making Agreement NOT do?

Supported Decision-Making Agreements are not a backdoor to guardianship. They do not permit the Supporter to make decisions for the Decision Maker and are not a way to take away an adult child's rights when a parent disagrees with their decisions. Supported Decision-Making Agreements do not take the place of an Advanced Medical Directive or Power of Attorney should a medical or crisis situation arise. It is recommended that Decision Makers consider and complete these processes as part of a complete supported decision-making process and to minimize the possible issues of not having a representative should the Decision Maker become incapacitated.

17. Who can have a Supported Decision-Making Agreement?

[Any individual 18 and older with a developmental disability \(including intellectual disabilities\)](#). In [Virginia](#) all individuals are presumed to have legal competence unless a court has determined otherwise. A capacity evaluation is not a legal determination of competency and is not required to enter into a Supported Decision-Making Agreements.

18. How is a Supported Decision-Making Agreement created?

Supported Decision-Making Agreements can be created by an individual (Decision Maker) and trusted Supporters. Open and thoughtful discussions occur prior to creating a Supported Decision-Making Agreement in order to assist Decision Makers in identifying the areas of life where they need assistance, who they want to support them, and how they want to receive support. Tools to help with this discovery process can be found attached to this document and in the resource links below. Virginia's Supported Decision-Making Agreement template is available for individuals to use, however it is not the only template available. All Supported Decision-Making Agreements should include these key elements, at a minimum:

- Who the Decision Maker wants as their Supporter(s)
- When the Decision Maker wants help
- How the Decision Maker wants to receive help
- Indication that the Decision Maker and Supporter(s) agree to the information documented

19. Is a formal Supported Decision-Making Agreement required?

No, Supported Decision-Making Agreements are not always required. People have the right to and option to ask for help when they want to. For example, you can bring anyone you want to your doctor's appointment, even without a Supported Decision-Making Agreement. You can request that specific people attend important meetings in your life and help you make decisions without a Supported Decision-Making Agreement. There are also other formal processes to identify who you want to help you make decisions, when needed, such as a Power of Attorney or an Advanced Medical Directive.

20. I received a copy of someone's Supported Decision-Making Agreement. What does this mean?

We all use supported decision-making in various aspects of our lives. A Supported Decision-Making Agreement is a formal way of documenting this. The Decision Maker provided you with a copy so that you are informed of who they trust for support and advice in different areas of life. You might interact with the designated people, called Supporters, as identified in the Supported Decision-Making Agreement; however the Decision Maker makes the ultimate decision. This means that even when a Supporter is tasked with helping communicate on behalf of the Decision Maker, they are not the one making the decision.

21. What are the rights, role, and responsibilities of a Decision Maker?

In Virginia all individuals are presumed to have legal competence unless a court has determined otherwise. Therefore, individuals entering into Supported Decision-Making Agreements, also known as Decision Makers, have:

- The right to make their own decisions.
- The right to self-determination and to take risks when making decisions about their lives (also known as dignity of risk).
- The right to select who they want as Supporters, what areas of life they receive support in, and how they receive support.
- The right to amend or revoke their Supported Decision-Making Agreement at any time.

Decision Makers should give careful consideration to whom they select as Supporters and ensure those selected agree to be a Supporter. They should communicate with their Supporters on a regular basis to ensure that their Supporters are aware of what is going on in their life and their support needs. Decision Makers need to be open about their wants, needs, desires, and concerns so that Supporters can provide the best and most honest advice when considering each scenario.

22. What are the roles and responsibilities of a Supporter?

Supporters can be people that the Decision Maker is around all the time like family members, friends, and co-workers as well as those who are paid to support the Decision Maker, such as a doctor, waiver provider, or teacher. The life areas and the ways a Supporter assists a Decision Maker can vary from Supporter to Supporter. Supporters should:

- Be available to the Decision Maker, when needed, for decisions about the life areas they are assigned to in the agreement.
- Recognize they do not make decisions for the Decision Maker and are not legally responsible for the decisions a Decision Maker makes based on their advice.
- Provide the Decision Maker with honest and fair advice in the life areas they are selected for so that the Decision Maker is able to make the most educated and informed decision.
- Accept that Decision Makers have dignity of risk when making life decisions.
- Not offer advice or support if the Decision Maker hasn't asked for it.
- Not provide advice related to topics that could be a conflict of interest, i.e. benefits them as a Supporter, and/or they are not knowledgeable about.
- Provide advice that is honest and offered in a way that agrees with the Decision Maker's values, needs, and preferences.
- When requested by the Decision Maker, help them plan and arrange for supports and services that will help them live safely and successfully in the community without a legal guardian.
- Respect the confidentiality of the Decision Maker.

Protocol for Addressing Abuse and Exploitation: Supporters agree to not use their position to abuse, exploit, manipulate, neglect, or provide undue influence on the Decision Maker. Should you have concerns, discuss with the Decision Maker and contact Adult Protective Services, if needed. If abuse, exploitation, or neglect is suspected, contact Adult Protective Services and emergency services (911), as appropriate. The Virginia Adult Protective Services hotline is 888-832-3858 or find the number to your local Adult Protective Services at <https://www.dss.virginia.gov/localagency/index.cgi>. You can learn more about Adult Protective Services and mandated reporting at <https://www.vadars.org/aps/AdultProtServ.htm>.

23. What are the roles and responsibilities of Supported Decision-Making Facilitator?

Having a Supported Decision-Making Facilitator is optional, however the person who serves in this role cannot also be a Supporter. The Supported Decision-Making Facilitator agrees to:

- Coordinate meetings with the Decision Maker and Supporters if and when needed.
- Provide help and advice to the Decision Maker, should they have issues or concerns with any of their Supporters.
- Make reasonable efforts to ensure that the Supporters are acting honestly, in good faith, and in accordance with the choices of the Decision Maker.
- Monitor for suspected abuse, exploitation, manipulation, neglect, or undue influence by Supporters.

Should the Supported Decision-Making Facilitator suspect abuse, exploitation, manipulation, neglect, or undue influence, they will follow the "Protocol for Addressing Abuse and Exploitation", as outlined above.

24. Where can I go for more information on Supported Decision-Making and Supported Decision-Making Agreements?

The following organizations have additional information about Supported Decision-Making and Supported Decision-Making Agreements:

- *The Arc of Northern Virginia*- <https://thearcfnova.org/programs-services/sdm-resource-library/>
- *Charting the LifeCourse*- <http://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/>
- *disAbility Law Center of Virginia*- <https://www.dlcva.org/supported-decision-making>
- *PEATC*- <https://peatc.org/services/transition-to-adulthood/>

Appendix E: Demographic Questions

1. Are you an individual with a developmental disability (including intellectual disabilities)?
 - a. Yes
 - b. No
2. If you have a developmental disability, how old are you?
 - a. 17 years old and younger
 - b. 18-22 years old
 - c. 23-26 years old
 - d. 27- 59 years old
 - e. 60 years old and older
3. If you have a developmental disability, do you have any of the following: (select all that apply)
 - a. Legal Guardian
 - b. Power of Attorney
 - c. Authorized Representative
 - d. Supported Decision-Making Agreement
 - e. None
 - f. I do not know
4. What is your relationship to individuals with developmental disabilities?
 - a. I have a developmental disability (including intellectual disability).
 - b. I'm a parent of someone with a developmental disability.
 - c. I'm a friend of someone with a developmental disability.
 - d. I work with people with developmental disabilities.
 - e. Other
5. If you work with people with developmental disabilities, what field are you in?
 - a. Public Services (Community Services Board, DD Waiver Provider, local or state agency, etc.)
 - b. Education
 - c. Legal
 - d. Financial
 - e. Medical
 - f. Other