



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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November 1, 2024

To: Governor Glenn A. Youngkin Governor of Virginia
The Honorable Winsome Earl-Sears, Lieutenant Governor of Virginia
The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services (DBHDS)

RE: § 37.2-314.3 of the Code of Virginia

§ 37.2-314.3 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. The language reads:

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 implementation and use of SDMAs in Virginia, the education and training conducted during fiscal year 2024, as well as recommendations to enhance the utilization of SDMAs in Virginia.

CC: The Honorable Janet V. Kelly, Secretary of Health and 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)

January 14, 2025

A Life of Possibilities for All Virginians

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Executive Summary

§ 37.2-314.3 of the Code of Virginia 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, again, in 2020. In 2022 DBHDS created a workgroup to help with the development of the SDMA template and protocol to address abuse and exploitation of individuals using SDMAs. Since then, DBHDS has focused on increasing the public's awareness of supported decision-making and SDMAs throughout Virginia by conducting trainings and building partnerships with stakeholders who interact with individuals with intellectual and developmental disabilities (DD). From July 2023 through June 2024 (fiscal year 2024) 36 training sessions were conducted, reaching over 1,250 individuals with DD, parents/caregivers/ family members of individuals with DD, practitioners, educators, waiver providers, those in the medical field, and more.

Training sessions covered the following topics:

- Overview of Supported Decision-Making and Supported Decision-Making Agreements
- Overview of Decision-making options in Virginia
- Decision-making for Children ages 0-8 years old
- Decision-making through the lifespan
- Risk and Supported Decision-Making

The following represents some of the organizations that collaborated with DBHDS to host training sessions, reviewed information and documentation, and increased awareness about the use of SDMAs for individuals with DD this year:

- The Arc of Virginia
- The Disability Law Center of Virginia (dLCV)
- The DBHDS Office of Human Rights
- The Department of Medical Assistance Services (DMAS)
- The Harrisonburg-Rockingham Community Services Board
- The Parent Educational Advocacy Training Center (PEATC)
- Virginia Commonwealth University's Partnership for People with Disabilities

Additionally, the following recommendations remain from the 2022 Supported Decision-Making Workgroup and feedback from constituents and stakeholders over the past fiscal year:

1. Explore other sources for data collection.
2. Make recommendations for updating the state Administrative Code to reflect more person-centered wording and clarify roles and responsibilities.
3. Make recommendations for codifying SDMAs beyond the DBHDS administrative code to formally recognize SDMAs as an alternative to legal guardianships and/or conservatorships, and expand the use of SDMAs to other disability populations.

4. Ensure written information and forms are available in other languages and in alternate formats to increase accessibility and utilization.
5. Investigate the implementation of a uniform tool for capacity evaluations.
6. Explore the implementation of a volunteer Supporter program.

Supported decision-making and SDMAs are an integral piece to increasing autonomy and self-determination for individuals with disabilities. Continuing to provide education and training and removing barriers to the use of supported decision-making and SDMAs as opposed to more restrictive alternatives, will play an important part in increasing utilization. Additionally, continued outreach and training targeted to those who interact or support individuals with disabilities, will help more individuals to live independent, person-centered lives.

Background

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 during 2020 and provided findings and recommendations to the Chairs 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 for Virginia¹.

They are as follows:

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 consider 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 their own decisions, sometimes called "Dignity of Risk." Risky decision-making should not be motivation for restricting an individual's rights through guardianship or substitute decision-making.

In 2022, DBHDS convened a workgroup to help with processing and developing the directives laid out in HB 2230 (2021). The 2022 Supported Decision-Making Workgroup was made up of individuals from various state agencies, advocacy organizations, self-advocates, and family members of individuals with developmental disabilities, and used the principles from the 2020 workgroup as a guide. Workgroup members created the Virginia SDMA template, Discovery Tools, and supplemental documents, which were the focus of the majority of trainings throughout fiscal year 2023 and 2024. Additionally, the Workgroup agreed on the following goals for SDMAs in Virginia²:

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

² "Report on House Bill 2230, Supported Decision-Making Report". Virginia Department of Behavioral Health and Developmental Services. November 2022.

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

Education and Training

One of the directives of DBHDS by § 37.2-314.3, is to develop and provide education about the development and use of SDMAs to individuals with intellectual and developmental disabilities, their family members, and members of any professions 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 named additional populations to target for education and training: community services boards, DD Waiver providers, other state agencies, educators, public and private legal guardians, and anyone interested in or serving as a Supporter.

Throughout FY 2024, there were 36 training sessions and presentations conducted across Virginia that reached an estimated 1,250 individuals, though the exact number is likely higher due to multiple people viewing from the same account during virtual sessions. The target audiences included individuals with intellectual and developmental disabilities, parents/caregivers/family members of those with disabilities, community services boards, service providers working with those with disabilities, and professionals working in the fields of human rights, licensing, education, mental health, and medicine. Training sessions covered:

- Overview of Supported Decision-Making and Supported Decision-Making Agreements
- Overview of Decision-Making Options in Virginia
- Decision-Making for Children Ages 0-8 Years Old
- Decision-Making Through the Lifespan
- Risk and Supported Decision-Making

Collaborations and Partnerships

In FY 2024, DBHDS conducted meetings with many organizations and agencies to work on creating partnerships to help increase awareness and use of SDMAs in Virginia. While 12 of the training sessions were hosted by DBHDS as part of an annual virtual training initiative, all other training and information sessions were hosted by other offices, agencies, and organizations. DBHDS worked with the following organizations to host trainings and presentations:

- The Arc of Virginia
- Region 4 (Central Virginia CSBs)

- The Harrisonburg-Rockingham Community Services Board
- The Parent Educational Advocacy Training Center (PEATC)
- Virginia Board for People with Disabilities (VBPD)
- Wall Residences
- Frederick County Public Schools
- Autism Society - Tidewater Virginia
- Va-LEND
- Mount Rogers Community Services Board
- Northstar
- I'm Determined (sponsored by the Virginia Department of Education (VDOE) and the VCU Partnership for People with Disabilities)
- vaACCSES
- The Area Planning and Services Committee on Aging with Lifelong Disabilities (APSC)
- DBHDS' Individual and Family Support Program (IFSP) Regional Councils
- DBHDS' Office of Patient Continuum Services
- DBHDS' Integrated Health Support Network
- DBHDS' Office of Licensing

DBHDS also partnered with the Parent Educational Advocacy Training Center (PEATC), The Arc of Virginia, disAbility Law Center of Virginia (dLCV), VCU's Partnership for People with Disabilities, and Peer Mentors throughout Virginia to create a pocket card and accompanying letter to help people advocate for their right to make their own decisions (Appendix A).

Internally, DBHDS ensured trainings brought awareness about SDMAs, specifically to those in the medical field. DBHDS collaborated with dLCV to provide an update on supported decision-making in Virginia to the VBPD Board Members. DBHDS and dLCV are also working on a training that will offer continuing legal education (CLE) credits for those in the legal field. The training will focus on SDM and ethics and will take place in the fall of FY 2025.

DBHDS provided technical assistance to CSBs and DD Waiver providers throughout the fiscal year regarding supported decision-making, SDMAs, and other decision-making options. DBHDS also provided consultations and assisted people throughout Virginia with filling out the Discovery Tools and SDMAs. DBHDS continues its work building collaborations and partnerships to educate professionals in the medical, financial, and legal fields on supported decision-making and SDMAs.

Supported Decision-Making Utilization

It is important to understand the use of SDMAs in Virginia to identify barriers and better target education, training, and outreach. SDMA utilization data for Virginia remains limited at this time. The Virginia SDMA template became available for public use on July 15, 2022. While nothing was preventing individuals from creating SDMAs before the development of the Virginia SDMA template, there was also no way to collect data regarding the number of individuals who created and used SDMAs before July 2022. DBHDS identified currently available methods of collecting SDMA utilization data and continues to work on identifying and/or developing other methods of data collection beyond the service scope of DBHDS.

Virginia Waiver Management System (WaMS)

DBHDS currently has the ability to collect information regarding the demographics, services, and decision-making representation through the online WaMS used to manage data on individuals with Developmental Disabilities Waivers (DD Waivers) and on the DD Waivers waiting list. As of April 2024, there were 17,109 individuals with DD Waivers, with 16,416 individuals being 18 years or older, and 14,847 individuals on the DD Waivers waiting list, with 7,004 being 18 years or older³.

The scope of information available in WaMS varies depending on whether individuals are on a DD Waiver, or the DD Waiver waiting list. Information related to whether or not someone has an SDMA is currently collected in the Person-Centered Individual Support Plan (PC ISP) in WaMS. At this time, only individuals with a DD Waiver are required to have a PC ISP in WaMS, so DBHDS can only obtain SDMA utilization data for those who currently have a DD Waiver.

The tables below show the number of individuals meeting these criteria, by quarter and age group, for FY 2024, the types of decision-making support received, supporter satisfaction with SDMAs, and the number of individuals not utilizing SDMAs, but are interested in doing so. For this report, ISPs with effective dates of July 1, 2023 through June 30, 2024 were analyzed.

Table 1. Number of ISPs with Effective Dates from July 1, 2023- June 30, 2024

Age of individuals with ISPs with effective dates within data range	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	Total	Percent
≤17 years old	213	259	190	251	913	6.28%
≥18 years old	3,881	3,359	2,904	3,478	13,622	93.72%
Total	4,094	3,618	3,094	3,729	14,535	100%
Percent	28.17	24.89	21.29	25.65	100%	N/A

Table 2. FY 2024 Q1 Decision-Making Support; 18 years old and older

Type of Decision-Making Support	Total	Percent
None	1,129	29.09%
Supported Decision-Making Agreement only	6	0.16%
Supported Decision-Making Agreement with Other*	75	1.93%
Other*	790	21.67%
Legal Guardianship only	1,648	42.10%
Legal Guardianship with Other*	99	1.83%
Selected options not possible to combine**	134	3.22%
Total	3,881	100%

*Represents one or a combination of the following decision-making options: Power of Attorney, Advance Medical Directive, DBHDS Authorized Representative.

** Represents the selection of any types of support or representation that are not legally possible to combine, such as an SDMA and a legal guardian.

³ “Waiver Management System (WaMS) Report”. Virginia Department of Behavioral Health and Developmental Services. April 2024.

Table 3. FY 2024 Q2 Decision-Making Support; 18 years old and older

Type of Decision-Making Support	Total	Percent
None	927	27.60%
Supported Decision-Making Agreement only	5	0.15%
Supported Decision-Making Agreement with Other*	44	1.31%
Other*	738	21.97%
Legal Guardianship only	1,464	43.58%
Legal Guardianship with Other*	77	2.29%
Selected options not possible to combine**	104	3.10%
Total	3,359	100%

*Represents one or a combination of the following decision-making options: Power of Attorney, Advance Medical Directive, DBHDS Authorized Representative.

** Represents the selection of any types of support or representation that are not legally possible to combine, such as an SDMA and a legal guardian.

Table 4. FY 2024 Q3 Decision-Making Support; 18 years old and older

Type of Decision-Making Support	Total	Percent
None	830	28.58%
Supported Decision-Making Agreement only	3	0.10%
Supported Decision-Making Agreement with Other*	40	1.38%
Other*	662	22.80%
Legal Guardianship only	1,236	42.56%
Legal Guardianship with Other*	86	2.96%
Selected options not possible to combine**	47	1.62%
Total	2,904	100%

*Represents one or a combination of the following decision-making options: Power of Attorney, Advance Medical Directive, DBHDS Authorized Representative.

** Represents the selection of any types of support or representation that are not legally possible to combine, such as an SDMA and a legal guardian.

Table 5. FY 2024 Q4 Decision-Making Support; 18 years old and older

Type of Decision-Making Support	Total	Percent
None	491	14.12%
Supported Decision-Making Agreement only	3	0.09%
Supported Decision-Making Agreement with Other*	32	0.92%
Other*	1,238	35.60%
Legal Guardianship only	1,567	45.04%
Legal Guardianship with Other*	90	2.59%
Selected options not possible to combine**	57	1.64%
Total	3,478	100%

*Represents one or a combination of the following decision-making options: Power of Attorney, Advance Medical Directive, DBHDS Authorized Representative.

** Represents the selection of any types of support or representation that are not legally possible to combine, such as an SDMA and a legal guardian.

Table 6. FY 2024 SDMA Satisfaction with Supporters

If the individual has an SDMA, Is the individual satisfied with their Supporter(s)?	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	Total	Percent
Yes	78	49	43	34	204	98.08%
No	2	0	0	1	3	1.44%
Did not answer	1	0	0	0	1	0.48%
Total	81	49	43	35	208	100%

Table 7. FY 2024 Interest in creating an SDMA

If the individual does not have an SDMA, is the individual interested in developing a supported decision-making agreement?*	FY 2024 Q1	FY 2024 Q2	FY 2024 Q3	FY 2024 Q4	Total	Percent
Yes	200	195	155	168	718	10.55%
No	1,655	1,470	1337	1,561	6,023	88.51%
Did not answer	64	0	0	0	64	0.94%
Total	1,919	1,665	1,492	1,729	6,805	100%

**Represents individuals eligible to create a Supported Decision-Making Agreement (i.e. at least 18 years old and do not have a legal guardian).*

Recommendations

Recommendation Updates

Previous annual reports included the recommendation to develop guidance for reversing unnecessary guardianships. DBHDS inquired about the possibility of the disAbility Law Center of Virginia (dLCV) creating a guidance document for this. In the fall of 2023, dLCV created an application for their services to dissolve a guardianship and/or conservatorship and to restore an individual’s legal rights. The application provides information regarding what documents are needed when petitioning the court.

Additionally, DBHDS has worked to update the Supported Decision-Making webpage within the DBHDS website to include video recordings of training sessions, presentations from the training sessions, and informational documents that people can print on their own. DBHDS continues to update the webpage to use accessible language and make documents and trainings available in different formats for accessibility purposes.

The following recommendations are compiled from the 2022 SDMA Workgroup and feedback from stakeholders during the period covered in this report.

1. *Examine Other Sources for Data Collection*

- The Workgroup and stakeholders recommended exploring the creation of an ADA-compliant, state-hosted SDMA website. This would provide easy access to clear, understandable information in one location and increase utilization by individuals with disabilities and their families. Electronic versions of printed information, recorded trainings, and tutorial videos would be available on this website, as well as information and resources specific to the targeted professionals listed in the code. The Workgroup also recommended that DBHDS explore the cost to develop interactive tools on the website that would allow individuals with DD to easily create and digitally sign, print, download, and share their SDMA templates. This website page could collect data on the number of new/original SDMAs, how many have been updated and their creator, and the number of website and web page clicks. This would increase available data on the use of SDMAs to identify barriers for specific populations and help formulate recommendations for future changes.
- The Workgroup recommended further exploring options for data collection, including external data sources that could report on utilization of SDMAs. This will aid in data collection and increase the familiarity of SDMAs to the general public in different settings. The following future collaborations were identified and will be explored for relevance, feasibility, time, and cost:
 - DARS - Add questions to DARS tools and resources to inquire whether or not an individual has an SDMA, the use of Supporters, and any data elements collected at the time of an adult protective services report.
 - DMAS - Add elements to the Quality Management Review tool for CSBs to verify data collected in WaMS.
 - DBHDS Human Rights portal- Add a question in the demographics section indicating whether an individual has an SDMA.

2. *Explore Updating the Virginia Code*

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

- Change the title and definition of “Principal” to “Decision Maker” to mean “an adult with an intellectual or developmental disability who seeks to enter or has entered into a supported decision-making agreement with a supporter.”
- 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 intentional negligence.*”

3. Explore Codifying SDMAs and expand their use across all disability populations.

The Workgroup and stakeholders recommended that SDMAs be codified to expand their use across Virginia beyond the purview of DBHDS and legally recognize SDMAs as an alternative to legal guardianships and/or conservatorships. Another recommendation included expanding the use of SDMAs to all individuals with disabilities, regardless of their disability type or diagnosis. SDMAs increase self-determination and promote improved health outcomes, which benefit people across all disabilities.

4. Improve Information Accessibility

While several documents have been translated into Spanish (SDMA instructions, FAQs, the Discovery Tools, and the Virginia Supported Decision-Making Agreement template), other educational information has not been translated. The Workgroup and stakeholders recommended that all written information and forms are made available in both English and Spanish at a minimum, and in accessible formats. During FY25 DBHDS will work to translate the SDMA brochure, *It’s My Right!* pocket card, the SDM quick reference document, and supplemental Discovery Tools into Spanish. A recommendation was also made to add closed captioning and/or sign language interpretation to training videos. Translating these materials can increase their accessibility to individuals with vision or hearing impairments and can help improve equity among Virginia’s diverse population and further the goal of increasing SDMA utilization.

5. Investigate the Implementation of a Uniform Capacity Tool

12VAC35-115-145 of the Virginia Administrative Code, “*Determination of capacity to give consent or authorization*” states that for a court to appoint a legal guardian or conservator, the petitioner must prove that the individual lacks capacity and needs a substitute decision maker. The language in the code gives general guidance on what should be considered when determining capacity but does not provide examples of preferred assessments or preferred documentation of evidence used to evaluate capacity. Given the same set of circumstances, the outcome of a capacity evaluation may vary depending on the staff who administered it and how it was documented. All of these processes and decisions should be consistent statewide. 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 supports⁴ help individuals with disabilities increase their independence and improve their quality of life. However, a lack of natural supports is a consistent barrier for individuals with

⁴ 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.

disabilities⁵. The lack of available natural supports can result in individuals being diverted to Virginia's public guardianship program to receive support with decision making. The Workgroup recommended that Virginia explore the implementation of a volunteer Supporter program to assist individuals with limited or no natural supports, in creating and using a SDMA. A volunteer Supporter program could reduce the amount of state funds targeted for public guardianship, towards SDM as a less restrictive decision-making support pathway for individuals with developmental disabilities. Once the parameters for implementation have been vetted, the Supporter 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 to determine the cost-effectiveness and feasibility of implementation.

Conclusion

Supported decision-making and SDMAs are an integral piece to increasing autonomy and self-determination for individuals with disabilities. Virginia continues to make progress in providing education about SDM and SDMAs, however, more action is needed to increase the accessibility and usage of SDMAs throughout the Commonwealth. Continuing to educate individuals with disabilities, as well as those who interact or support individuals with disabilities (i.e. 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 ongoing education and training, removing barriers such as access to information through websites that are ADA compliant, and increasing the availability of SDMAs to individuals in other populations (not just those with developmental and intellectual disabilities), will also increase use. More widespread use 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.

⁵ 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)

Appendix A: It's My Right Pocket Card and Letter

Instructions: Print card out. Cut on the outer black line. Fold in half. Tape around edges or laminate card.

Front	Back
<p style="text-align: center;"><i>It's My Right!</i></p> <p>Please talk to me about my choices. I am able to and have the right to make my own decisions. If I want help, I will ask for it and use supported decision making. This includes medical, financial, and legal decisions. The law says that people should follow the decisions I make.</p> <hr/> <p style="text-align: center;"><i>My Signature</i></p>	<p>For Service Providers: Acknowledging and following my decisions is the right thing to do. It honors my autonomy and follows Virginia's law about presumed competence.</p> <p style="text-align: center;"><i>Virginia Code § 54.1-2983.2.(A)</i></p> <p>For more information about my rights and supported decision-making scan this QR code.</p> 

To Whom It Concerns:

This letter explains how I make my own decisions and my right to do so.

Virginia Code § 54.1-2983.2.(A) states, “Every adult shall be presumed to be capable of making an informed decision unless he is determined to be incapable of making an informed decision in accordance with this article... No person shall be deemed incapable of making an informed decision based solely on a particular clinical diagnosis.” This means **that I have the legal right to make my own decisions and consent (agree) to services, and my disability is not a reason to take away this right.** The only person who can say that I no longer have this right is a judge.

Sometimes I want help making decisions, but that doesn't mean I can't make my own decisions. The people who help me are called my Supporters. These are people I trust and who have agreed to help me when I ask for it. I may have a document called a Supported Decision-Making Agreement that says who my Supporters are, how they help me, and when they help me. It is my right to decide if I want to use supported decision-making and/or a Supported Decision-Making Agreement.

- Sometimes my Supporter or other people I ask will come to my appointment/meeting with me. Please talk to me, not them. They don't make decisions for me.
- Ask me how I like to have information provided and explain things in a way that I can understand. It might also be helpful to have things written down or in pictures, especially if it is important information.
- Confirm with me that I understand what you are saying.
- Ask me if I have any questions and give me time to think about what we have talked about.
- Ask me if I would like to talk with my Supporter.

- Give me time and privacy to talk to my Supporter, if I want to.
- My Supporter may ask you questions to help me understand my options.
- Give me time to think about my options and my decision.
- My Supporter may help me tell you what my decision is if I am having a hard time communicating or if I ask them to tell you directly.
- Please respect my decision.

Please know that it may take me time to make my decision, especially if I am upset, overwhelmed, or confused. I may want to think about my options after our appointment/meeting and need to schedule another appointment/meeting to give you my decision. I also have the right to change my mind and, if I do, please **respect my decision.**

Thank you.

This document was adapted from Making My Own Health Care Decisions Letter, developed by The Arc Center for Future Planning.