



# Virginia's Supported Decision-Making Agreement: The Details Session 2



Presented by the Office of Provider Development

DBHDS Vision: A life of possibilities for all Virginians

## Pre-Training Survey



Slide 2

## Pre-Training Survey

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 or younger
  - B. 18-22 years old
  - C. 23-26 years old
  - D. 27- 59 years old
  - E. 60 years old or 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? (select all that apply)
  - 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



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Slide 3

## Pre-Training Quiz

1. Supported Decision-Making Agreements are created by the Decision Maker and agreed to by the Supporter and Facilitator (if there is one).
  - a. True
  - b. False
2. A Supported Decision-Making Agreement can be created, changed, or ended at any time.
  - a. True
  - b. False
3. You must use the Virginia Supported Decision-Making Agreement template if you want to create a Supported Decision-Making Agreement.
  - a. True
  - b. False
4. You can have a Power of Attorney and/or an Advance Medical Directive, even if you have a Supported Decision-Making Agreement.
  - a. True
  - b. False
5. You must fill out all life areas on the Supported Decision-Making Agreement.
  - a. True
  - b. False



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Slide 4

## Today's Goals

- Brief review of roles and responsibilities
- Learn how to fill out Virginia's Supported Decision-Making Agreement template using the 3 Discovery Tools
- Resources
- Post- Training Quiz
- Questions



## Virginia's Supported Decision-Making Agreement

**“Don't take my rights away...  
I want to make my own choices.”**



## Supported Decision-Making Agreements: What are they?

**Supported Decision-Making Agreement-** The formal process of documenting who an individual wants to support them, in what areas of life, and how they want to be supported.

### Comprised of:

- Decision Maker
- Supporter(s)
- Facilitator (optional)



## Roles and Responsibilities of those in Supported Decision-Making Agreements

- **Decision Maker-** the person making the Supported Decision-Making Agreement  
Must be: at least 18 years old, have an intellectual or developmental disability, and be able to legally make your own decisions
- **Supporter(s)-** the person/people the Decision Maker asks to support them in their SDMA, Supporters agree to help
- **Facilitator (optional)-** the person the Decision Maker asks to make sure Supporters to what they agree to, can be a Supporter or can be someone else



## Virginia's Supported Decision-Making Agreement

**8 Life Areas:**

- Health and Personal Care
  - Friends and Partners
    - Money
- Where I live and Community Living
  - School and Education
    - Working
  - My Rights and Safety
- Meeting and Talking with My Supporters
  - \*Other

**Other Parts:**

- Other Types of Support
  - Agreements
- Cancellation of Agreement
- SDMA Facilitator (optional)
  - Notary (optional)
    - Changes
- Cancellations

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Slide 9

## 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.”

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Slide 10

## Sam

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).

## Discovery Tools



- When Do I Want Support?
- What Kind of Support Do I Want?
- Relationship Map

# Discovery Tools

## When Do I Want Support?



Can I do this on my own?



Can I do this with help?



Do I need someone to do it for me?



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Slide 13

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 on my own	I can do this with support	I need someone else 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, mental or behavioral health crisis).			
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).  
Page 1 of 10

**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.

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	I can do this on my own.	I can do this with support.	I need someone else to do this for me.
<b>Health and Personal Care</b>			
Get my health care information.			
Choose when to go to the doctor.			
Make and keep my doctor and dentist appointments.			
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Page 1 of 10

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

**1. Health and Personal Care**

I DO \_\_\_ / 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

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

These supporters may do these things:  
Write **X** for "yes" or **U** for "no" to say if your Supporters can or cannot help with each option.

\_\_\_ 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.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me choose when to go to the doctor.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me make and keep my doctor and dentist appointments.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me understand and make medical choices in an emergency.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

\_\_\_ 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: \_\_\_\_\_

\_\_\_ Help me choose what to wear and help me get dressed, if needed.  
\_\_\_ All Supporters/ \_\_\_ Only Supporters Listed Here: \_\_\_\_\_

Supported Decision-Making Agreement for: \_\_\_\_\_  
Page 2 of 24

**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.

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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 on my own.	I can do this with support.	I need someone else to do this for me.
<b>Health and Personal Care</b>			
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.			✓

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DBHDS SDMA Draft Sample Page 1 of 10

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

	I can do this on my own.	I can do this with support.	I need someone else to do this for me.
<b>Health and Personal Care - continued</b>			
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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DBHDS SDMA Draft Sample Page 2 of 10

# Discovery Tools

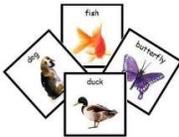
## What Kind of Support Do I Want?

What do you like people to help you with?

What does this help look like?










Slide 17

Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool

**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).  
Page 1 of 3

Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool

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.	

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Page 2 of 3

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Types of Support	
<input checked="" type="checkbox"/>	Have help filling out/writing on forms, such as my Supported Decision-Making Agreement.
<input type="checkbox"/>	Have information written and/or spoken in simple words (plain-language).
<input type="checkbox"/>	Have information provided in pictures.
<input checked="" type="checkbox"/>	Talk to your Supporters to know what your choices are.
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Page 1 of 3

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Page 2 of 3

# Discovery Tools

## Relationship Map

People who help you:

- Family
- Friends
- Home or Other Places
- School or Work

How close do you feel to them?



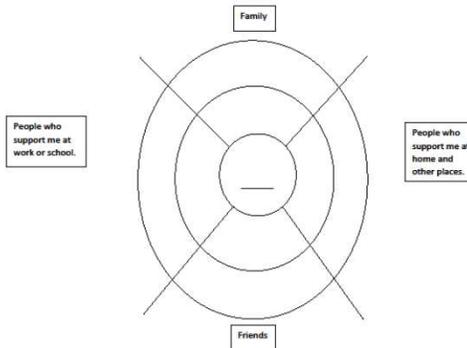
Commonwealth of Virginia:  
Supported Decision-Making Discovery Tool

**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.

\_\_\_\_\_'s Relationship Map



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

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

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**Sally's Relationship Map**

The Relationship Map is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practiced.  
Page 1 of 1

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

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Page 1 of 1

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**Sara's Relationship Map**

The diagram is a circular relationship map with 'Sara' in the center. It is divided into two main sections: 'Family' at the top and 'Friends' at the bottom. Each section has two concentric circles. The inner circle represents people who support the individual at home and other places, while the outer circle represents people who support them at work or school. In the 'Family' section, the inner circle contains 'April', 'Dad', and 'Mom'. The outer circle contains 'Uncle Bill', 'Aunt Sue', 'Grandma', and 'Grandpa'. In the 'Friends' section, the inner circle contains 'Ms. Schwartz (teacher)', 'Ms. Jones (in Tech)', and 'Mr. Dunn (soundstar)'. The outer circle contains 'Kashaal (SABA)', 'Hershel (Theater Coach)', and 'Dr. Taylor (PCP)'. A red circle highlights Sara, Kashaal, and Dr. Taylor.

The Relationship Map is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practices.  
Page 1 of 1

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

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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.

**Sara's Relationship Map**

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The Relationship Map is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practices.  
Page 1 of 1

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

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**Sam's Relationship Map**

The Relationship Map is a Person Centered Thinking tool developed by The Learning Community for Person Centered Practices.  
Page 1 of 1

## Sam's Supporters

- **Mom (Mary)**
- **Dad (Paul)**
- **Sister (April)**
- **Friend (Adam)**
- **ABA Therapist (Rachael)**
- **Theater Coach (Johnny)**


Slide 28

# Virginia's Supported Decision-Making Agreement

**8 Life Areas:**

- Health and Personal Care
  - Friends and Partners
  - Money
- Where I live and Community Living
  - School and Education
  - Working
- My Rights and Safety
- Meeting and Talking with My Supporters
  - \*Other

**Other Parts:**

- Other Types of Support
  - Agreements
- Cancellation of Agreement
- SDMA Facilitator (optional)
  - Notary (optional)
  - Changes
  - Cancellations

Virginia Department of Behavioral Health & Developmental Services

Slide 29

**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:

<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> Advance Medical Directive	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input checked="" type="checkbox"/> Financial Fiduciary	<input type="checkbox"/> Documents Attached/ <input checked="" type="checkbox"/> Documents NOT Attached
<input checked="" type="checkbox"/> HIPAA Release Form	<input checked="" type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input checked="" type="checkbox"/> Educational Release Form	<input checked="" type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Documents Attached/ <input type="checkbox"/> Documents NOT Attached <small>(e.g. DBHDS Authorized Representative, Health Passport, Person Centered 1 Page Health Profile)</small>

Supported Decision-Making Agreement for: Sam Smith

DBHDS SDMA Draft Sample
Page 1 of 23
Page 10 of 47

Commonwealth of Virginia:  
Supported Decision-Making Agreement

**1. Health and Personal Care**

I DO  / 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 23220	Paul.s.smith@gmail.com	804-555-8769
Mary Smith	Mom	456 Main St., Richmond, VA 23220	Mary.smith@gmail.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.  
 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.  
 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).  
 All Supporters/  Only Supporters Listed Here: \_\_\_\_\_

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

DBHDS SDMA Draft Sample      Page 2 of 24      Page 11 of 47

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 on my own	I can do this with support	I need someone else to do this for me
<b>Health and Personal Care</b>			
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).  
DBHDS SDMA Draft Sample      Page 1 of 10      Page 35 of 47

Commonwealth of Virginia:  
Supported Decision-Making Agreement

**1. Health and Personal Care**

I DO  / 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 23220	Paul.s.smith@gmail.com	804-555-8769
Mary Smith	Mom	456 Main St., Richmond, VA 23220	Mary.smith@gmail.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.  
 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.  
 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).  
 All Supporters/  Only Supporters Listed Here: \_\_\_\_\_

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

DBHDS SDMA Draft Sample      Page 2 of 24      Page 11 of 47

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

**1. Health and Personal Care**

I DO  / 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	121 Main St., Richmond, VA 23201	Paul.s.smith@gmail.com	804-235-4700
Mary Smith	Mom	121 Main St., Richmond, VA 23201	Mary.smith@gmail.com	804-655-1234

\*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.  
 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.  
 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).  
 All Supporters/  Only Supporters Listed Here: \_\_\_\_\_

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

DBHDS SDMA Draft Sample Page 2 of 24 Page 11 of 47

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**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.  
 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.  
 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

DBHDS SDMA Draft Sample Page 3 of 24 Page 12 of 47

**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 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 Printed Name of Supporter 1

Date Signed: 05/01/2022

Johnny Prime  
 Signature of Supporter 2 Printed Name of Supporter 2

Date Signed: 05/01/2022

Adam Young  
 Signature of Supporter 3 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 \_\_\_\_\_

DBHDS SDMA Draft Sample Page 19 of 23 Page 29 of 47

<p style="text-align: center;"><b>Commonwealth of Virginia: Supported Decision-Making Agreement</b></p> <p><b>Supported Decision-Making Facilitator (Optional):</b></p> <p>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 <i>Protocols for Addressing Abuse and Exploitation</i>. 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.</p> <p>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.</p> <p>Signature of Decision Maker in This Agreement _____ Printed Name of Decision Maker in This Agreement _____ Date Signed: _____</p> <p>Signature of Facilitator _____ Printed Name of Facilitator _____ Date Signed: _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____ Page 20 of 24</p>	<p style="text-align: center;"><b>Commonwealth of Virginia: Supported Decision-Making Agreement</b></p> <p><b>Notary (Optional):</b></p> <p>COMMONWEALTH OF VIRGINIA COUNTY OF _____</p> <p>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.</p> <p>NOTARY Signature _____</p> <p>REGISTRATION NUMBER _____ MY COMMISSION EXPIRES _____</p> <p>SEAL</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____ Page 21 of 24</p>
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<p style="text-align: center;"><b>Commonwealth of Virginia: Supported Decision-Making Agreement</b></p> <p style="text-align: center;"><b>Changes</b></p> <p>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.</p> <p><b>Change 1:</b> Date: _____ Change: _____ _____ _____ _____ Signature of Decision Maker _____ Signature of Supporter(s) Involved _____ Signature of Supporter(s) Involved _____</p> <p><b>Change 2:</b> Date: _____ Change: _____ _____ _____ _____ Signature of Decision Maker _____ Signature of Supporter(s) Involved _____ Signature of Supporter(s) Involved _____</p> <p><b>Change 3:</b> Date: _____ Change: _____ _____ _____ _____ Signature of Decision Maker _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____ Page 22 of 24</p>	<p style="text-align: center;"><b>Commonwealth of Virginia: Supported Decision-Making Agreement</b></p> <p>Signature of Supporter(s) Involved _____ Signature of Supporter(s) Involved _____</p> <p style="text-align: center;"><b>Cancellations</b></p> <p>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.</p> <p><b>Cancelled Supporter(s) 1:</b> Date: _____ Name of Cancelled Supporter(s): _____ _____ _____ Signature of Decision Maker _____</p> <p><b>Cancelled Supporter(s) 2:</b> Date: _____ Name of Cancelled Supporter(s): _____ _____ _____ Signature of Decision Maker _____</p> <p><b>Cancelled Supporter(s) 3:</b> Date: _____ Name of Cancelled Supporter(s): _____ _____ _____ Signature of Decision Maker _____</p> <p style="text-align: right;">Supported Decision-Making Agreement for: _____ Page 23 of 24</p>
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Supplemental Documents

## Other Forms:

1. Instructions
2. Medical Release of Information
3. Educational Release of Information
4. Frequently Asked Questions- Plain Language
5. Frequently Asked Questions
6. Any forms you attach





Virginia Department of  
Behavioral Health &  
Developmental Services

Slide 37

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

**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.

Page 1 of 6

Updated 07/14/2022

<p> <small>           HIPAA Authorization            Adapted from ACLU's Sharing My Medical Information            (Plain Language HIPAA Authorization for Disclosure of Health Information)            A Note to Provider/Records Departments: For 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 request for the individual named below to request information and grant permission for others to access their information as detailed below.         </small> </p> <p> <b>Sharing My Medical Information</b>  <small>(Plain Language HIPAA Authorization for Disclosure of Health Information)</small> </p> <p>           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: _____         </p> <p>           This person can see: <small>(Check one box.)</small>  <input type="checkbox"/> All of my medical records.  <input type="checkbox"/> Only some records. The records this person can see are:  <small>(Write what records you want the person to see.)</small>            _____            _____         </p> <p style="text-align: right;">Page 1 of 2</p>	<p> <small>           HIPAA Authorization            Adapted from ACLU's Sharing My Medical Information         </small> </p> <p> <b>This person can see my records until: <small>(Check one box.)</small></b>  <input type="checkbox"/> This date: _____  <input type="checkbox"/> When I sign a form to say that this person can no longer see my records.         </p> <p>           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.  <b>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.</b>            I trust the person I am sharing my records with.         </p> <p> <b>My signature:</b>            _____         </p> <p> <b>The date today is:</b>            _____         </p> <p style="text-align: right;">Page 2 of 2</p>
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<p> <small>           Adapted from ACLU's Sharing School Information            Plain Language Authorization to Disclose Educational Information            (Plain Language Authorization to Disclose Educational Information)         </small> </p> <p> <b>Sharing School Information</b>  <small>(Plain Language Authorization to Disclose Educational Information)</small> </p> <p>           My name is: _____            My address is: _____            I go to school at: _____            My school is in this city: _____         </p> <p>           I want someone to help me make choices about school.            The person I want to help me is: _____            This person's phone number is: _____         </p> <p>           I want this person to: <small>(Check all boxes that apply.)</small> </p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I want this person to come to my Individualized Education Program (IEP) or 504 Plan meetings.</li> <li><input type="checkbox"/> I want this person to come to all meetings at my school.</li> <li><input type="checkbox"/> I want this person to get all the information that I get from my school.</li> <li><input type="checkbox"/> I want this person to communicate with school staff, including requesting help if there is a disagreement (i.e. legal due process, mediation).</li> <li><input type="checkbox"/> It is okay for this person to see my report card and progress reports.</li> <li><input type="checkbox"/> It is okay for this person to see my discipline records.</li> <li><input type="checkbox"/> It is okay for this person to see my evaluations.</li> <li><input type="checkbox"/> It is okay for this person to see all information that my school has about me.</li> <li><input type="checkbox"/> It is okay for this person to see the following information about me:            _____</li> <li><input type="checkbox"/> It is okay for this person to do these other things:            _____</li> </ul> <p>           This agreement to share school information will continue until I say it should stop.  <b>My signature:</b> _____  <b>Today's Date:</b> _____         </p> <p style="text-align: right;">Page 1 of 1</p>
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Commonwealth of Virginia:  
Supported Decision-Making Agreement  
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 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.

**3. 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

Updated 07/15/2022  
Page 1 of 5

## Supported Decision-Making Agreements

### *How is one created?*

- Decision- Maker: Conversations and discovery with trusted people
- Support Coordinator, Providers, Family Members, etc.
- Ensure Supporters and Facilitator agree

Can be created, updated, or cancelled at any time.

The Decision Maker retains ALL rights and makes ALL decisions.



## Supported Decision-Making Agreements in Virginia

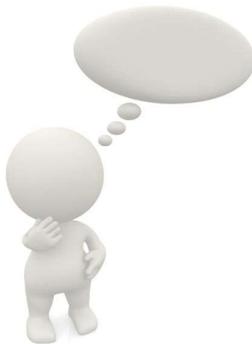
### Core Elements:

1. Who the Decision Maker wants as their Supporter(s)
2. When the Decision Maker wants help
3. How the Decision Maker wants to receive help
4. Signatures and dates that the Decision Maker and all Supporters agreed to the terms of the agreement



## Is a Supported Decision-Making Agreement right for me?

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



## Resources- Additional Trainings

CHAT- <https://cdl.partnership.vcu.edu/health-advocacy-training-chat/>

LEAP- <https://leap.partnership.vcu.edu/>

Person Centered Thinking-  
[https://www.personcenteredpractices.org/pct\\_schedule\\_req.html](https://www.personcenteredpractices.org/pct_schedule_req.html)



TRAINING



Slide 45

## Resources

ACLU- <https://www.aclu.org/issues/disability-rights/integration-and-autonomy-people-disabilities/supported-decision-making>

The Arc of Northern Virginia- <https://thearcofnova.org/programs-services/sdm-resource-library/>

disAbility Law Center of Virginia- <https://www.dlcv.org/supported-decision-making>

PEATC- <https://peatc.org/services/transition-to-adulthood/>

Supported Decision Making- <http://www.supporteddecisionmaking.org/>

Virginia WINGS booklet-  
[https://www.vacourts.gov/courts/circuit/resources/guardian\\_options\\_pamphlet.pdf](https://www.vacourts.gov/courts/circuit/resources/guardian_options_pamphlet.pdf)

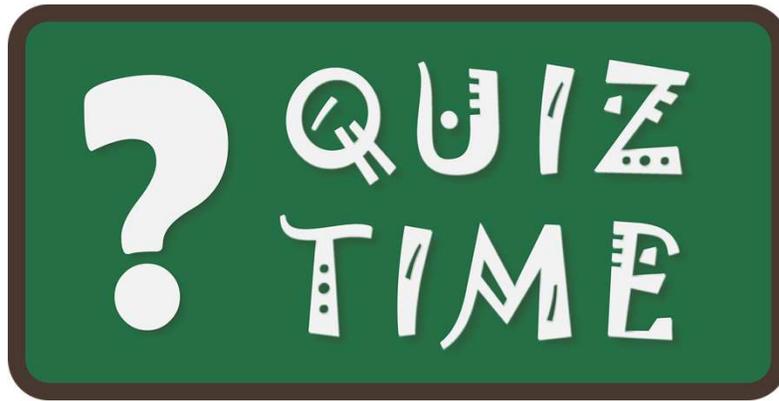
Knowledge is power!





Slide 46

## Post-Training Quiz



## Post-Training Quiz

1. Supported Decision-Making Agreements are created by the Decision Maker and agreed to by the Supporter and Facilitator (if there is one).
  - a. True
  - b. False
2. A Supported Decision-Making Agreement can be created, changed, or ended at any time.
  - a. True
  - b. False
3. You must use the Virginia Supported Decision-Making Agreement template if you want to create a Supported Decision-Making Agreement.
  - a. True
  - b. False
4. You can have a Power of Attorney and/or an Advance Medical Directive, even if you have a Supported Decision-Making Agreement.
  - a. True
  - b. False
5. You must fill out all life areas on the Supported Decision-Making Agreement.
  - a. True
  - b. False
6. Space for feedback and comments.

## Questions



Virginia Department of Behavioral Health & Developmental Services

Slide 49

## Contact Information

**Sara Thompson,**  
*Supported Decision-Making Community Resource Consultant*

Phone: 804-869-0591  
Email: [Sara.Thompson@dbhds.virginia.gov](mailto:Sara.Thompson@dbhds.virginia.gov)



Virginia Department of Behavioral Health & Developmental Services

Slide 50