

March 2024

Office of Integrated Health  
Supports Network



## Supported Decision Making (SDM)

**Supported decision-making (SDM)** is defined by The American Bar Association as a “decision-making model in which an individual makes decisions with the support of trusted individuals” (1).

We all use supported decision-making, regardless of diagnosis or disability. When faced with a decision that we are not sure about, we all use family members, friends, professionals, and trusted resources to obtain the information we need to make an informed decision.

Supported decision-making is viewed as the least restrictive way to receive support when making a decision, as those getting help keep all their legal rights and make the final decision.

Supported decision-making is shown to increase self-determination, the ability for a person to control their own life and improve an individual’s quality of life.

This includes better employment outcomes, increased independent living, and increased community inclusion (2). Additionally, people with more self-determination have better mental and physical health outcomes, as well as increased safety (3).

### Supported Decision-Making Core Principles for Virginia:

1. That 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 which 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 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 (4).

While supported decision-making is an informal way of getting help, Supported Decision-Making Agreements (SDMAs) are the formal process of documenting/writing down what things you want/need help with, who you want to help you, and how you want to be helped.

In Virginia, Supported Decision-Making Agreements are made up of at least two people: the Decision Maker, and at least one Supporter.

- **Decision Maker-** An individual who is at least 18 years old, has a diagnosis of a developmental or intellectual disability, and has the legal right to make their own decisions (i.e. does not have a legal guardian).
- **Supporter-** A person the Decision Maker trusts to help them with understanding their options in order to make an informed decision. The decisions they help with and how they support the Decision Maker are documented in the Supported Decision-Making Agreement.
- **Supported Decision-Making Agreement Facilitator-** The SDMA Facilitator is responsible for ensuring the Supporters do what they agree to in the Supported Decision-Making Agreement. This is optional and not required to have a Supported Decision-Making Agreement.

Supporters and SDMA Facilitators do not get paid to support the Decision Maker and this is not tied to any type of waiver or funding.

The Decision Maker does not have to use the advice given by Supporters and can change (remove or add) Supporters at any time, as well as update, change, or revoke their SDMA.

If someone gives you a copy of their SDMA it is your responsibility to review it and utilize it as appropriate for your role and based on the decisions the Decision Maker wants help with.

It is recommended that SDMAs be reviewed at least annually, however they do not need to be rewritten or updated if there are no changes that need to be made.

Decision Makers are responsible for ensuring anyone who provides support to them has the most recent, up-to-date version of their SDMA.

Additionally, it is the expectation that everyone involved in supporting an individual with a disability work to ensure that the person is safe and not taken advantage of by others.

This includes monitoring for signs of potential abuse, exploitation, manipulation, neglect, or acts of undue influence by a Supporter or an SDMA Facilitator.

#### References

1. American Bar Association (2020, March, p. 1). Supporting decision making across the age spectrum.
2. Wehmeier, M. L., & Palmer, S. B. (2003). Adult outcomes for students with cognitive disabilities three-years after high school: The impact of self-determination. *Education and Training in Developmental Disabilities*, 38(2), 131-144.
3. Martinis, J. (2020). Supported decision-making from theory to practice: Health care and life planning. The Burton Blatt Institute at Syracuse University.
4. Virginia Department of Behavioral Health and Developmental Services (2020, Oct.) "Report on Senate Bill 585, Supported Decision Making Workgroup Report".



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### Supported Decision-Making 2024 Virtual Training Schedule — Three trainings will be offered on a quarterly basis throughout 2024.

*Supported Decision-Making in Virginia: An Overview for CSBs and Providers* - Tuesday April 16, 2024, between 9:00am – 11:00am  
<https://events.gcc.teams.microsoft.com/event/8850e41e-27f0-4b68-8d21-4fe13cc52645@620ae5a9-4ec1-4fa0-8641-5d9f386c7309>

### Virginia Continuum of Decision-Making Supports

#### Supported Decision-Making Agreements

§ 37.2-314.3- formal document written by an adult capable of making an informed decision with the support of others, that states when they want to receive support with decisions, who they want to support them, and how they want to receive support

#### Advance Directives

§ 54.1-2982- when an adult capable of making an informed decision makes a written statement to address any or all forms of health care in the event he or she is later incapable of making an informed decision

#### Powers of Attorney

§ 64.2-1600- granting someone to act in your place

#### Authorized Representatives

12VAC35-115-146- individuals designated to act as substitute decision makers for persons receiving care with DBHDS-licensed providers, who are found to lack capacity, and who do not already have a designated substitute decision maker

#### Temporary Guardianship and Limited Guardianship

§ 64.2-209- when a person is appointed by the court to be responsible for an incapacitated person's personal affairs for a specific period of time or for a limited purpose

#### Full Guardianship

§ 64.2-200- when a person is appointed by the court to be responsible for the personal affairs of an incapacitated person

Least Restrictive

Most Restrictive

*Supported Decision-Making in Virginia: An Overview for People with DD and Their Families* - Tuesday May 21, 2024, between 6:00pm – 7:30pm.  
<https://events.gcc.teams.microsoft.com/event/a677c84c-f7ea-4645-8c5d-ee53a7fe3c5@620ae5a9-4ec1-4fa0-8641-5d9f386c7309>

*The Spectrum of Decision-Making Options in Virginia: Supported Decision-Making to Guardianship & Everything In Between* - Tuesday June 18, 2024, between 9:00am – 11:00am.  
<https://events.gcc.teams.microsoft.com/event/13624b73-a5e5-475d-ae51-4f99ab328459@620ae5a9-4ec1-4fa0-8641-5d9f386c7309>

## ABA Snippets ...

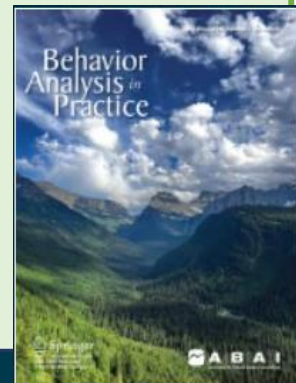
For this month's ABA Snippet, we would like to share with interested readers a view-only version of an article recently published in the journal [Behavior Analysis In Practice](#), entitled "[The Development of a Behavior Plan Quality Assurance Instrument in a Publicly Funded System of Care](#)".

This research, spearheaded by DBHDS behavior analysts (Nathan Habel and Sharon Bonaventura), in partnership with the University of Cincinnati (Neil Deochand), provides an example of state government creating practice guidelines for focused behavioral services delivered in a home and community-based waiver system.

The article also overviews existing quality assurance literature, quality assurance instruments for behavior plans, and provides a quality review tool with several automated features designed to assess adherence to these practice guidelines. For access to the tool presented in the article (BSPARI), as well other resources on behavioral services, navigate to our website here: <https://dbhds.virginia.gov/developmental-services/behavioral-services/>

Habel, N., Bonaventura, S. & Deochand, N. The Development of a Behavior Plan Quality Assurance Instrument in a Publicly Funded System of Care. *Behav Analysis Practice* (2024). <https://doi.org/10.1007/s40617-024-00909-1>

You may contact DBHDS to access resources, provide feedback, and learn more about these efforts via the following: [nathan.habel@dbhds.virginia.gov](mailto:nathan.habel@dbhds.virginia.gov).



Home > Behavior Analysis in Practice > Article

### The Development of a Behavior Plan Quality Assurance Instrument in a Publicly Funded System of Care

SI: Public Policy Advocacy by Behavior Analysts | Published: 08 February 2024 (2024) [Cite this article](#)

Nathan Habel [✉](#) Sharon Bonaventura & Neil Deochand

#### Abstract

Quality assurance in behavior planning may best be accomplished when quality measures match governing policies that closely parallel best practice standards. This article provides an example of state government creating practice guidelines for focused behavioral services delivered in a home and community-based waiver system. We provide an overview of existing quality assurance instruments for behavior plans and share a unique quality review tool with several automated features designed to assess adherence to these practice guidelines. Considerations are offered for others with interest in policy to practice alignment, along with suggestions on how behavior analysts can successfully participate in policy making and quality assurance.