

## COLORADO'S SUPPORTED DECISION MAKING AGREEMENT FOR ADULTS WITH A DISABILITY

### Colorado Revised Statute 15-14-801

#### **1. What is a supported decision-making agreement?**



The 2021 Colorado legislature passed Senate Bill 21-075, the Supported Decision-Making Agreement for Adults with a Disability, C.R.S. 15-14-801. The statute describes a supported decision-making agreement as the voluntary method of decision-making where an adult with a disability makes decisions by entering into an agreement with friends, family members, professionals, or other people that the adult with a disability trusts to be a part of a supportive community.



#### **2. What kinds of decisions are covered under a supported decision making-agreement?**

Supported decision-making is an inclusive means of support for individuals with disabilities. After consultation with members of a supported decision-making community, the supported decision-making option provides adults with disabilities with the freedom to make life choices and decisions on their own. The supporter in the supported decision-making agreement can assist the adult with a disability in accessing, collecting, or obtaining, and understanding information that is relevant to a given life decision from any person, including but not limited to medical, psychological, financial, educational, occupational and social decisions, treatment records, how and in what relationships the adults with a disability chooses to engage, information about how a supportive community is chosen, and assist the adult with a disability in communicating decisions to appropriate people.



#### **3. How is the supported decision- making agreement shared with others?**

The supported decision-making agreement can be shared with providers in the community, including health care providers, employment service providers, financial institution employees, and other community members involved in the adult's life. Making copies of the agreement for meetings and discussions is a way to ensure that community members have access to the agreement and understand how the supportive community is assisting the adult with a disability. It is important to remember to keep the original copy in a safe place.



#### **4. How often is the supported decision-making agreement reviewed?**

Colorado law does not set a time frame for how often the agreement must be reviewed; however, it is **BEST PRACTICE** to review the agreement annually. If there have been changes to the agreement within the past year, it is **BEST PRACTICE** for the decider and the supporters to sign the agreement with updated witnesses to the signatures or updated notarized signatures.



#### **5. Does the agreement cost money?**

A member of a supportive community is not entitled to compensation of any kind for assistance provided pursuant to the agreement. The agreement should not cost money to create, unless the adult with a disability decides to pay someone to write the agreement. A notary is likely to charge a fee for service, unless a member of the supportive community or the decider have an account with the institution where the notary works.



## 6. Are other options still available when you have a supportive decision-making agreement?

It is important to note that if you are a person with a disability, you have a variety of formal and informal processes available to make decisions. These options include medical and financial powers of attorney, guardianship, limited guardianship, conservatorship, special conservatorship, release of information forms, joint bank accounts, community advocacy, case management, living wills, trusts, health care surrogacy, and representative payees. Supported decision-making is a less restrictive alternative to court ordered supports. This option can be used solely on its own or in addition to one of the other options already available under Colorado state law.

The Arc of Colorado has created a sample agreement form for your convenience and reference. You may use this form or create your own form to show people in the community that you have entered into a supported decision-making agreement with a supporter that you trust. This form does not replace a court ordered arrangement but can be used in addition to such an arrangement if appropriate.



## 7. What Is Required on the Form?

Supported decision making agreements are a less restricted option available to people who want to maintain independence but would like a community of supporters available for certain situations where decisions are made that impact the person's life in some way.

### **A SUPPORTED DECISION-MAKING AGREEMENT MAY BE IN ANY FORM BUT IS VALID UNDER C.R.S 15-14-801 ONLY IF IT CONTAINS, AT A MINIMUM, THE FOLLOWING:**

1. THE NAME OF THE ADULT WITH A DISABILITY
2. THE NAME, ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS OF THE MEMBER OF THE SUPPORTIVE COMMUNITY
3. IF APPLICABLE, A LIST OF DECISIONS THE ADULT WITH A DISABILITY REQUESTS THE MEMBER OF THE SUPPORTIVE COMMUNITY TO ADVISE THE ADULT WITH A DISABILITY ON
4. A DESCRIPTION OF THE MEMBER OF THE SUPPORTIVE COMMUNITY'S AGREEMENT TERMS, INCLUDING, AT A MINIMUM:
  - a. THE AGREEMENT TERM TO:
    - i. PROVIDE INFORMATION AS REQUESTED BY THE ADULT WITH A DISABILITY
    - ii. RESPECT THAT THE FINAL AND ULTIMATE DECISION IS THE ADULT WITH THE DISABILITY'S AND NOT THE MEMBER OF THE SUPPORTIVE COMMUNITY'S
    - iii. NOT COERCE OR MANIPULATE THE ADULT WITH THE DISABILITY INTO MAKING ANY DECISION
    - iv. PROVIDE THE MOST UP-TO-DATE AND RELEVANT INFORMATION TO THE ADULT WITH THE DISABILITY BASED ON ALL THE AVAILABLE AND KNOWN INFORMATION THE MEMBER OF THE SUPPORTIVE COMMUNITY HAS.



- v. A NOTICE THAT ANY MANDATORY REPORTER, AS DESCRIBED IN SECTION 18-6.5-108, WHO IS RELYING ON THE SUPPORTED DECISION-MAKING AGREEMENT AND HAS CAUSE TO BELIEVE THAT THE ADULT WITH A DISABILITY IS BEING MISTREATED, AS DEFINED IN SECTION 18-6.5-102 (10.5), BY THE MEMBER OF THE SUPPORTIVE COMMUNITY, SHALL REPORT THE ALLEGED MISTREATMENT TO ADULT PROTECTIVE SERVICES
- 5. THE DAY, MONTH, AND YEAR THE AGREEMENT WAS ENTERED INTO
- 6. A SUPPORTED DECISION-MAKING AGREEMENT MUST BE SIGNED VOLUNTARILY, WITHOUT COERCION OR UNDUE INFLUENCE, BY THE ADULT WITH A DISABILITY AND EACH MEMBER OF THE SUPPORTIVE COMMUNITY IN THE PRESENCE OF TWO OR MORE ATTESTING AND DISINTERESTED WITNESSES WHO ARE EIGHTEEN YEARS OF AGE OR OLDER, OR A NOTARY PUBLIC.

## **Supported Decision-Making Agreement**

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I, \_\_\_\_\_, am entering into a voluntary agreement pursuant to Colorado Revised Statute, Title 15 Article 14 Part 8 "Supported Decision Making-Agreement for Adults with a Disability." I am entering into this agreement with my supporter(s) as part of my supportive community, who may assist me in understanding issues and choices, and who may answer questions and communicate on my behalf if specifically directed to do so by me. My supporter(s) may also assist me in facilitating decisions regarding my day-to-day health, safety, welfare, or financial affairs by providing me with the most up-to-date and relevant information available and known to my supporter(s). My supporter(s) does(do) not make decisions on my behalf and shall not coerce or manipulate me into making a decision. The decision that is made will be my own final and ultimate decision. Cash or kind will not be exchanged for assistance provided pursuant to this agreement.

**NOTICE:** A person is not subject to criminal or civil liability and does not engage in professional misconduct for an act or omission if the act or omission is one in good faith and in reliance on a supported decision-making agreement and its authority to assist as presented.

## **ISSUES ADDRESSED PURSUANT TO THIS AGREEMENT**

Please Check Appropriate Box/Issue(s)	Name or Names of Supporters	Date Added	Date Removed
<input type="checkbox"/> Banking and Financial Decisions			
<input type="checkbox"/> Health and Medical Decisions			
<input type="checkbox"/> Community Decisions			
<input type="checkbox"/> Housing Decisions			
<input type="checkbox"/> Self-care Decisions			
<input type="checkbox"/> Education Decisions			
<input type="checkbox"/> Employment Decisions			
<input type="checkbox"/> Personal Relationships			
<input type="checkbox"/> Professional Relationships			
<input type="checkbox"/> Other - described as follows:			

My supporter may only obtain information that is relevant to a decision made pursuant to the supported decision-making agreement and only when such assistance is specifically requested by me. Any information obtained by my supporter pursuant to any assistance provided to me must be kept confidential by my supporter, at my request. This information may only be used for the specific purpose related to the assistance that I am seeking. Any misuse of the information may result in criminal and civil liability.

This agreement does not preclude me from seeking information on my own without the assistance from my supporter.

#### **TERMINATION**

This agreement is effective until terminated verbally or in writing by me or any member of the supportive community with notice of the termination to all parties to the supported decision-making agreement. The agreement is automatically terminated if a member of the supportive community is investigated by adult protective services and there is a finding that I or any other person with a disability has been mistreated by the supporter or the supporter has been convicted of a crime, including financial crimes and theft.

#### **MANDATORY REPORTERS**

Any mandatory reporter, as defined in Colorado Revised Statutes 18-6.5-102(10.5), relying on this supported decision-making agreement shall report any cause to believe that the adult with a disability is being mistreated by the member of the supportive community.

#### **SIGNATURES OF DECIDER AND SUPPORTER(S)**

##### **Printed Name of Decider:**

Address:

Phone:

Email:

Signature of Supported Person

Date \_\_\_\_\_

##### **Printed Name of Supporter:**

Address:

Phone:

Email:

Signature of Supporter

Date

**Printed Name of Supporter:**

Address:

Phone:

Email:

Signature of Supporter

Date

**Printed Name of Supporter:**

Address:

Phone:

Email:

Signature of Supporter

Date

**Printed Name of Supporter:**

Address:

Phone:

Email:

Signature of Supporter

Date

*This agreement must be signed by the adult with a disability and each member of the supportive community, without coercion or undue influence, in the presence of at least two disinterested witnesses who are over the age of 18, or a notary public.*

**SIGNATURES OF WITNESSES**

**Printed Name of Witness:**

Witness Signature:

Date

**Printed Name of Witness:**

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF NOTARY PUBLIC**

**Notary Public (only required if there are not at least two witness signatures)**

Subscribed and affirmed before me in the county of \_\_\_\_\_, state of Colorado this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Notary's Official Signature

**Notary Seal**

---

Commission Expiration