COMPLETING YOUR SUPPORTED DECISION-MAKING AGREEMENT

A step-by-step guide and worksheets (Ohio edition)

Part 1. What This Is, in Plain Words

A Supported Decision-Making Agreement (an SDMA) is a written agreement in which **you** choose the people who will help you make your own decisions. Those people are called **Supporters**. They help you gather information, understand your choices, think things through, and tell others what you decided. **You still decide.** Your Supporters cannot decide for you or sign for you.

Many people already do this without calling it that: you talk a big purchase over with your daughter, take a friend to a doctor's appointment, or ask your accountant to explain an insurance letter. The Agreement puts that help in writing so that your doctors, a hospital, a nursing home, a bank, or a court know who your Supporters are, what you want them to help with, and what you do **not** want.

What this Agreement does not do

- **It Is Not a Power of Attorney**: A power of attorney lets another person act in your place. An SDMA does not. You still need your trust, your powers of attorney, and your health care documents.
- **It Is Not a Guardianship, and It Is Not a Shield**: It helps show that you have chosen your helpers and set out your wishes, and it asks that anyone considering a guardianship talk with your Supporters first. It cannot promise that no one will ever file for guardianship.
- **It Cannot Force Anyone to Follow It**: Ohio has no general law that sets up these agreements (a bill that would cover only adults with developmental disabilities has not become law). Ours is therefore a **private agreement**. It works because it is written to fit with the rest of your plan, and because the people who receive it can follow it voluntarily. It is a request and a statement of your wishes, not a court order, and a hospital, bank, or nursing home does not have to accept it.

Why we use one for aging in place

As we age, our health, our thinking, and our emotions can change slowly, or quickly after an illness or hospital stay. Without a plan, the question tends to become all-or-nothing: either you decide everything, or someone else does. A Supported Decision-Making Agreement fills the space in between. It keeps you in charge for as long as possible, with the help you want, and it gives your family and your doctors a roadmap, **in your own words**, for the day your abilities change.

Part 2. Your Plan Works as a Team

Think of your plan as a team of documents. Each has a different job.

Document	What it does
Supported Decision-Making Agreement	You decide, with help from people you choose. Says what you want if your abilities change.
Revocable living trust (with its	Your trustee manages the trust. Says you want to age in place.

Document	What it does
Competency Clause)	Names the physicians who decide if you can still manage your affairs, and how to restore your rights if you recover. Keeps a guardian from controlling your assets.
General durable power of attorney	Your agent handles money and property if you cannot.
Health care power of attorney and living will	Your agent makes medical decisions only if your doctor finds you cannot, and follows your end-of-life wishes.
Declaration for mental health treatment (in Ohio) or the mental health provisions of your health care power of attorney	Says what you want about psychiatric medicines, electroconvulsive treatment, and hospital admission for mental health, and who speaks for you.
HIPAA authorization	Lets doctors share your information with your Supporters.

A key rule

- When you can decide, **you** decide, with your Supporters' help.
- When a doctor named in your plan finds you cannot decide, your **agents and trustee** act, using your words in this Agreement as their guide, and they consult your Supporters.

Part 3. Step by Step

1. **Choose Your Form**: Use the **Full Agreement** if you have, or are getting, a trust and powers of attorney, or if you have more than one decision you want help with. Use the Plain-Language Short Form (plain words, large print) if the Full Agreement feels like too much, or if you have significant memory or thinking difficulty and need something simple. You can start with the short form and move to the full one later.
2. **Do the Worksheets First**: Before you fill in the form, work through Worksheets 1 to 4 at the end of this guide, alone or with someone you trust. They take about an hour and make the form easy to complete.
3. **Choose Your Supporters**: Read Part 4. Choose one to three people, and one alternate. Talk to each one **before** you name them. Give them the Supporter's Guide.
4. **Fill In Parts 1 to 3 of the Agreement**: Part 1 is **your voice**. Write it in your own words, or say it aloud and have someone write it down. Part 2 names your Supporters. Part 3 is the grid that says who helps with what. Be specific. It is fine to give different Supporters different areas.
5. **Review Parts 4 to 9 With Your Supporters**: These say how your Supporters may help, what they may **not** do, how you want to stay connected and safe, what you want if your abilities change, and what you want before anyone files for guardianship or moves you. Cross out anything you do not want.
6. **Make Your Digital Assets List**: Your Supporters may help with your phone, computer and online accounts, but the Agreement never contains passwords. Complete our Digital Assets Inventory Worksheet separately and store it with your important papers.
7. **Complete Exhibits A, B, and (if Married) C**: Exhibit A is your contact sheet. Exhibit B is your aging in place and **Comfort and Calm Plan**, which is the part that helps caregivers the most. Couples each complete Exhibit C.
8. **Sign the HIPAA Authorization (Exhibit D)**: Without it, doctors may be unable to talk with your Supporters. Sign it at the same time as the Agreement.
9. **Ask Your Doctor for the Letter (Exhibit E)**: This is optional, but we recommend it. Make an appointment, bring the Agreement, and ask the physician to examine you and complete the letter within 30 days of the signing.
10. **Sign Together**: See Part 6, the Signing Checklist. You, your Supporters, two witnesses, and a notary all sign at the same time and place. If you are married and we are working with you both, we will first ask each of you to sign a short conflict disclosure and consent.
11. **Deploy It**: Use the Deployment Kit. An agreement that nobody has seen does not help you.

Part 4. Choosing Your Supporters

What to look for

- **Respects You**: listens to you, and wants **you** to make **your own** decisions, even when they would choose differently.
- **Honest**: tells you the truth, including things you may not want to hear, and does not pressure or hurry you.
- **Has No Hidden Interest**: does not stand to gain from what you decide, or is willing to say so openly.

- **Reliable and Reachable**: will answer the phone, show up, and keep your information private.
- **Stays Calm**: can keep a clear head in a hospital or in a family disagreement.

Who should not be your Supporter

- Anyone who has pressured, isolated, mistreated, or taken advantage of you or anyone else.
- Anyone who has been found by a government agency to have abused, neglected, or exploited an older person or a person with a disability, or who has been convicted of fraud, theft, forgery, or extortion in the last seven years.
- Your doctor, therapist, or caregiver, or the owner or an employee of a facility where you live or receive care (unless a relative).
- Anyone you would not want to see your medical and financial information.

Pointers

- **Do Not Pick Only by Birth Order**: The most trusted person is sometimes a younger sibling, a friend, or a neighbor rather than the oldest child. Age alone is not a reason to leave someone out. Choose the best person first and name successors.
- **Include One Independent Voice**: Name at least one Supporter who is not your spouse and who has no financial interest in your choices.
- **Think About Distance**: A Supporter who lives far away can still help by phone and video, but you may also want someone nearby.
- **Consider a Professional**: A trusted geriatric care manager, accountant, or advisor can be a Supporter for a particular area, such as insurance or money.
- **Plan for Succession**: There is no limit on alternates. Name as many as you like in order, and update the list every year.

How to ask someone

"I am making a plan so that I can stay in charge of my own life for as long as possible. I would like you to be one of the people I turn to when I have a big decision to make. You would not make decisions for me. You would help me understand my choices, come with me to appointments when I ask, and help me tell others what I decided. Would you be willing? Please read this first, and take your time."

Supporter selection worksheet

Name	Relationship	Respects my choices (1-5)	Reachable (1-5)	Any interest in my estate or care?	Willing? (Y/N)

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Part 5. Mental Health and Emotional Well-Being

As we age, many people experience loneliness, grief, worry, depression, anxiety, sleep problems, and sometimes confusion or agitation. These are medical issues, not weaknesses, and they are a common reason older people are moved to facilities. Plan for them in the same way as for physical health.

- **In the Agreement**: Part 3 (area 2) lets you choose who helps with mental health decisions. Part 4 lets you decide whether Supporters may see counseling notes. Exhibit B records what calms you and what upsets you, and asks caregivers to look for the cause of agitation before anyone reaches for medicine.
- **In a Declaration for Mental Health Treatment**: In Ohio, a **separate, stand-alone** legal document lets you state your wishes about psychiatric medication, electroconvulsive treatment, and admission to a mental health facility, and name a **mental health proxy**. Ohio law does not allow that form to be combined with other powers, which is why we keep it apart from this Agreement. It must be signed and dated, and either witnessed by two adults or notarized. Witnesses cannot be your mental health provider or a relative or employee of that provider, the owner or operator of a facility where you receive care, a relative by blood, marriage or adoption, or your proxy. It lasts three years. It cannot be changed after you sign it. You can renew it once for another three years only by signing it again with the same formalities. It takes effect only when your provider has it **and** two providers (one of them not treating you) find that you cannot consent to mental health treatment. If you later regain capacity, you can revoke it in writing. We can prepare one for you.
- **In Your Health Care Power of Attorney**: Your health care agent may be given authority over mental health treatment, but under Ohio law a declaration for mental health treatment takes priority over your health care agent's authority for mental health treatment, and does not cancel the rest of the health care power of attorney. We make sure these documents agree.
- **Early Warning Signs**: Tell your Supporters what you notice first when you are not yourself (not sleeping, not eating, withdrawing, becoming suspicious or irritable) and what has helped before.

Part 6. Signing Checklist

Before the signing

☐ All worksheets and the form are complete, and every Supporter has read the Agreement and the Supporter's Guide.

☐ Each Supporter has truthfully read the statements in the Supporter's Consent. Anyone who cannot make them cannot serve.

☐ Two **disinterested** adult witnesses are lined up. They may **not** be related to you by blood, marriage or adoption, may not be Supporters or Supporters' relatives or employees, may not be your health care provider or work where you live or receive care, and may not benefit from your estate or trust.

☐ A notary is arranged. (We recommend both witnesses **and** a notary.)

☐ You have your best time of day, glasses, hearing aids, and a quiet room.

☐ Optional: your physician's appointment for the Exhibit E letter is scheduled within 30 days before or after signing.

At the signing

- ☐ Someone **reads the Agreement aloud**, or explains it in the way that works best for you, in front of the witnesses and notary.
- ☐ You say, in your own words, who your Supporters are and what they will help with. (The witnesses and notary will hear this.)
- ☐ You sign first. Then each Supporter signs a separate Supporter's Consent. Then the witnesses sign. Then the notary acknowledges all signatures.
- ☐ Sign the HIPAA authorization (Exhibit D) at the same time.
- ☐ No Supporter or interested person coaches or speaks for you while you sign.

After the signing

- ☐ Make copies. Follow the **Deployment Kit** within 24 hours.
- ☐ Put the original in your fireproof file or Legal Vault, and tell your Supporters where it is.
- ☐ Mark a date on the calendar, one year from now, for your review.

Part 7. Frequently Asked Questions

Will a hospital or bank have to follow it?

No. It is a request and a statement of your wishes, not a court order, and no Ohio or Missouri statute requires a hospital, bank, or nursing home to accept it. Many providers do respect these agreements, particularly when they come with a HIPAA authorization, a clear cover page, and the doctor's letter. For decisions that need legal authority, such as signing a contract or consenting to surgery when you cannot, your power of attorney, health care power of attorney, or trust does the work.

Can a Supporter also be my agent or trustee?

Yes, and often it is the same person, but not always. Keep the roles clear, and consider having at least one Supporter who has no other role.

What if I lose the ability to decide?

Your agents and trustee take over, using the powers in your other documents. The Agreement continues to tell them what you want and asks them to consult your Supporters.

Who decides whether I have lost the ability to decide?

Not the Supporters, and not this Agreement. It is decided under your trust's Competency Clause by the physician(s) you named, or under the process stated in your other documents.

Can my Supporter be a paid caregiver?

Yes, but only with a written care agreement signed **before** the services begin, at a reasonable rate for real services, with a log of the work done, and only after the Supporter tells you and the other Supporters. Payments to family members can affect your eligibility for Medicaid and other benefits, and they have tax consequences, so please have us review any care agreement **before** payments start.

What if my Supporter is also my agent or trustee, and what I want today differs from what I wrote?

Your Supporter helps you decide and follows your current choice whenever you can make it with support. If your Supporter must act as your agent or trustee, the Supporter acts under that document and decides as you would have decided, using the Agreement. Part 7.7 of the Agreement says so. If your current wish and your earlier wishes seem to conflict, the Agreement asks that your current wish be followed unless it would put you in serious danger, and that other Supporters and your named physician be consulted first.

Can I name my spouse?

Yes, but couples should also name someone who is not a spouse. Spouses' needs may differ, and a spouse may be affected by the same changes. Exhibit C helps couples decide.

What if I change my mind?

You may cancel or change anything at any time, in writing or simply by telling someone. Exhibit F is a notice form.

Does this keep me out of guardianship?

No document can promise that. But a clear Agreement, a trust, powers of attorney, a physician's letter, and Supporters who know your wishes all make a guardianship harder to justify and easier to challenge. Part 8 of the Agreement asks that your Supporters be told first.

What if one of my Supporters is not acting in my interest?

Tell another Supporter, your trustee, your trust protector, or call us. If you believe you are being abused or taken advantage of, call Adult Protective Services or the police.

How often should I update it?

At least once a year, and after any hospital stay, new diagnosis, move, or change in your Supporters or family.

WORKSHEET 1. HOW I ALREADY MAKE DECISIONS WITH HELP

Almost everyone already uses supported decision-making. For each area below, write how you work with others now, what works well, and any new help you would like. If you do the whole thing alone and prefer it, that is fine.

Area	How I decide now, and who helps me	What I would add or change
My health care and medicines		
My emotions and mental health		
Where I live and whether to move		
Help at home and safety		
My everyday money and bills		
Big money decisions and gifts		
Insurance and benefits		
Legal papers and my lawyer		
Family, friends and visitors		
Driving and getting around		
Phone, mail, computer and online accounts		
My wishes at the end of my life		

WORKSHEET 2. MY VOICE

Use these questions to write Part 1 of the Agreement. Talk about them out loud with someone you trust, and have that person write down what you say, in your words.

1. What does a good day look like for me?

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2. What makes my life worth living?

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3. What do I enjoy that I never want to lose?

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4. Which people matter most to me? Which relationships worry me?

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5. What is the most important thing about my home to me?

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6. What scares me the most about growing older?

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7. What would I never want, even if it were easier for other people?

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8. What would I want my family to know if I could not tell them?

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9. How do I feel about nursing homes and assisted living? Is there anything that would change my mind?

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10. How do I feel about letting others make decisions for me?

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11. Who would I trust to tell me the truth?

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12. How do I want to be remembered?

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13. What are my beliefs, faith, or traditions that should guide my care?

WORKSHEET 3. MY COMFORT AND CALM INVENTORY

Old memories and routines reach people even when new ones are hard to hold. This worksheet becomes Exhibit B-2 and B-3. Ask old friends and family for ideas, and use all your senses.

Songs, singers, or instruments I love (and ones that bother me):

Foods, drinks, tastes, and mealtimes that comfort me:

Smells and scents I love (and ones I dislike):

Pictures, objects, blankets, clothing that are mine:

My morning and evening routines (the order, the little habits):

Work, hobbies, or skills I took pride in (gardening, cards, sewing, repairing things):

Pets and people who calm me:

Prayers, hymns, services, or traditions that comfort me:

What soothes me when I am upset:

What upsets me and what to avoid:

My sleep habits and what helps me sleep:

The ways I show pain, fear, hunger, or tiredness (my own signals):

WORKSHEET 4. DECISIONS AND SUPPORT PLANNING

For each area, decide the **level of help** you want and from whom. Then enter your choices in Part 3 of the Agreement.

Level	What it means
A. I decide alone	I do not want help in this area.
B. Information only	My Supporter helps me find and understand information.
C. Talk it through	My Supporter also discusses benefits, risks, and alternatives with me.
D. Be with me	My Supporter is also present at appointments and meetings when I ask.
E. Help me carry it out	My Supporter also makes the calls and does the paperwork I have decided on.

Area	Level (A to E)	Which Supporter(s)	Limits or special instructions
My health care and medicines			
My emotions and mental health			
Where I live and whether to move			
Help at home and safety			
My everyday money and bills			
Big money decisions and gifts			
Insurance and benefits			
Legal papers and my lawyer			
Family, friends and visitors			
Driving and getting around			
Phone, mail, computer and online accounts			
My wishes at the end of my life			