



PCA Context Guide - Mobility Support

(Informative)

Personal Care Aide Quality Service Standard

AMSI CONTEXT GUIDE PAM1

Second Draft Edition, Updated July 2026

*Aligned with AMSI PCA1 Second Draft Edition, Updated July 2026, current AMSI VOC1, and
WQI Whole-Quality vocabulary as applied in PCA1*

AMERICAN SUPPORT STANDARDS INITIATIVE

Table of Contents

0. Introduction	6
1. Scope and Purpose	6
1.1 Scope	6
1.2 Purpose	6
1.3 Relationship to PCA1	6
1.4 Intended Use	7
2. Relationship to PCA1 Core Standard	7
2.1 General	7
2.2 Invariant Elements	7
2.3 Context-Specific Interpretation	7
2.4 Relationship to Quality Outcome Criteria	7
2.5 Relationship to Critical Conditions, Evidence, and Quality Claim Statements	7
2.6 Relationship to Other Context Guides	8
3. Mobility Support Context Definition	8
3.1 General	8
3.2 Purpose of the Mobility Support Context	8
3.3 Typical Mobility Support Activities	8
3.4 Characteristics of the Mobility Support Context	8
3.5 Context Variability	9
3.6 PAM1-Specific Visibility Issues	9
4. Service Quality Object in the Mobility Support Context	10
4.1 General	10
4.2 Constituent Parts of the Service Quality Object	10
4.3 Service Boundary	11
4.4 Internal and External Interfaces	11
4.5 Relationship to the Mobility Support Context	11
5. Context Boundaries and Interfaces	11
5.1 General	11
5.2 Planned and Realized Boundaries and Interfaces	11
5.3 Internal Boundaries	12
5.4 External Boundaries	12
5.5 Internal Interfaces	12
5.6 External Interfaces	13
5.7 Boundary and Interface Verification	13
5.8 Relationship to Quality Determination	13
6. Intended Function and Function Realization	14
6.1 General	14
6.2 Intended Function in the Mobility Support Context	14
6.3 Function Realization	14
6.4 Factors Influencing Function Realization	14
6.5 Relationship to Quality Determination	15
7. Interpretation of Invariant Core Quality Factors	15
7.1 General	15
7.2 Factor 1 — Protection from Foreseeable Harm	15
7.3 Factor 2 — Maintenance of Health and Bodily Integrity	15
7.4 Factor 3 — Support for Daily Functioning	16
7.5 Factor 4 — Respect for Personhood and Autonomy	16
7.6 Factor 5 — Timely Recognition and Escalation of Risk	16
7.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information	16

7.8 Factor 7 — Control of Infection and Contamination Risks	16
7.9 Factor 8 — Scope-Appropriate Practice and Judgment.....	16
7.10 Relationship to Section 8	16
8. Interpretation of Invariant Core Quality Indicators and Quality Outcome Criteria	17
8.1 General	17
8.2 Factor 1 — Protection from Foreseeable Harm	17
Indicator 1.1 — Identification of Foreseeable Harm Conditions	17
Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk	18
Indicator 1.3 — Prevention of Avoidable Injury or Harm	18
Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise	19
8.3 Factor 2 — Maintenance of Health and Bodily Integrity	19
Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity	19
Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Role Scope	20
Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability	20
Indicator 2.4 — Minimization of Physiological Stress During Assistance	21
8.4 Factor 3 — Support for Daily Functioning	21
Indicator 3.1 — Alignment of Assistance with Functional Ability	21
Indicator 3.2 — Support Without Creating Unnecessary Dependency.....	21
Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Role Boundaries	22
Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change	22
8.5 Factor 4 — Respect for Personhood and Autonomy	23
Indicator 4.1 — Maintenance of Privacy and Bodily Dignity	23
Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences.....	23
Indicator 4.3 — Respect for Cultural, Personal, and Household Values	24
Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices.....	24
8.6 Factor 5 — Timely Recognition and Escalation of Risk	25
Indicator 5.1 — Observation of Relevant Changes in Condition or Response.....	25
Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Role Scope	25
Indicator 5.3 — Timely Communication of Concerns	26
Indicator 5.4 — Appropriate Follow-Through After Escalation	26
8.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information	27
Indicator 6.1 — Accuracy of Information Used to Guide PCA Support	27
Indicator 6.2 — Information Transfer Across Caregivers, Shifts, or Support Arrangements.....	27
Indicator 6.3 — Consistency with Care Direction or Consumer Instruction.....	28
Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure.....	28
8.8 Factor 7 — Control of Infection and Contamination Risks	28
Indicator 7.1 — Maintenance of Hygienic Service Conditions.....	28
Indicator 7.2 — Appropriate Use of Clean Technique Within Role Boundaries	29
Indicator 7.3 — Prevention of Cross-Contamination	29
Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks.....	30
8.9 Factor 8 — Scope-Appropriate Practice and Judgment.....	30
Indicator 8.1 — Practice Within Authorized Role Boundaries	30
Indicator 8.2 — Appropriate Judgment Within Role Scope	31
Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Professional Practice.....	31
Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation.....	32
9. Context-Specific Critical Conditions.....	32
9.1 General	32

9.2 Relationship to Function Realization	32
9.3 Illustrative Mobility-Specific Critical Conditions	32
9.4 Visibility of Critical Conditions in Quality Determination	33
10. Context-Specific Evidence	33
10.1 General	33
10.2 Purpose of Evidence	33
10.3 Sources of Evidence	34
10.4 Evidence Across Function Realization	34
10.5 Sufficiency of Evidence	34
10.6 Relationship to Boundaries and Interfaces	35
10.7 Relationship to Quality Claim Statements	35
11. Context-Specific Quality Claim Statements	35
11.1 General	35
11.2 Basis for Quality Claim Statements	35
11.3 Scope of Quality Claim Statements	35
11.4 Limitations of Quality Claim Statements	36
11.5 Communication of Quality Claim Statements	36
11.6 Relationship to Evidence	36
12. Limitations and Non-Prescriptive Interpretation	36
12.1 General	36
12.2 Non-Prescriptive Interpretation	36
12.3 Limits of Task Completion	37
12.4 Non-Substitutability of Critical Conditions	37
12.5 Limits of Documentation and Compliance	37
12.6 Limits of Absence-of-Concern Interpretation	37
12.7 Relationship to PCA1 and SCM1	37
13. Relationship to Care Direction, Training, Rules, and Other Requirements	37
13.1 General	37
13.2 Care Direction and Consumer Direction	37
13.3 Training and Competence Context	37
13.4 Organizational and Program Requirements	38
13.5 Clinical, Legal, Safety, and Emergency Responsibilities	38
13.6 Relationship to Other AMSI Context Guides	38
Annex A (Informative) - Illustrative Service Quality Object in Mobility Support	38
A.1 Purpose	38
A.2 Relationship to the Service Quality Object	38
A.3 Illustrative Constituent Parts	38
A.4 Illustrative Function Realization	38
A.5 Illustrative Relationship to Quality Determination	39
A.6 Illustrative Mobility Support Service Quality Object Diagram	39
Annex B (Informative) - PCA1 and PAM1 Core-to-Context Relationship	39
B.1 Purpose	39
B.2 Invariant Core	39
B.3 Purpose of the Context Guide	40
B.4 Relationship Between the Core and the Context Guide	40
B.5 Relationship to Other PCA Context Guides	40
B.6 Core-to-Context Principle	40
Annex C (Informative) - Summary of Mobility-Specific Factor Interpretation	40
C.1 Purpose	40
C.2 Interpretation of the Core Quality Factors	40

C.3 Relationship to PCA1	40
C.4 Core-to-Context Principle	40
Annex D (Informative) - Illustrative Mobility Support Path of Realization	41
D.1 Purpose	41
D.2 Relationship to PCA1	41
D.3 Illustrative Context Path of Realization	41
D.4 Dynamic Nature of Function Realization	41
D.5 Relationship to Quality Determination	41
Copyright and Use Notice	41

0. Introduction

This Context Guide explains how AMSI PCA1 applies to mobility support provided by Personal Care Aides.

Mobility support is a specific PCA service context. It may include preparing the movement area, assisting with sitting, standing, transfers, walking, repositioning, use of authorized mobility supports, observation of relevant concerns, and communication or escalation within the Personal Care Aide role.

Mobility support should not be judged only by whether a transfer, walk, repositioning activity, or movement routine was completed. Quality also depends on whether the actual mobility episode is safe, respectful, properly paced, responsive to the person's condition, consistent with authorized direction, and visible across route preparation, transfer point, movement pathway, positioning, equipment use, consent or refusal, and role-appropriate follow-up.

This Guide applies the PCA1 Service Quality Object, intended function, Core Quality Factors, and Core Quality Indicators to the mobility support context without modifying those invariant Core elements.

The Guide provides mobility-specific Quality Outcome Criteria, examples of evidence, critical conditions, and guidance for responsible Quality Claim Statements.

This Guide is informative and should be used together with PCA1, SCM1, applicable care direction, and other controlling requirements.

1. Scope and Purpose

1.1 Scope

This Context Guide applies to mobility support services performed by Personal Care Aides (PCAs).

It covers PCA support directly related to movement, sitting and standing, transfer, repositioning, walking or ambulation, use of authorized mobility supports, preparation of the immediate route or transfer area, observation of relevant mobility-related concerns, and communication or escalation within the Personal Care Aide role.

This Guide applies in homes, community residences, residential facilities, healthcare settings, day settings, workplaces, community settings, and other places where PCA mobility support is provided.

The Guide applies regardless of organization, funding source, service model, or support setting.

1.2 Purpose

The purpose of this Context Guide is to:

- explain how PCA1 applies to mobility support
- identify mobility-specific conditions that affect quality before, during, and after the mobility episode, including route or area preparation, sitting and standing, transfers, walking or ambulation, repositioning, balance, surfaces, thresholds, stairs, ramps, obstacles, lighting, weather exposure, equipment usability, footwear, fatigue, pain, dizziness, shortness of breath, fear, confidence, consent, refusal, privacy, communication, cognitive load, and changing functional ability
- provide mobility-specific Quality Outcome Criteria
- give examples of evidence that may support quality determination
- identify mobility-specific boundaries, interfaces, risks, and critical conditions
- support responsible and consistent Quality Claim Statements

1.3 Relationship to PCA1

This Context Guide shall be used together with PCA1. PCA1 establishes the invariant Service Quality Object, intended function, constituent-part logic, Core Quality Factors, Core Quality Indicators, boundary and interface logic, evidence logic, and Quality Claim Statement logic for Personal Care Aide services.

PAM1 does not modify those invariant elements or create a separate mobility-support Service Quality Object. It interprets the PCA1 Core within the mobility support context and develops mobility-specific Quality Outcome Criteria.

Section 2 summarizes the Core-to-context relationship.

1.4 Intended Use

This Context Guide is intended for organizations, supervisors, Personal Care Aides, trainers, reviewers, quality professionals, service recipients, families, regulators, researchers, and others seeking to understand or determine the quality state of mobility support services.

This Guide is informative and supports quality determination. It does not establish clinical transfer procedures, prescribe rehabilitation techniques, prescribe mobility equipment, replace applicable laws or regulations, or replace individual care direction.

2. Relationship to PCA1 Core Standard

2.1 General

PCA1 is the controlling Core Standard for this Context Guide.

PAM1 provides the mobility-specific interpretation of that Core. It should therefore be read as an application guide, not as a replacement for PCA1.

2.2 Invariant Elements

The following elements established by PCA1 remain invariant throughout this Context Guide:

- the Service Quality Object
- the intended function of the Personal Care Aide service
- the constituent parts of the Service Quality Object
- the internal and external boundaries and interfaces of the Service Quality Object
- the Core Quality Factors
- the Core Quality Indicators

This Context Guide shall not modify or replace these invariant elements.

2.3 Context-Specific Interpretation

This Guide adds context-specific interpretation only where mobility support changes how the invariant PCA1 Core becomes observable in real service conditions.

This Guide follows this sequence: define the mobility support context; identify the Service Quality Object and declared boundaries and interfaces; interpret intended function and function realization; apply the PCA1 Core Quality Factors and Core Quality Indicators; identify Critical Conditions; then evaluate evidence and Quality Claim Statements.

2.4 Relationship to Quality Outcome Criteria

Context-specific Quality Outcome Criteria are provided in Section 8. They are derived from the PCA1 Core Quality Indicators and interpreted within the declared mobility support boundary.

The criteria do not create new Core Quality Factors or Core Quality Indicators. They describe expected mobility-support states or results that make the invariant Core observable in this context.

2.5 Relationship to Critical Conditions, Evidence, and Quality Claim Statements

Critical Conditions are addressed in Section 9. Evidence and Quality Claim Statements are addressed in Sections 10 and 11 and shall be interpreted together with SCM1.

Evidence supports a Quality Claim Statement only within the declared Service Quality Object, declared service boundary, applicable Quality Outcome Criteria, applicable Critical Conditions, available evidence basis, and any stated limitations or uncertainties.

2.6 Relationship to Other Context Guides

PAM1 is one member of the AMSI family of Personal Care Aide Context Guides.

Other Context Guides may interpret the same PCA1 Core for different support contexts. Comparisons across guides should preserve the invariant Core while distinguishing the context-specific Quality Outcome Criteria, evidence considerations, interfaces, and Critical Conditions.

3. Mobility Support Context Definition

3.1 General

Mobility support is a context in which the invariant Personal Care Aide Service Quality Object established by PCA1 is realized through activities that assist a person with movement, transfer, positioning, repositioning, walking, wheelchair or chair mobility, and closely related daily living functions.

The mobility support context is characterized by direct interaction between the person receiving support, the Personal Care Aide, and context elements such as surfaces, pathways, seating, transfer points, mobility supports, equipment, footwear, obstacles, lighting, timing, care-relevant information, and external interfaces that may influence realization of the Service Quality Object. These elements become important when they affect actual movement, transfer, positioning, ambulation, stability, safety, dignity, or the need for pausing, assistance seeking, or escalation.

3.2 Purpose of the Mobility Support Context

The purpose of the mobility support context is to provide conditions in which the intended function of Personal Care Aide services may be realized safely, respectfully, and appropriately while supporting movement-related daily functioning, bodily integrity, dignity, choice, autonomy, participation, and comfort.

This purpose is a mobility-specific realization of the invariant Service Quality Object established by PCA1.

3.3 Typical Mobility Support Activities

Depending upon the person's needs, authorized support, and service arrangement, mobility support may include activities such as:

- preparation of the immediate movement or transfer area
- assistance with sitting, standing, turning, walking, or repositioning
- support during transfers between bed, chair, wheelchair, toilet, vehicle, or other locations where authorized
- support with authorized mobility aids or assistive items within Personal Care Aide role boundaries, including attention to whether the item is available, usable, understood, and appropriate to the actual mobility episode
- cueing, prompting, pacing, or physical assistance where authorized
- observation of conditions relevant to mobility support
- communication and role-appropriate escalation of relevant concerns
- completion of activities directly associated with the mobility support service

These examples illustrate the mobility support context and do not prescribe mandatory tasks or methods of service delivery.

3.4 Characteristics of the Mobility Support Context

Mobility support commonly involves context-specific conditions including:

- movement, transfer, standing, sitting, walking, turning, reaching, and repositioning
- balance, strength, endurance, fatigue, pain, dizziness, fear, confidence, and tolerance
- surfaces, thresholds, stairs, ramps, doorways, clutter, lighting, weather exposure, narrow spaces, uneven routes, and other environmental conditions
- footwear, clothing, furniture, beds, chairs, wheelchairs, walkers, canes, grab bars, gait belts, transfer boards, lifts, and other authorized supports or equipment
- privacy, dignity, consent, refusal, personal pace, and cultural or household preferences
- communication, cueing, sequencing, cognitive load, and distraction
- skin integrity, joint protection, posture, pressure, shear, and body positioning
- hygiene and contamination conditions related to contact surfaces, hands, equipment, and materials
- timing, routine, destination, distance, route transitions, and community or household movement conditions
- changing functional presentation of the person during the mobility episode

These context characteristics influence realization of the intended function and shall therefore be considered when determining the quality state of the Service Quality Object. The mobility-specific substance is the actual movement episode as realized, not merely the planned transfer type, the distance walked, the equipment named in a plan, or the completion of a routine task.

3.5 Context Variability

The mobility support context may vary according to:

- the person's abilities and support needs
- movement purpose and destination
- type of mobility support or transfer involved
- available space, surfaces, and environmental conditions
- available mobility supports, supplies, and equipment
- household or organizational arrangements
- cultural, personal, and household preferences
- service setting
- authorized support activities
- other context-specific conditions

Such variability affects interpretation of Quality Outcome Criteria and evidence.

It does not modify the invariant Service Quality Object, intended function, Core Quality Factors, or Core Quality Indicators established by PCA1.

3.6 PAM1-Specific Visibility Issues

Because mobility support is performed in a movement-, transfer-, balance-, equipment-, environment-, and dignity-sensitive context, quality determination under this Guide should not treat mobility support as ordinary task completion or as a simple record that a transfer or walk occurred. The actual mobility episode should remain visible from preparation through movement, immediate follow-up, communication of concerns, and evidence supporting the declared Quality Claim Statement. The following PAM1-specific issues should remain visible:

- movement pathway and transfer-point conditions, including surfaces, thresholds, stairs, ramps, lighting, obstacles, clutter, distance, route transitions, weather exposure, space limitations, and other environmental conditions affecting safe and respectful mobility support
- positioning, seating, posture, balance, strength, endurance, fatigue, pain, dizziness, shortness of breath, fear, confidence, refusal, near-fall concern, loss of stability, or other observable conditions that may change during the mobility episode
- use of authorized supports or equipment, including walkers, canes, wheelchairs, chairs, beds, grab bars, gait belts, lifts, transfer boards, footwear, and related items within Personal Care Aide role boundaries

- skin, joint, posture, pressure, pulling, twisting, shear, grip, body handling, repositioning, and physical integrity concerns that may arise during movement or transfer assistance
- privacy, dignity, choice, consent, refusal, personal pace, and protection from coercive or demeaning practices during hands-on or visible assistance
- communication, sequencing, cueing, cognitive load, understanding, and response to changing functional presentation during the mobility episode
- continuity of care-relevant information before, during, and after mobility support, including concerns that should be communicated through appropriate channels
- role-boundary questions that arise when mobility support reveals conditions requiring clarification, assistance, pausing, modification, escalation, or involvement of clinical, rehabilitation, supervisory, emergency, equipment, building, transportation, or other external systems

These issues are not additional Core Quality Factors or Core Quality Indicators. They are context-specific visibility conditions that help prevent the mobility support context from being reduced to a completed transfer, walked distance, movement routine, or written note.

Sections 5 through 11 apply these visibility issues to boundary and interface interpretation, function-realization interpretation, Indicator-level Quality Outcome Criteria, Critical Conditions, evidence, and Quality Claim Statements.

4. Service Quality Object in the Mobility Support Context

4.1 General

The Service Quality Object in this Context Guide is the Personal Care Aide (PCA) mobility support service.

Consistent with PCA1, the Service Quality Object consists of the occupational work performed by the Personal Care Aide together with the results produced by that work within the declared service boundary.

The quality state determined under this Context Guide applies to the Service Quality Object as a whole rather than to individual constituent parts considered in isolation.

4.2 Constituent Parts of the Service Quality Object

Within the mobility support context, this Context Guide applies the invariant constituent-part logic established by PCA1. The Service Quality Object consists of the interacting constituent parts necessary to realize its intended function in the mobility support context.

These constituent parts include:

- the person receiving support
- the Personal Care Aide
- the mobility support work performed
- the results produced by that work
- the intended function of the service as realized in the mobility support context
- the internal boundaries and interfaces among constituent parts
- the external boundary and external interfaces through which the service interacts with surrounding systems

The mobility support Service Quality Object does not become the walker, wheelchair, lift, transfer device, hallway, stairs, route, documentation, care plan, or task list.

Mobility equipment, surfaces, pathways, seating, footwear, environmental conditions, care-relevant information, care direction, family input, supervision, healthcare or rehabilitation communication, equipment direction as communicated, and similar conditions are treated as context elements or interface conditions.

They influence realization of the Service Quality Object and may be included in the declared service boundary only to the extent relevant to the Quality Claim Statement being made. They do not redefine the invariant Service Quality Object established by PCA1.

4.3 Service Boundary

The declared Service Quality Object shall have a clearly identified service boundary for the mobility support service being assessed.

The service boundary defines what is included in, and excluded from, the mobility-support quality determination.

Quality Claim Statements made using this Context Guide shall identify the declared service boundary and shall not extend beyond the evidence available for that boundary.

4.4 Internal and External Interfaces

Internal and external interfaces in the mobility support context are interpreted in Section 5. Internal interfaces concern interactions among the constituent parts of the Service Quality Object. External interfaces concern interactions between the Service Quality Object and surrounding systems or context elements outside the object.

Mobility-related elements such as routes, surfaces, stairs, transfer points, equipment, and care-relevant information may operate as interface conditions when they affect realization of the intended function within the declared service boundary.

4.5 Relationship to the Mobility Support Context

The mobility support context provides the conditions under which the Service Quality Object is realized and evidenced.

Changes in the movement environment, the person's condition, available equipment, service arrangements, or other contextual conditions may influence realization of the intended function.

Such contextual variation affects interpretation of Quality Outcome Criteria and evidence.

It does not change the identity of the Service Quality Object established by PCA1.

5. Context Boundaries and Interfaces

5.1 General

The intended function of the Personal Care Aide Service Quality Object is realized within defined boundaries and through internal and external interfaces.

Identification and interpretation of these boundaries and interfaces are essential for determining the quality state of the Service Quality Object within the mobility support context.

The boundaries and interfaces described in this section are context-specific interpretations of the invariant Service Quality Object established by PCA1.

5.2 Planned and Realized Boundaries and Interfaces

Before mobility support begins, some boundaries and interfaces may be identified through care direction, the person's preferences, service plans, transfer or equipment direction as communicated, environmental conditions, and known support needs.

However, not all boundaries and interfaces can be fully understood from planning alone.

Some become visible only when the mobility support service is actually performed.

For example, actual balance, fatigue, dizziness, pain, refusal, fear, confidence, equipment usability, footwear condition, transfer-point condition, surface condition, obstacle, lighting, route limitation, space

limitation, environmental change, or communication difficulty may appear or change during the mobility episode.

Quality determination shall therefore consider both planned service conditions and realized service conditions observed during actual support.

5.3 Internal Boundaries

Internal boundaries separate the constituent parts of the Service Quality Object while enabling their interaction during realization of the intended function.

Within the mobility support context, important internal boundaries include:

- the boundary between the person receiving support and the Personal Care Aide
- the boundary between occupational work and the results produced
- the boundary between assistance and the person's own participation
- the boundary between observation and clinical, rehabilitation, therapeutic, equipment-prescription, or equipment-adjustment judgment
- the boundary between service-related information and service actions
- other boundaries influencing realization of the intended function

These internal boundaries are dynamic and may change during realization of the mobility support service.

5.4 External Boundaries

External boundaries distinguish the Service Quality Object from external systems that influence, support, regulate, or interact with the mobility support service.

Examples include:

- healthcare services
- rehabilitation or therapy services
- provider organizations
- consumer-directed service arrangements
- family members and informal caregivers
- regulatory authorities
- funding organizations
- emergency services
- equipment suppliers or maintenance services
- building, transportation, or environmental systems where applicable
- other external organizations or individuals

These external systems are not constituent parts of the Service Quality Object.

5.5 Internal Interfaces

Internal interfaces are the points of interaction among constituent parts of the Service Quality Object. In mobility support, some interactions may be mediated by context elements such as surfaces, routes, seating, transfer points, or authorized mobility supports. These elements do not become constituent parts unless included within the declared service boundary for the specific Quality Claim Statement.

Examples within the mobility support context include:

- communication between the person and the Personal Care Aide
- physical interaction during mobility support
- interaction mediated by surfaces, routes, chairs, beds, wheelchairs, walkers, canes, grab bars, gait belts, lifts, transfer boards, and other authorized supports or equipment
- information supporting the mobility activity
- interaction between work performed and the results produced

- interaction among other constituent parts affecting realization of the intended function
- Quality determination considers whether these interfaces contribute to or interfere with realization of the intended function.

5.6 External Interfaces

External interfaces connect the Service Quality Object with external systems across the external boundary.

Examples include:

- communication with supervisors
- communication with family members
- communication with healthcare or rehabilitation professionals where relevant and authorized
- communication with consumer-directed representatives
- communication with equipment suppliers or building management where relevant and authorized
- reporting of observed concerns
- information exchange
- care direction
- other interactions relevant to the mobility support service

External interfaces may influence realization of the intended function without becoming constituent parts of the Service Quality Object.

5.7 Boundary and Interface Verification

Because some boundaries and interfaces become visible only during actual service realization, quality determination should not rely solely on planned service arrangements.

Evidence may be needed to verify whether relevant boundaries and interfaces operated as expected during the mobility support service.

For example, evidence may show whether support matched actual ability, whether sitting, standing, transfer, walking, or repositioning support was safe and comfortable, whether equipment was usable in the real environment, whether surfaces, transfer points, obstacles, lighting, or space limitations affected support, whether communication was understood, whether refusal or fear was respected, or whether escalation occurred when unsafe conditions appeared.

Verification of boundaries and interfaces does not require intrusive monitoring or clinical evaluation.

It requires sufficient evidence to support the Quality Claim Statement being made.

5.8 Relationship to Quality Determination

Boundaries and interfaces influence realization of the intended function throughout the mobility support service.

Accordingly, determination of the quality state should consider:

- whether relevant boundaries have been appropriately identified
- whether significant interfaces have been appropriately recognized
- whether planned conditions were consistent with realized conditions
- whether interactions across internal and external interfaces support realization of the intended function
- whether unresolved boundary or interface conditions affect applicable Quality Outcome Criteria, available evidence, or Quality Claim Statements

Identification of boundaries and interfaces does not, by itself, determine quality.

Rather, it provides the context necessary for consistent interpretation of the Core Quality Factors, Core Quality Indicators, Quality Outcome Criteria, evidence, and Quality Claim Statements.

6. Intended Function and Function Realization

6.1 General

The intended function of the Personal Care Aide Service Quality Object remains the same as established by PCA1.

This Context Guide interprets how that intended function is realized within the mobility support context.

Function realization is determined by the extent to which the mobility support service achieves its intended results through appropriate occupational work performed within the declared service boundary.

6.2 Intended Function in the Mobility Support Context

Within the mobility support context, the intended function is to support the person in movement, transfer, positioning, walking, use of authorized mobility supports, and related daily living activities in a manner that:

- protects health, safety, and bodily integrity
- supports movement-related daily functioning within Personal Care Aide role boundaries
- preserves dignity, choice, privacy, personhood, and autonomy
- recognizes and responds appropriately to relevant changes or risks within the Personal Care Aide role
- supports continuity of care-relevant information
- minimizes infection and contamination risks within Personal Care Aide role boundaries
- remains consistent with the authorized scope of Personal Care Aide practice

6.3 Function Realization

Function realization occurs through the interaction of the constituent parts of the Service Quality Object during mobility support.

It is influenced by:

- the person's functional presentation
- the work performed by the Personal Care Aide
- movement purpose, route, surfaces, transfer points, and environment
- positioning, pacing, balance, endurance, and tolerance
- available equipment, mobility supports, and materials
- communication and cueing
- service-related information
- internal and external boundaries and interfaces
- other context-specific conditions affecting the mobility support service

Function realization is therefore evaluated as realization of the Service Quality Object as a whole, not as a separate transfer, walk, repositioning task, equipment use, or documentation entry.

In the mobility support context, function realization becomes visible through the whole mobility episode rather than through a single task marker. The visibility issues identified in Section 3.6 guide consideration of preparation, route or transfer-area conditions, movement, positioning, equipment use, pacing, balance, tolerance, consent or refusal, communication, observable response, and role-appropriate follow-up.

6.4 Factors Influencing Function Realization

The main mobility-specific conditions influencing function realization are identified in Sections 3.4 and 3.6 and are bounded by Section 5.

Those conditions are applied in Sections 5 and 8 through 11 through service-boundary, interface, Indicator, Critical Condition, evidence, and Quality Claim Statement interpretation.

6.5 Relationship to Quality Determination

Quality determination under this Context Guide concerns the extent to which the intended function is realized within the declared mobility support context and declared service boundary.

Accordingly, quality determination shall consider:

- the Service Quality Object
- the intended function
- realization of that intended function
- the applicable Core Quality Factors
- the applicable Core Quality Indicators
- the context-specific Quality Outcome Criteria
- the available evidence
- applicable Critical Conditions identified in Section 9
- the declared Quality Claim Statement

Completion of movement activities, transfer completion, walked distance, compliance with routine procedures, or absence of observable problems does not, by itself, demonstrate satisfactory realization of the intended function.

7. Interpretation of Invariant Core Quality Factors

7.1 General

The eight Core Quality Factors established by PCA1 remain invariant within the mobility support context.

This section interprets the purpose and significance of each Factor as it applies to realization of the intended function of the Personal Care Aide Service Quality Object during mobility support.

The Factors identify the broad dimensions through which realization of the intended function becomes observable.

Context-specific interpretation does not modify the Core Quality Factors. It explains how they are understood within mobility support.

The detailed interpretation of the Core Quality Indicators, together with context-specific Quality Outcome Criteria and illustrative evidence, is provided in Section 8.

Section 3.6 identifies the PAM1-specific visibility issues that should remain visible when the Factors are interpreted.

7.2 Factor 1 — Protection from Foreseeable Harm

Within the mobility support context, this Factor concerns foreseeable conditions that may threaten safety, bodily integrity, dignity, or continuity of support during movement, positioning, ambulation, transfer, or related assistance.

Typical mobility-related conditions include unstable balance, unsafe transfer conditions, unsafe sitting or standing, uneven or slippery surfaces, thresholds, stairs, ramps, obstacles, poor lighting, inadequate space, fatigue, dizziness, pain, shortness of breath, unsafe continuation of walking or transfer assistance, unclear or unusable equipment, fear, refusal, near-fall concern, and other foreseeable conditions affecting realization of the intended function.

7.3 Factor 2 — Maintenance of Health and Bodily Integrity

Within the mobility support context, this Factor concerns support that protects skin, joints, posture, physical comfort, physiological tolerance, bodily integrity, and general well-being while remaining within the Personal Care Aide role.

The emphasis is on supporting health-related daily functioning through appropriate assistance rather than performing clinical, rehabilitation, or therapeutic care.

7.4 Factor 3 — Support for Daily Functioning

Within the mobility support context, this Factor concerns assistance that enables the person to move, transfer, reposition, ambulate, use authorized supports, and participate in daily routines consistent with the person's functional abilities, preferences, and support needs.

The emphasis is on realization of daily functioning rather than simple completion of a movement, transfer, or walking task.

7.5 Factor 4 — Respect for Personhood and Autonomy

Within the mobility support context, this Factor concerns preservation of dignity, consent, refusal, pacing, confidence, privacy, personal preferences, and respect for the person throughout realization of the mobility support service.

Mobility support should not become coercive movement, rushed transfer, or handling of the person's body without attention to personhood and autonomy.

7.6 Factor 5 — Timely Recognition and Escalation of Risk

Within the mobility support context, this Factor concerns recognition of changes that become visible during mobility support and appropriate communication, escalation, assistance seeking, and follow-through within the Personal Care Aide role.

Particular attention is given to conditions that emerge during actual movement or transfer rather than conditions known only during planning.

7.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information

Within the mobility support context, this Factor concerns the availability, accuracy, continuity, and appropriate communication of information necessary for realization of the intended function before, during, and after mobility support.

Relevant information may include care direction, consumer instruction, known transfer limits, mobility aids, positioning needs, supervision arrangements, and observed changes.

7.8 Factor 7 — Control of Infection and Contamination Risks

Within the mobility support context, this Factor concerns maintenance of hygienic service conditions and prevention of contamination when mobility support involves hands-on assistance, mobility equipment, surfaces, chairs, beds, clothing, assistive items, or bodily contact.

The focus remains on clean practices within Personal Care Aide role boundaries, not clinical infection-control procedures beyond the authorized role.

7.9 Factor 8 — Scope-Appropriate Practice and Judgment

Within the mobility support context, this Factor concerns realization of mobility support within authorized occupational boundaries while exercising appropriate judgment, recognizing role limitations, and seeking assistance or escalation whenever necessary.

The Personal Care Aide does not assume clinical, rehabilitation, therapeutic, equipment-prescription, equipment-adjustment, supervisory, emergency, or regulatory responsibilities belonging to other parties.

7.10 Relationship to Section 8

Section 8 is the main application section of this Guide. It applies each invariant PCA1 Core Quality Indicator to mobility support by providing context interpretation, context-specific Quality Outcome Criteria, and illustrative evidence considerations.

The Factor summaries in Section 7 should therefore be read as orientation. The Indicator-level interpretation in Section 8 provides the primary basis for PAM1-specific quality determination.

8. Interpretation of Invariant Core Quality Indicators and Quality Outcome Criteria

8.1 General

This section applies the invariant Core Quality Indicators established by PCA1 to the mobility support context.

The Core Quality Indicators remain unchanged.

The Indicator names and sequence follow PCA1. Context Interpretation, Context-Specific Quality Outcome Criteria, and Illustrative Evidence Considerations are PAM1-specific applications of those unchanged Indicators.

For each Indicator, this section provides mobility-specific interpretation, mobility-specific Quality Outcome Criteria, and illustrative evidence considerations.

The Quality Outcome Criteria presented in this section are derived from the invariant Core Quality Indicators and describe expected mobility-support states or results.

They do not establish new Core Quality Factors or Core Quality Indicators.

Each Quality Outcome Criterion shall be applied only within the declared mobility support context, the declared service boundary, the applicable evidence basis, and the limitations identified in the Quality Claim Statement.

Illustrative Evidence Considerations are provided to show what evidence may support determination of the applicable Quality Outcome Criteria and responsible Quality Claim Statements.

The Indicator-level criteria below preserve the PCA1 Core Quality Indicator names and sequence and apply the visibility issues identified in Section 3.6 to the eight invariant PCA1 Core Quality Factors.

8.2 Factor 1 — Protection from Foreseeable Harm

Indicator 1.1 — Identification of Foreseeable Harm Conditions

Context Interpretation

Within the mobility support context, foreseeable harm conditions may include unstable standing or sitting balance, unsafe transfer position, unsafe route or transfer point, slippery or uneven surfaces, thresholds, stairs, ramps, obstacles, poor lighting, inadequate space, unsuitable footwear, fatigue, dizziness, pain, shortness of breath, fear, refusal, equipment concern, communication barrier, or other conditions that may interfere with realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- foreseeable mobility-support hazards are recognized before or during service delivery
- relevant environmental, route, transfer-point, functional, equipment-related, communication, and personal conditions are considered
- conditions exceeding the Personal Care Aide role are recognized for communication or escalation
- foreseeable harm conditions are not ignored because movement or transfers are considered routine activities

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of the mobility environment

- observations made during the mobility episode
- communication records
- support documentation
- consumer or caregiver feedback
- reports of identified hazards or concerns
- other evidence relevant to the declared Quality Claim Statement

Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Context Interpretation

Mobility support may require modification of pace, sequence, positioning, cueing, route or transfer-area preparation, environmental setup, use of authorized equipment, assistance level, or communication in response to identified conditions.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- support is adjusted to actual mobility conditions, including route, transfer point, surfaces, obstacles, space, positioning, balance, fatigue, pain, dizziness, fear, equipment use, and communication where relevant
- adjustments remain within the Personal Care Aide role
- identified risks are addressed appropriately
- support remains responsive throughout realization of the mobility support service

Illustrative Evidence Considerations

Illustrative evidence may include:

- observation of modified support
- reports describing changes in assistance
- communication records
- consumer feedback
- caregiver observations
- other evidence relevant to the declared Quality Claim Statement

Indicator 1.3 — Prevention of Avoidable Injury or Harm

Context Interpretation

Within the mobility support context, prevention of avoidable harm includes avoidable falls, near falls, slips, unsafe transfers, unsafe continuation of movement, pulling, twisting, skin shear, joint strain, unnecessary pain, loss of dignity, distress, or other preventable adverse conditions occurring within the declared service boundary.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- avoidable harm is minimized
- mobility support remains consistent with realization of the intended function
- dignity-related harm is considered together with physical harm
- conditions outside Personal Care Aide role boundaries are recognized and communicated appropriately

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations

- incident reports
- communication records
- consumer feedback
- follow-up actions
- other evidence relevant to the declared Quality Claim Statement

Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise

Context Interpretation

When unsafe conditions become visible during mobility support, realization of the intended function may require pausing before movement continues, modifying the route or assistance level, discontinuing the movement or transfer, seeking assistance, or escalating concerns through appropriate channels.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- unsafe continuation of mobility support is avoided
- appropriate assistance or escalation occurs
- actions remain within the Personal Care Aide role
- unsafe conditions are not ignored

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- incident reports
- observations of modified support
- documentation of assistance sought
- supervisor or caregiver reports
- other evidence relevant to the declared Quality Claim Statement

8.3 Factor 2 — Maintenance of Health and Bodily Integrity

Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity

Context Interpretation

Within the mobility support context, movement, transfer, repositioning, turning, sitting, standing, and hands-on assistance may directly affect skin integrity, joints, posture, pressure, shear, physical comfort, and bodily integrity.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- mobility support minimizes unnecessary pressure, friction, pulling, twisting, rough handling, skin shear, or discomfort
- skin, joints, posture, and bodily integrity are appropriately protected during support
- observable concerns are recognized and communicated through appropriate channels
- support remains respectful of the person's dignity and comfort

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of mobility support
- observations of positioning and movement
- communication records

- consumer feedback
- reports of discomfort or concerns
- other evidence relevant to the declared Quality Claim Statement

Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Role Scope

Context Interpretation

Mobility support may affect physiological stability through exertion, fatigue, dizziness, shortness of breath, pain, heat or cold exposure, anxiety, prolonged standing, repeated transfers, or reduced tolerance.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- mobility support considers tolerance, comfort, fatigue, dizziness, pain, exertion, and other observable stability concerns within Personal Care Aide role boundaries
- pacing is appropriate to the person's presentation
- observable concerns are communicated appropriately
- physiological stress is not unnecessarily increased during mobility support

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations during mobility support
- reports of fatigue, dizziness, discomfort, or reduced tolerance
- communication records
- consumer feedback
- support documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability

Context Interpretation

Mobility support may reveal observable physical changes including weakness, loss of balance, dizziness, shortness of breath, pain, swelling, reduced alertness, confusion, gait change, increased assistance need, or other conditions that may influence realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- observable physical changes are recognized when relevant
- changes affecting mobility support are communicated appropriately
- recognition remains within the Personal Care Aide role
- diagnosis, treatment, or clinical interpretation is not undertaken by the Personal Care Aide

Illustrative Evidence Considerations

Illustrative evidence may include:

- observations
- communication records
- support documentation
- reports to authorized persons
- follow-up actions
- other evidence relevant to the declared Quality Claim Statement

Indicator 2.4 — Minimization of Physiological Stress During Assistance

Context Interpretation

Mobility support should minimize avoidable physiological stress arising from exertion, speed, repeated attempts, prolonged standing, awkward positioning, fear, pain, fatigue, dizziness, shortness of breath, or other mobility-related conditions.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- mobility support is appropriately paced
- avoidable physiological stress is minimized
- discomfort, distress, or reduced tolerance results in appropriate modification or communication
- efficiency or routine completion does not override safety, dignity, or well-being

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- consumer feedback
- communication records
- support documentation
- reports regarding modified assistance
- other evidence relevant to the declared Quality Claim Statement

8.4 Factor 3 — Support for Daily Functioning

Indicator 3.1 — Alignment of Assistance with Functional Ability

Context Interpretation

Within the mobility support context, assistance should be aligned with the person's actual ability to move, sit, stand, turn, transfer, reposition, walk, use authorized mobility supports, communicate needs, and participate in the mobility episode.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- assistance is consistent with the person's actual functional abilities
- support reflects the person's current presentation rather than assumptions or routine practice
- changes in functional ability during mobility support are recognized
- support remains responsive throughout realization of the intended function

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of mobility support
- consumer participation during movement or transfer
- communication records
- support documentation
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

Indicator 3.2 — Support Without Creating Unnecessary Dependency

Context Interpretation

Mobility support should encourage the person's participation to the greatest extent appropriate while avoiding unnecessary dependency or inappropriate withdrawal of assistance.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- participation is encouraged whenever appropriate
- unnecessary dependency is avoided
- assistance is neither excessive nor insufficient
- realization of the intended function remains the primary objective

Illustrative Evidence Considerations

Illustrative evidence may include:

- observation of participation during mobility support
- consumer feedback
- caregiver observations
- communication records
- support documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Role Boundaries

Context Interpretation

Mobility support may involve authorized walkers, canes, wheelchairs, gait belts, grab bars, transfer boards, bed rails, chairs, lifts, footwear, seating supports, or other supports that contribute to realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- authorized equipment or support items are used appropriately within Personal Care Aide role boundaries
- available supports contribute to safe and effective mobility support
- equipment, footwear, surface, route, transfer-point, or material concerns are recognized and communicated appropriately
- support remains within the authorized Personal Care Aide role

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- communication records
- equipment-related reports
- consumer feedback
- support documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

Context Interpretation

Functional abilities may change during realization of the mobility support service because of fatigue, pain, cognition, balance, dizziness, shortness of breath, fear, confidence, environment, equipment usability, route condition, or other mobility-specific conditions.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- assistance is adapted to changing functional presentation
- modifications remain within the Personal Care Aide role
- significant changes are communicated appropriately
- realization of the intended function continues to guide the support provided

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- communication records
- support documentation
- reports describing modified assistance
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

8.5 Factor 4 — Respect for Personhood and Autonomy

Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

Context Interpretation

Within the mobility support context, movement and transfer assistance may involve close physical contact, handling of the person's body, exposure, vulnerability, fear, dependence, or public visibility.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- privacy and dignity are maintained throughout the mobility support service
- unnecessary exposure, embarrassment, or public correction is avoided
- bodily dignity is preserved during assistance
- communication and interaction remain respectful
- realization of the intended function supports both physical assistance and preservation of personhood

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of mobility support
- consumer feedback
- caregiver observations
- communication records
- support documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences

Context Interpretation

Mobility support should recognize the person's choices, consent, refusal, pace, preferences, confidence, fear, and participation throughout realization of the mobility support service.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- consent is appropriately respected
- individual movement, pace, support, and routine preferences are recognized when consistent with safety and authorized direction
- mobility support proceeds at an appropriate pace
- refusal, discomfort, fear, or distress is recognized and addressed appropriately
- support remains consistent with the intended function

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- consumer feedback
- communication records
- support documentation
- reports describing preferences or concerns
- other evidence relevant to the declared Quality Claim Statement

Indicator 4.3 — Respect for Cultural, Personal, and Household Values

Context Interpretation

Mobility routines may reflect personal, cultural, household, family, privacy, gender-related, religious, or lifestyle preferences regarding touch, assistance, independence, space, timing, and public movement.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant personal and cultural preferences are recognized
- support reflects household or family routines where appropriate
- uncertainty or conflict is communicated appropriately
- realization of the intended function remains respectful of the person's individuality

Illustrative Evidence Considerations

Illustrative evidence may include:

- consumer direction
- family or caregiver feedback
- communication records
- support documentation
- direct observation
- other evidence relevant to the declared Quality Claim Statement

Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices

Context Interpretation

Mobility support shall be free from coercive, humiliating, intimidating, disrespectful, or demeaning practices, including forcing movement, rushing transfer, shaming fear or slowness, pulling the person, or ignoring refusal.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- support is free from coercive or demeaning practices
- communication remains respectful
- unnecessary force, humiliation, pressure, or intimidation is absent

- realization of the intended function preserves trust, dignity, and personhood

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- consumer feedback
- caregiver observations
- communication records
- complaints or commendations
- support documentation
- other evidence relevant to the declared Quality Claim Statement

8.6 Factor 5 — Timely Recognition and Escalation of Risk

Indicator 5.1 — Observation of Relevant Changes in Condition or Response

Context Interpretation

Within the mobility support context, observable changes may include balance change, weakness, dizziness, pain, shortness of breath, fatigue, fear, refusal, confusion, change in gait, near-fall concern, equipment failure, unsafe surface or route condition, environmental hazard, skin or joint concern, or other circumstances affecting realization of the intended function.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant changes are recognized during realization of the mobility support service
- observations are based upon actual service conditions rather than assumptions
- changes affecting realization of the intended function are not ignored
- observations remain within the Personal Care Aide role

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation during mobility support
- communication records
- support documentation
- consumer or caregiver feedback
- reports of observed changes
- other evidence relevant to the declared Quality Claim Statement

Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Role Scope

Context Interpretation

Observed changes may require the Personal Care Aide to determine whether continuation of support remains appropriate or whether communication, modification of assistance, assistance seeking, or escalation is required.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant changes are appropriately evaluated within Personal Care Aide role boundaries
- appropriate distinction is made between routine variation and significant change
- uncertainty results in appropriate communication or escalation
- realization of the intended function remains the guiding consideration

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- escalation documentation
- supervisor observations
- support documentation
- reports describing decision-making within role boundaries
- other evidence relevant to the declared Quality Claim Statement

Indicator 5.3 — Timely Communication of Concerns

Context Interpretation

Realization of the intended function may require timely communication of concerns identified before, during, or immediately following mobility support.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- significant concerns are communicated in a timely manner
- communication follows authorized pathways
- necessary information is communicated accurately
- unnecessary disclosure of personal information is avoided

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- support documentation
- reports to supervisors or authorized persons
- consumer or caregiver feedback
- follow-up records
- other evidence relevant to the declared Quality Claim Statement

Indicator 5.4 — Appropriate Follow-Through After Escalation

Context Interpretation

Following communication or escalation, realization of the intended function requires appropriate follow-through within the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- follow-through remains consistent with the Personal Care Aide role
- communicated concerns are appropriately addressed
- updated direction is followed where applicable
- unsafe continuation of mobility support is avoided

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- follow-up documentation
- supervisor reports

- observations of modified support
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

8.7 Factor 6 — Continuity and Accuracy of Care-Relevant Information

Indicator 6.1 — Accuracy of Information Used to Guide PCA Support

Context Interpretation

Within the mobility support context, realization of the intended function depends upon accurate, current, and relevant information available before and during mobility support.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- information used during mobility support is accurate and relevant
- outdated, incomplete, or conflicting information is recognized and clarified where appropriate
- mobility support reflects current service information, including authorized transfer method, assistance level, equipment use, positioning, supervision, route, destination, or restriction information when applicable and communicated
- realization of the intended function is not based upon unsupported assumptions

Illustrative Evidence Considerations

Illustrative evidence may include:

- support documentation
- communication records
- consumer direction
- observations during service
- reports from authorized persons
- other evidence relevant to the declared Quality Claim Statement

Indicator 6.2 — Information Transfer Across Caregivers, Shifts, or Support Arrangements

Context Interpretation

Mobility support may involve transitions between caregivers, family members, agencies, consumer-directed arrangements, service periods, or settings.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- relevant mobility-support information is communicated appropriately
- continuity of support is maintained across service transitions
- critical information is not lost or distorted during information transfer
- communication remains consistent with privacy and role boundaries

Illustrative Evidence Considerations

Illustrative evidence may include:

- handoff documentation
- communication records
- supervisor observations
- consumer or caregiver feedback
- service documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 6.3 — Consistency with Care Direction or Consumer Instruction

Context Interpretation

Mobility support should remain consistent with applicable care direction, authorized consumer instruction, and the intended function of the Service Quality Object.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- mobility support remains consistent with authorized direction
- uncertainty is recognized and communicated appropriately
- realization of the intended function remains responsive to actual service conditions
- the Personal Care Aide does not independently modify clinical, rehabilitation, therapeutic, transfer, equipment, equipment-adjustment, route-safety, or organizational direction beyond the authorized role

Illustrative Evidence Considerations

Illustrative evidence may include:

- care direction
- consumer instruction
- communication records
- support documentation
- observations during service
- other evidence relevant to the declared Quality Claim Statement

Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure

Context Interpretation

Information supporting realization of the mobility support service should remain accurate, complete, relevant, and appropriately protected.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- care-relevant information is protected from unnecessary loss or distortion
- information is communicated only through appropriate channels
- privacy is preserved throughout information handling
- realization of the intended function is supported by appropriate continuity of information

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- service documentation
- observations
- privacy-related reports
- consumer feedback
- other evidence relevant to the declared Quality Claim Statement

8.8 Factor 7 — Control of Infection and Contamination Risks

Indicator 7.1 — Maintenance of Hygienic Service Conditions

Context Interpretation

Within the mobility support context, realization of the intended function may depend upon hygienic handling of hands, mobility equipment, support surfaces, clothing, chairs, beds, wheelchairs, walkers, grab bars, gait belts, transfer boards, lifts, or other items involved in assistance.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- hygienic conditions appropriate to the mobility support activity are maintained
- mobility supports, contact surfaces, and related items are handled appropriately within Personal Care Aide role boundaries
- contamination concerns are recognized during service realization
- realization of the intended function is not compromised by avoidable hygienic deficiencies

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of mobility support
- observations of equipment and surfaces
- communication records
- consumer or caregiver feedback
- support documentation
- other evidence relevant to the declared Quality Claim Statement

Indicator 7.2 — Appropriate Use of Clean Technique Within Role Boundaries

Context Interpretation

Within the mobility support context, realization of the intended function requires appropriate clean practices consistent with the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- clean techniques appropriate to the mobility support context are applied
- contamination risks are minimized within Personal Care Aide role boundaries
- hygienic practices remain appropriate throughout mobility support
- activities beyond the Personal Care Aide role are not undertaken

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- communication records
- support documentation
- consumer feedback
- reports concerning hygienic practices
- other evidence relevant to the declared Quality Claim Statement

Indicator 7.3 — Prevention of Cross-Contamination

Context Interpretation

Mobility support may involve conditions in which cross-contamination could occur between hands, mobility equipment, clothing, bodily fluids, surfaces, chairs, beds, wheelchairs, walkers, or other service-related elements.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- avoidable cross-contamination is minimized
- clean and contaminated materials or surfaces are appropriately managed
- contamination concerns affecting mobility support are recognized
- realization of the intended function remains consistent with hygienic service conditions

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- communication records
- support documentation
- consumer or caregiver feedback
- reports of contamination concerns
- other evidence relevant to the declared Quality Claim Statement

Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks

Context Interpretation

During realization of the mobility support service, infection-related or contamination-related concerns may become visible that require communication or escalation within the Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- observable infection or contamination concerns are recognized
- concerns requiring additional attention are communicated appropriately
- escalation occurs through appropriate channels where necessary
- realization of the intended function remains consistent with the authorized Personal Care Aide role

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- support documentation
- reports of observed concerns
- supervisor or caregiver feedback
- follow-up records
- other evidence relevant to the declared Quality Claim Statement

8.9 Factor 8 — Scope-Appropriate Practice and Judgment

Indicator 8.1 — Practice Within Authorized Role Boundaries

Context Interpretation

Within the mobility support context, realization of the intended function requires that mobility support be provided within the authorized Personal Care Aide role.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- mobility support remains within the authorized Personal Care Aide role
- occupational responsibilities are clearly distinguished from responsibilities belonging to other parties
- role boundaries are maintained throughout realization of the mobility support service

- realization of the intended function is not compromised by role overreach

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation of mobility support
- communication records
- support documentation
- supervisor observations
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

Indicator 8.2 — Appropriate Judgment Within Role Scope

Context Interpretation

Mobility support frequently requires judgment regarding pace, sequence, positioning, transfer readiness, environmental conditions, equipment use, communication, and changing functional presentation.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- judgment remains appropriate to the mobility support context
- decisions are responsive to actual service conditions
- uncertainty results in appropriate communication or clarification
- realization of the intended function remains the primary consideration

Illustrative Evidence Considerations

Illustrative evidence may include:

- direct observation
- communication records
- support documentation
- supervisor observations
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Professional Practice

Context Interpretation

Mobility support may reveal conditions requiring attention by healthcare, rehabilitation, therapy, emergency, equipment, building, transportation, supervisory, or other professionals.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- clinical, rehabilitation, therapy, equipment-prescription, or professional responsibilities are not undertaken by the Personal Care Aide
- observations are communicated through appropriate channels
- role boundaries are maintained throughout realization of the mobility support service
- realization of the intended function remains consistent with the authorized occupational role

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- support documentation
- supervisor observations
- reports describing observed concerns
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation

Context Interpretation

During realization of the mobility support service, conditions may arise in which safe continuation is no longer appropriate.

Context-Specific Quality Outcome Criteria

For this indicator in the mobility support context, Quality Outcome Criteria include, as applicable to the declared service boundary:

- unsafe continuation of mobility support is avoided
- assistance is sought when appropriate
- escalation occurs through authorized channels
- realization of the intended function remains consistent with occupational role boundaries

Illustrative Evidence Considerations

Illustrative evidence may include:

- communication records
- incident documentation
- supervisor observations
- support documentation
- consumer or caregiver feedback
- other evidence relevant to the declared Quality Claim Statement

9. Context-Specific Critical Conditions

9.1 General

Critical Conditions are context-specific conditions whose failure, absence, unresolved uncertainty, or loss of visibility may prevent reliable realization of the intended function or make a Quality Claim Statement misleading.

In the mobility support context, Critical Conditions may relate to safety, bodily integrity, dignity, autonomy, information continuity, role boundaries, route conditions, transfer points, equipment or environment interfaces, or escalation.

9.2 Relationship to Function Realization

Critical Conditions are not additional Core Quality Factors or Core Quality Indicators.

They identify conditions that may be especially important when applying the Core Quality Factors and Core Quality Indicators to mobility support.

A Critical Condition may affect multiple Core Quality Factors and Core Quality Indicators at the same time.

9.3 Illustrative Mobility-Specific Critical Conditions

Illustrative mobility-specific Critical Conditions may include:

- unsafe continuation of mobility support when loss of balance, near fall, dizziness, severe fatigue, pain, shortness of breath, refusal, fear, equipment concern, unsafe route, unsafe transfer point, or unsafe environmental condition is present
- missing, unclear, conflicting, or unresolved information about transfer method, assistance level, mobility support, equipment use, equipment condition, positioning, supervision, route, destination, or restriction where that information is material to safe support
- surfaces, obstacles, lighting, thresholds, stairs, ramps, clutter, narrow space, distance, weather exposure, or space limitations that create foreseeable harm
- equipment, footwear, seating, or support items that are unavailable, damaged, misused, not understood, not reachable, or unsuitable for the actual context within the declared boundary
- refusal, distress, fear, or inability to participate that is ignored or overridden
- loss of dignity, coercion, rushing, force, or disrespect during movement, transfer, repositioning, or walking assistance
- failure to communicate significant weakness, fall, near fall, pain, dizziness, equipment concern, environmental hazard, or other relevant change through appropriate channels
- role overreach into clinical, rehabilitation, therapeutic, equipment-prescription, or emergency responsibilities beyond the Personal Care Aide role
- lack of sufficient evidence for material mobility-specific conditions, including route, transfer point, balance, equipment, positioning, refusal, escalation, or environmental conditions, when a Quality Claim Statement is being made

9.4 Visibility of Critical Conditions in Quality Determination

Quality determination should consider whether relevant Critical Conditions were visible within the evidence basis.

If a Critical Condition is present, unresolved, outside the declared boundary, or not sufficiently evidenced, the Quality Claim Statement should be limited, qualified, or withheld as appropriate to the declared claim.

10. Context-Specific Evidence

10.1 General

Evidence supports determination of the quality state of the Personal Care Aide Service Quality Object within the mobility support context.

Evidence shall be evaluated in relation to:

- the declared Service Quality Object
- the intended function
- realization of the intended function
- the applicable Core Quality Factors
- the applicable Core Quality Indicators
- the context-specific Quality Outcome Criteria
- Critical Conditions identified in Section 9
- the declared Quality Claim Statement

Evidence shall be interpreted together with PCA1, SCM1, the declared service boundary, the applicable Core Quality Indicators, the applicable Quality Outcome Criteria, and any stated limitations or uncertainties.

10.2 Purpose of Evidence

Within the mobility support context, evidence provides the basis for determining whether the intended function of the Service Quality Object has been realized.

Evidence supports quality determination rather than assumptions, opinions, isolated observations, task completion alone, absence of concern alone, or unsupported conclusions.

10.3 Sources of Evidence

Evidence may be obtained from one or more appropriate sources, including:

- direct observation of the mobility support service
- observation of realization of the intended function
- observations of the movement environment, route, transfer points, surfaces, thresholds, stairs, ramps, lighting, space limitations, equipment, footwear, and related materials
- observations of sitting, standing, positioning, transfer, ambulation, repositioning, pacing, balance, fatigue, pain, dizziness, shortness of breath, fear, confidence, refusal, comfort, equipment use, and response to mobility-specific concerns
- communication with the person receiving support
- communication with the Personal Care Aide
- information from family members or authorized caregivers
- service documentation
- incident and communication records
- observations by supervisors or qualified reviewers
- other reliable and relevant sources

No single source of evidence shall automatically determine the quality state of the Service Quality Object.

10.4 Evidence Across Function Realization

Evidence may be obtained before, during, and after realization of the mobility support service.

Examples include:

- planned service conditions before mobility support begins
- observations made during realization of the mobility support service
- communication and follow-up after completion of the mobility support service

Because some conditions become visible only during actual service realization, evidence should reflect both planned conditions and realized conditions.

For PAM1, evidence should show not only whether movement or transfer occurred, but whether material mobility-specific conditions were visible within the evidence basis. Depending on the declared Quality Claim Statement, these conditions may include route or transfer-area conditions, positioning, balance, tolerance, consent or refusal, equipment usability, communication, escalation, and applicable Critical Conditions.

10.5 Sufficiency of Evidence

Evidence shall be relevant, sufficient, appropriate, and proportionate to the declared service boundary, applicable Core Quality Indicators, applicable Quality Outcome Criteria, material mobility-specific conditions, and the Quality Claim Statement being made.

Sufficiency of evidence depends upon:

- the scope of the Quality Claim Statement
- the significance of the quality determination
- the available evidence
- identified uncertainties
- limitations affecting interpretation

Limitations affecting evidence, Quality Outcome Criteria interpretation, Critical Conditions, or service-boundary interpretation shall be acknowledged when communicating Quality Claim Statements.

10.6 Relationship to Boundaries and Interfaces

Evidence should support verification of significant boundaries and interfaces affecting realization of the intended function.

For PAM1, this includes verifying whether mobility-specific interface conditions, such as transfer points, surfaces, routes, equipment, positioning, and communication, were visible enough to support the declared claim.

Examples include:

- interaction between the person and the Personal Care Aide
- interaction with surfaces, pathways, transfer points, equipment, and the mobility environment
- communication interfaces
- equipment, support-item, route, or environment interface conditions
- information interfaces
- other interfaces relevant to the declared Service Quality Object

Verification of these interfaces supports responsible quality determination and helps prevent Quality Claim Statements from exceeding the declared service boundary.

10.7 Relationship to Quality Claim Statements

Evidence collected within the mobility support context provides the foundation for responsible Quality Claim Statements and limits the permissible scope of those statements to the declared service boundary, evidenced Quality Outcome Criteria, and applicable Critical Conditions.

For PAM1, the evidence basis should make visible the mobility-specific conditions relevant to the claim, including material service-boundary, interface, risk, dignity, autonomy, equipment, route, transfer point, movement, positioning, balance, fatigue, pain, fear, communication, and escalation issues where applicable.

11. Context-Specific Quality Claim Statements

11.1 General

A Quality Claim Statement communicates the determined quality state of the Personal Care Aide Service Quality Object within the mobility support context.

It communicates a bounded quality determination, not a general approval of the person, worker, provider organization, equipment system, building environment, rehabilitation plan, or clinical care.

A Quality Claim Statement using this Guide shall be bounded by the declared Service Quality Object, declared service boundary, applicable Core Quality Indicators, applicable Quality Outcome Criteria, evidence basis, applicable Critical Conditions, and stated limitations.

11.2 Basis for Quality Claim Statements

A Quality Claim Statement shall be based on sufficient evidence showing whether the intended function has been realized within the declared mobility support context and declared service boundary.

The statement shall not be based solely on task completion, movement distance, use or presence of equipment, documentation, absence of complaint, routine performance, or absence of observed concern. A responsible claim requires evidence connected to the applicable Quality Outcome Criteria and material mobility-specific conditions.

11.3 Scope of Quality Claim Statements

A Quality Claim Statement should identify, at minimum:

- the declared mobility support context
- the person or service population to which the claim applies, where appropriate

- the service period or episode assessed
- the included and excluded service-boundary elements and relevant interfaces
- the applicable Core Quality Factors, Core Quality Indicators, and Quality Outcome Criteria
- the evidence basis
- any limitations, assumptions, or uncertainties
- any relevant Critical Conditions, including whether they were resolved, limited, excluded, or not sufficiently evidenced

11.4 Limitations of Quality Claim Statements

A Quality Claim Statement shall identify material limitations affecting the scope or credibility of the claim, including:

- evidence limitations
- unobserved mobility episodes
- unverified transfer, route, equipment, footwear, positioning, balance, surface, space, lighting, or environmental conditions
- uncertainty regarding care direction or consumer instruction
- unresolved risk or Critical Conditions
- conditions outside Personal Care Aide role boundaries
- conditions outside the declared service boundary

11.5 Communication of Quality Claim Statements

Quality Claim Statements should be communicated in clear, bounded, and non-misleading language that preserves the specific mobility-support context assessed.

They should not imply that the entire PCA service, provider organization, clinical care, rehabilitation plan, mobility equipment system, building environment, or transportation system has been evaluated unless that scope is explicitly declared and supported by evidence.

11.6 Relationship to Evidence

Evidence defines the permissible scope of the Quality Claim Statement and determines whether the claim should be made, limited, qualified, or withheld.

Where evidence does not sufficiently address material mobility-specific conditions, such as transfer safety, route conditions, positioning, balance, surfaces, space, equipment usability, footwear, fatigue, pain, dizziness, fear, communication, refusal, or escalation, the claim should be limited, qualified, or withheld as appropriate.

Quality Claim Statements shall also consider Critical Conditions identified in Section 9. Where a Critical Condition is unresolved, not evidenced, or outside the declared boundary, the claim shall be limited accordingly.

12. Limitations and Non-Prescriptive Interpretation

12.1 General

This Context Guide supports quality interpretation. It does not prescribe methods of mobility support or replace controlling requirements.

12.2 Non-Prescriptive Interpretation

This Guide does not prescribe transfer techniques, gait training methods, rehabilitation exercises, equipment selection, equipment adjustment, route design, staffing models, documentation forms, or training curricula. It identifies how the PCA1 Core becomes visible in the mobility support context.

Specific methods remain governed by applicable care direction, consumer direction, clinical or rehabilitation direction, organizational policy, law, and authorized role boundaries.

12.3 Limits of Task Completion

Completion of a transfer, walk, repositioning activity, mobility route, visit, checklist, or note does not, by itself, demonstrate satisfactory realization of the intended function.

Quality determination requires evidence linked to the applicable Core Quality Indicators, applicable Quality Outcome Criteria, and the declared service boundary.

12.4 Non-Substitutability of Critical Conditions

Strong performance on one Factor or Indicator does not automatically compensate for unresolved failure of another critical Factor, Indicator, or context-specific Critical Condition.

For example, respectful communication does not substitute for unsafe continuation of a transfer when loss of balance is present; accurate documentation does not substitute for failure to recognize an unsafe route or equipment concern.

12.5 Limits of Documentation and Compliance

Documentation, policy compliance, checklist completion, or visit verification may support evidence, but they are not substitutes for realization of the intended function.

A quality claim based only on documentation or compliance may be misleading if material mobility-specific conditions were not visible, verified, or addressed.

12.6 Limits of Absence-of-Concern Interpretation

The absence of a complaint, incident report, fall, or documented concern does not by itself demonstrate that mobility support was safe, respectful, appropriately paced, or consistent with the person's actual condition.

Absence-of-concern evidence shall be interpreted together with the declared service boundary, evidence basis, and applicable Critical Conditions.

12.7 Relationship to PCA1 and SCM1

This Guide shall be interpreted together with PCA1 and SCM1. PCA1 defines the Core Standard. SCM1 addresses the methodology for conformity assessment, evidence evaluation, and responsible Quality Claim Statements.

13. Relationship to Care Direction, Training, Rules, and Other Requirements

13.1 General

Mobility support may be governed or influenced by care direction, consumer instruction, clinical or rehabilitation direction, organizational policy, equipment instructions, training, legal requirements, emergency procedures, and other controlling requirements.

This Guide does not replace those requirements.

13.2 Care Direction and Consumer Direction

Care direction and consumer direction may identify authorized mobility support, transfer approach, equipment use, positioning, supervision, pacing, route, or communication expectations.

Where direction is unclear, conflicting, unsafe, or inconsistent with actual service conditions, the concern should be communicated or escalated through appropriate channels.

13.3 Training and Competence Context

Training and competence may influence whether the Personal Care Aide can recognize and respond appropriately to mobility-specific conditions.

This Guide does not establish a training curriculum but may help identify topics relevant to mobility support quality.

13.4 Organizational and Program Requirements

Provider organizations, consumer-directed arrangements, and programs may establish rules for mobility support, documentation, supervision, escalation, and communication.

Such requirements may provide evidence or context but do not replace the quality determination required under PCA1 and this Guide.

13.5 Clinical, Legal, Safety, and Emergency Responsibilities

Clinical, rehabilitation, therapy, equipment-prescription, emergency, regulatory, and legal responsibilities remain with the appropriate authorized parties.

The Personal Care Aide should remain within Personal Care Aide role boundaries while recognizing, communicating, pausing, seeking assistance, or escalating concerns where appropriate.

13.6 Relationship to Other AMSI Context Guides

Other AMSI PCA Context Guides may address related support contexts such as bathing, meal support, dressing, toileting, medication assistance within Personal Care Aide role boundaries, or household support.

Where multiple contexts interact, Quality Claim Statements should identify the declared context, service boundary, relevant interfaces, and evidence basis for the claim.

Annex A (Informative) - Illustrative Service Quality Object in Mobility Support

A.1 Purpose

This Annex illustrates how the Personal Care Aide Service Quality Object may be understood in the mobility support context without modifying the PCA1 Core Standard.

A.2 Relationship to the Service Quality Object

The Service Quality Object remains the complete PCA service as established by PCA1. Mobility-specific elements such as surfaces, equipment, transfer points, routes, seating, footwear, lighting, space limitations, and the movement environment are context elements or interface conditions unless specifically included within the declared service boundary for a Quality Claim Statement.

A.3 Illustrative Constituent Parts

- person receiving support
- Personal Care Aide
- mobility support work performed
- results produced by that work
- intended function as realized during mobility support
- internal boundaries and interfaces
- external boundary and external interfaces

A.4 Illustrative Function Realization

Function realization may be visible when the person receives mobility support that is safe, respectful, appropriately paced, consistent with authorized direction, responsive to actual ability, attentive to route and transfer-point conditions, surfaces, equipment, footwear, balance, fatigue, pain, dizziness, consent, refusal, fear, confidence, and role boundaries, and supported by appropriate communication or escalation when concerns arise.

A.5 Illustrative Relationship to Quality Determination

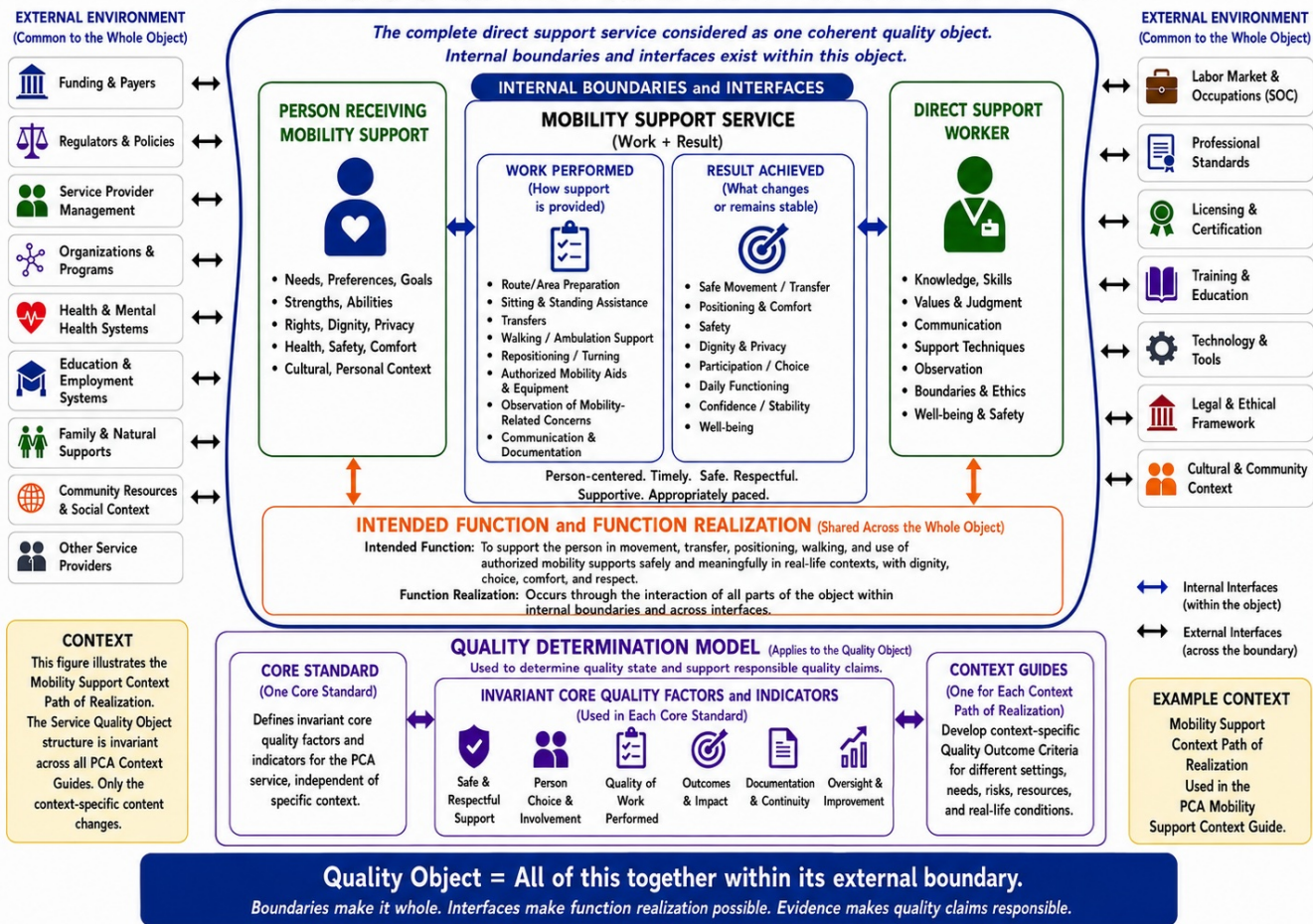
Quality determination should not be based only on whether a transfer, walk, repositioning, or movement task was completed. It should consider the actual mobility episode, the work performed, the result produced, route and transfer conditions, equipment and environment interfaces, the relevant boundaries, the applicable Quality Outcome Criteria, the evidence basis, and any Critical Conditions.

A.6 Illustrative Mobility Support Service Quality Object Diagram

A mobility-specific diagram illustrates the relationship among the person receiving support, Personal Care Aide, mobility support work, results produced, intended function, boundaries, interfaces, evidence, and Quality Claim Statements. The diagram is illustrative and does not modify PCA1.

Figure A.6 – Personal Care Aide Service Quality Object (Mobility Support Context)

One coherent quality object: person + direct support service (work + result) + intended function + boundaries.



Annex B (Informative) - PCA1 and PAM1 Core-to-Context Relationship

B.1 Purpose

This Annex summarizes the relationship between PCA1 and this Mobility Support Context Guide.

B.2 Invariant Core

PCA1 establishes the invariant Service Quality Object, intended function, Core Quality Factors, and Core Quality Indicators for Personal Care Aide services.

B.3 Purpose of the Context Guide

PAM1 applies the PCA1 Core to the specific context of mobility support. It develops mobility-specific Quality Outcome Criteria, evidence considerations, Critical Conditions, and Quality Claim Statement guidance.

B.4 Relationship Between the Core and the Context Guide

The Context Guide interprets the Core Standard. It does not replace the Core Standard and does not create separate Core Quality Factors or Core Quality Indicators.

B.5 Relationship to Other PCA Context Guides

Other PCA Context Guides may apply the same Core Standard to other contexts, such as bathing or meal support. The Core remains the same, while Quality Outcome Criteria and evidence vary by context.

B.6 Core-to-Context Principle

The Core Standard remains stable. Context Guides make the Core visible in real service contexts.

Annex C (Informative) - Summary of Mobility-Specific Factor Interpretation

C.1 Purpose

This Annex provides a short summary of how each PCA1 Core Quality Factor is interpreted in the mobility support context.

C.2 Interpretation of the Core Quality Factors

Factor 1: foreseeable harm includes unstable balance, unsafe transfer conditions, slippery or uneven surfaces, obstacles, equipment concerns, fatigue, dizziness, pain, fear, refusal, and unsafe continuation of support.

Factor 2: health and bodily integrity include protection of skin, joints, posture, physical comfort, physiological tolerance, and observable changes within Personal Care Aide role boundaries.

Factor 3: daily functioning includes meaningful participation in movement, transfer, repositioning, walking, and related daily routines according to ability and support need.

Factor 4: personhood and autonomy include choice, consent, refusal, personal pace, confidence, dignity, and freedom from coercion, rushing, or demeaning handling.

Factor 5: recognition and escalation include timely response to balance change, weakness, dizziness, pain, fatigue, fear, equipment concern, unsafe environment, or other relevant changes.

Factor 6: care-relevant information includes accurate transfer, mobility-support, positioning, equipment, supervision, route, preference, and escalation information as applicable and authorized.

Factor 7: infection and contamination control includes hygienic handling of hands, equipment, support surfaces, chairs, beds, wheelchairs, walkers, and other mobility-related items.

Factor 8: scope-appropriate practice includes remaining within the Personal Care Aide role and avoiding unauthorized clinical, rehabilitation, therapeutic, equipment-prescription, or emergency decision-making.

C.3 Relationship to PCA1

These summaries support interpretation only. They do not modify PCA1.

C.4 Core-to-Context Principle

Mobility-specific interpretation keeps the real service context visible while preserving the invariant Core Standard and the declared service boundary.

Annex D (Informative) - Illustrative Mobility Support Path of Realization

D.1 Purpose

This Annex provides an illustrative path showing how mobility support may move from planned support to realized service, Critical Condition review, evidence evaluation, and quality determination.

D.2 Relationship to PCA1

The path is illustrative only and does not create additional requirements beyond PCA1 and this Context Guide.

D.3 Illustrative Context Path of Realization

- planned mobility support conditions are identified
- the movement environment, route, surfaces, transfer points, equipment, and information are prepared or recognized as relevant
- the person and PCA interact during actual mobility support
- positioning, pacing, balance, fatigue, pain, fear, consent or refusal, communication, equipment use, surfaces, obstacles, and functional ability are addressed as needed
- changes or concerns are recognized and communicated or escalated within Personal Care Aide role boundaries
- results are evaluated against applicable Quality Outcome Criteria
- applicable Critical Conditions are identified, resolved, limited, excluded, or made visible within the evidence basis
- evidence is evaluated for sufficiency
- a bounded Quality Claim Statement is made, limited, qualified, or withheld as appropriate

D.4 Dynamic Nature of Function Realization

Mobility support is dynamic. Conditions may change during the mobility episode, including balance, strength, fatigue, pain, dizziness, fear, confidence, refusal, communication, equipment usability, surfaces, obstacles, and environmental conditions.

D.5 Relationship to Quality Determination

The illustrative path helps reviewers see whether the intended function was realized within the declared service boundary and whether the evidence supports the Quality Claim Statement being made.

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