



Personal Care Aide Quality

Service Standard - Core

AMSI STANDARD PCA1

Second Draft Edition, Updated July 2026

Aligned with current AMSI VOC1 and WQI Whole-Quality vocabulary as applied in PCA1

AMERICAN SUPPORT STANDARDS INITIATIVE

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0. Introduction

PCA1 is the AMSI Core Standard for Personal Care Aide service quality.

It defines what quality means for the PCA service itself: the work performed together with the results produced for the person receiving support.

The Standard identifies the Personal Care Aide service as the Service Quality Object and defines its intended function, boundaries, interfaces, Core Quality Factors, Core Quality Indicators, evidence principles, and Quality Claim Statements.

The Core Standard is used together with Context Guides. Context Guides apply the same Core Standard to real support contexts, such as bathing support, and develop context-specific Quality Outcome Criteria and evidence examples.

PCA1 is not a care plan, training manual, clinical protocol, licensing rule, certification program, or quality management system. It does not certify or approve services. Verification, evidence evaluation, and responsible Quality Claim Statements are addressed separately through SCM1.

1. Scope and Purpose

1.1 Scope

This Core Standard applies to Personal Care Aide (PCA) services.

It defines the PCA service being assessed, its intended function, the main Quality Factors and Indicators, and the principles used to determine the service quality state.

This Standard applies to the quality of the PCA service itself. The service includes the work performed by the Personal Care Aide and the result produced for the person receiving support within defined boundaries and interfaces.

1.2 Purpose

The purpose of this Standard is to establish an invariant Core Standard for Personal Care Aide services.

The Core Standard provides a stable foundation for interpreting PCA service quality across different service contexts without changing the Core Standard itself.

It provides the common foundation from which Context Guides are developed for specific PCA support contexts.

1.3 Intended Function

The intended function of the Personal Care Aide service is to support the person receiving services in achieving intended daily-life outcomes safely, respectfully, effectively, and in accordance with the person's needs, preferences, abilities, rights, and goals.

Function realization occurs through the interaction of all constituent parts of the Quality Object within its internal boundaries and across its interfaces with the external environment.

1.4 Relationship to SOC and AMSI VOC1

This Standard uses the U.S. Standard Occupational Classification (SOC) as the occupational reference for Personal Care Aides.

For this Standard, Personal Care Aides are referenced to SOC 31-1122, Personal Care Aides. This keeps the Standard focused on the work performed rather than on job title, employer, funding source, program label, or service model.

This Standard also uses the current AMSI VOC1 vocabulary for key service-quality terms, including work, result, service, Quality Factor, Quality Indicator, Quality Outcome Criterion, evidence, and Quality Claim Statement.

1.5 Relationship to Context Guides

This Core Standard defines the common quality structure for Personal Care Aide services.

Context Guides do not replace or modify this Core Standard.

Instead, they interpret the Core Standard for specific PCA support contexts, derive context-specific Quality Outcome Criteria, provide examples of evidence, identify context-specific risks and critical conditions, and, where appropriate, include informative annexes addressing population-specific considerations.

1.6 What This Standard Does Not Do

This Standard is not a quality management system, licensing standard, regulatory document, clinical protocol, funding rule, staffing model, training curriculum, or certification standard.

It does not prescribe how services shall be organized or delivered.

Instead, it defines what quality means for the Personal Care Aide service Quality Object, leaving the means of achieving that quality to responsible organizations, professionals, workers, persons receiving services, and service arrangements operating within applicable laws and regulations.

2. Document Structure

2.1 General

This Core Standard is organized to separate the common definition of PCA service quality from its application in specific service contexts.

It also separates that definition from the method used to support evidence evaluation and Quality Claim Statements.

This separation promotes consistency while allowing the standard to be applied across different service settings, populations, employment models, and jurisdictions.

2.2 Core Standard

This Core Standard establishes the common quality structure for Personal Care Aide services.

It defines:

the Service Quality Object;

the intended function of the service;

the principles of function realization;

the invariant Core Quality Factors;

the invariant Core Quality Indicators; and

the general framework for determining the quality state of the service.

The Core Standard remains unchanged across different PCA service contexts.

2.3 Context Guides

Context Guides interpret this Core Standard for specific Personal Care Aide support contexts.

A Context Guide may:

interpret the realization of the invariant Core Quality Factors and Indicators within a defined support context;

develop context-specific Quality Outcome Criteria;

provide illustrative examples of evidence;

identify context-specific risks, critical conditions, boundaries, and interfaces; and

include informative annexes where additional interpretation is beneficial.

Context Guides shall not redefine the Quality Object, intended function, Core Quality Factors, or Core Quality Indicators established by this Core Standard.

2.4 Population-Specific Annexes

Where appropriate, Context Guides may include informative annexes that provide additional interpretation for particular populations or support situations.

Such annexes may address, for example:

intellectual and developmental disabilities;

autism spectrum disorder;

dementia;

acquired brain injury;

physical disabilities;

aging;

mental health; or

other populations requiring additional context.

Population-specific annexes support interpretation but do not modify the Core Standard or create additional Core Quality Factors or Indicators.

2.5 Relationship to SCM1

This Core Standard defines what constitutes quality for the Personal Care Aide service.

SCM1 defines how conformity to this Core Standard may be evaluated, how evidence is assessed, and how responsible Quality Claim Statements may be made.

Verification methodology is outside the scope of this Core Standard.

2.6 Relationship to Whole Quality

This Core Standard applies the universal Whole Quality methodology to Personal Care Aide services.

Within this methodology:

the Quality Object is identified before quality is determined;

intended function provides the basis for deriving Quality Factors;
Quality Factors are made observable through Quality Indicators;
Context Guides interpret the Core Standard for specific service contexts;
Quality Outcome Criteria define expected results within those contexts; and
evidence supports responsible Quality Claim Statements.

3. Service Quality Object

3.1 General

Within the Whole Quality methodology, quality can only be determined after the Quality Object has been correctly identified.

For Personal Care Aide services, the Quality Object is the complete direct support service established to realize an intended function through occupational work performed within defined boundaries and interfaces.

The Quality Object shall be identified before its quality state is determined.

3.2 Occupational Foundation

The Personal Care Aide service is anchored in the occupational work defined by the applicable Standard Occupational Classification (SOC).

Within the AMSI Whole Quality framework, occupational work provides the foundation for identifying the service Quality Object.

The terminology and conceptual relationships used in this Standard are anchored in the current AMSI VOC1 and the WQI Whole-Quality vocabulary as applied in PCA1.

3.3 Occupational Work, Result, and Service

The occupational work performed by the Personal Care Aide produces intended results.

The combination of the occupational work performed and the results produced constitutes the Personal Care Aide service.

The quality determined by this Core Standard is the quality of that service.

3.4 Service Quality Object

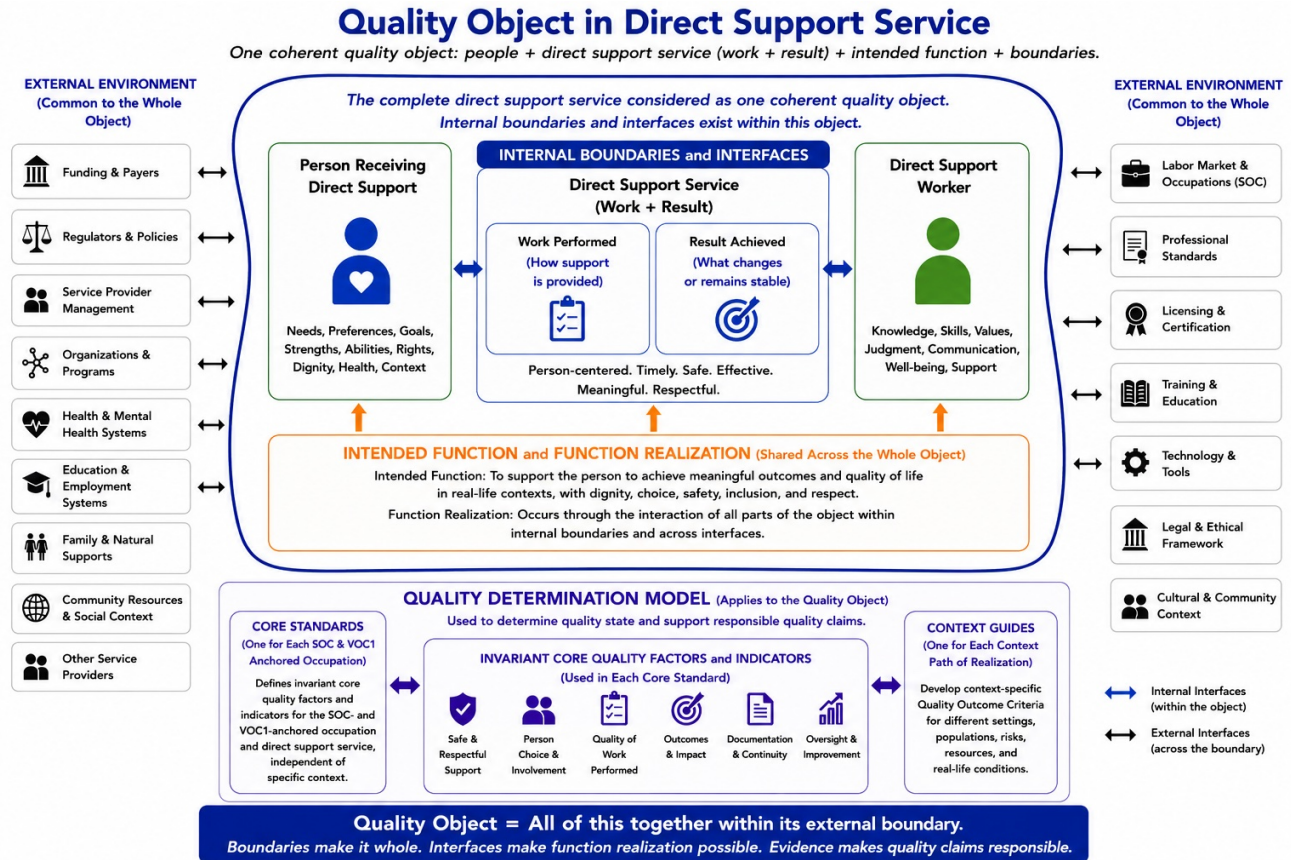
For the purposes of this Core Standard, the Service Quality Object is the complete Personal Care Aide service.

The Service Quality Object consists of the interacting constituent parts necessary to realize its intended function.

These constituent parts include:

- the person receiving support;
- the Personal Care Aide;
- the occupational work performed;
- the results produced by that work;
- the intended function of the service;

the internal boundaries and interfaces among the constituent parts; and the external boundary separating the service from surrounding systems together with its external interfaces.



3.5 Constituent Parts

The constituent parts of the Service Quality Object interact continuously during service delivery.

The quality state of the Personal Care Aide service depends on the realization of the complete Service Quality Object rather than on any constituent part evaluated in isolation.

The quality of the service shall therefore be determined for the complete Quality Object.

3.6 Internal Boundaries and Interfaces

Internal boundaries distinguish the constituent parts of the Service Quality Object while preserving their functional interaction.

Internal interfaces enable the realization of the intended function through communication, coordination, observation, assistance, response, and other interactions occurring within the Service Quality Object.

3.7 External Boundary and Interfaces

The external boundary distinguishes the Service Quality Object from surrounding systems.

These external systems may include provider organizations, management, funding mechanisms, regulatory authorities, healthcare providers, educational systems, employers, family members, technology systems, and other external participants.

Although these systems may influence the service, they are not constituent parts of the Service Quality Object.

Their relationships with the Service Quality Object occur through external interfaces.

3.8 Intended Function

The intended function expresses the purpose for which the Personal Care Aide service exists.

The intended function provides the foundation for deriving the invariant Core Quality Factors and Core Quality Indicators established by this Standard.

The realization of the intended function determines the quality state of the Service Quality Object.

4. Invariant Core Quality Factors and Indicators

4.1 General

This section defines the invariant Core Quality Factors and Core Quality Indicators for Personal Care Aide services.

The Core Quality Factors identify broad dimensions of quality that must remain visible when determining the quality state of the Personal Care Aide Service Quality Object.

The Core Quality Indicators make those Factors observable.

Together, the Factors and Indicators establish the invariant Core of this Standard. They apply across PCA service contexts, employment models, funding arrangements, documentation systems, jurisdictions, and populations receiving support.

Context Guides may interpret these Factors and Indicators for specific support contexts and may develop context-specific Quality Outcome Criteria. Context Guides shall not redefine or replace the Core Quality Factors or Core Quality Indicators established in this section.

4.2 Derivation of Core Quality Factors

The Core Quality Factors are derived from:

the Service Quality Object identified in Section 3;

the intended function of the Personal Care Aide service;

the realization of that intended function through occupational work and results;

the internal and external boundaries and interfaces of the Service Quality Object; and

the principal families of conditions that may prevent, weaken, interrupt, distort, or misdirect function realization.

The Factors are therefore not general caregiving values, administrative categories, task labels, funding categories, or program requirements.

They identify necessary dimensions of function realization for the Personal Care Aide service.

4.3 Relationship Among Factors, Indicators, Outcome Criteria, Evidence, and Claims

Within this Standard:

Core Quality Factors identify the broad invariant dimensions of PCA service quality.

Core Quality Indicators identify what shall be examined to make each Factor observable.

Quality Outcome Criteria define expected states or results showing that an Indicator has been satisfied in a defined service context.

Evidence supports determination of whether applicable Quality Outcome Criteria have been achieved.

Quality Claim Statements communicate the determined quality state within a declared boundary and evidence basis.

Quality Outcome Criteria are developed in Context Guides or other AMSI application materials consistent with this Core Standard.

Verification of evidence and Quality Claim Statements is governed by SCM1.

4.4 Invariant Character of the Core

The Core Quality Factors and Core Quality Indicators established in this section are invariant within the scope of this Standard.

They shall not be changed by:

service setting;

payer or funding source;

employment model;

provider organization;

consumer-directed or agency-directed arrangement;

family caregiving arrangement;

documentation system;

jurisdiction;

diagnosis or disability category; or

population receiving support.

Different contexts may require different Quality Outcome Criteria and different evidence. They do not require different Core Quality Factors or Core Quality Indicators within PCA1.

4.5 Factor 1 — Protection from Foreseeable Harm

4.5.1 General

The intended function of the Personal Care Aide service cannot be realized if foreseeable harm is not appropriately identified, prevented, minimized, or escalated within the boundaries of the Personal Care Aide role.

This Factor addresses conditions in which PCA work may affect physical safety, psychological safety, dignity, bodily integrity, daily functioning, or continuity of support.

This Factor focuses on foreseeable harm conditions that may be present before or during service delivery. Emerging or changing risks requiring recognition, judgment, communication, escalation, or follow-through are addressed under Factor 5.

4.5.2 Indicator 1.1 — Identification of Foreseeable Harm Conditions

Foreseeable harm conditions relevant to the PCA service context shall be identified for examination.

This Indicator addresses whether conditions that may create avoidable harm are visible within the service context. Such conditions may include movement risks, environmental hazards, fatigue, equipment concerns, communication barriers, hygiene conditions, privacy risks, or other support-related circumstances.

The Indicator does not require the Personal Care Aide to perform a clinical, legal, or formal risk assessment outside role authority. It requires that foreseeable harm conditions relevant to the service be recognized as part of determining the quality state of the Service Quality Object.

4.5.3 Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Adjustment of PCA support in response to identified foreseeable risk shall be examined.

This Indicator addresses whether support is responsive to actual conditions rather than performed as rote task completion.

Relevant adjustment may include changes in pace, positioning, sequence, prompting, environmental awareness, communication, pausing, seeking clarification, or escalation within PCA role boundaries.

The Indicator does not require the Personal Care Aide to prescribe treatment, redesign the service plan, or assume responsibility belonging to clinical, supervisory, regulatory, or management authorities.

4.5.4 Indicator 1.3 — Prevention of Avoidable Injury or Harm

The extent to which PCA support avoids preventable injury, distress, indignity, or other foreseeable harm shall be examined.

This Indicator connects risk awareness with actual service results.

It addresses whether the work performed and the result produced avoid preventable harm within the declared service boundary. Harm may include physical injury, avoidable distress, humiliation, loss of dignity, unsafe continuation of support, or service disruption caused by failure to manage foreseeable conditions.

The Indicator does not assign responsibility for outcomes caused by conditions outside the service boundary when those conditions were appropriately recognized and escalated.

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

Recognition of unsafe conditions and appropriate pausing, modification, escalation, or referral shall be examined.

This Indicator addresses whether PCA support stops, changes, or is escalated when continuing support would be unsafe, inappropriate, or outside role authority.

Relevant action may include pausing the activity, modifying the support approach, contacting an appropriate party, seeking assistance, or initiating emergency response where applicable.

The Indicator does not require the Personal Care Aide to resolve conditions belonging to clinical, supervisory, emergency, regulatory, or management authorities. It requires that unsafe conditions not be ignored or treated as ordinary task completion.

4.6 Factor 2 — Maintenance of Health and Bodily Integrity

4.6.1 General

The intended function of the Personal Care Aide service includes supporting the person's health, bodily integrity, comfort, and daily well-being within the boundaries of the Personal Care Aide role.

This Factor addresses the extent to which PCA support contributes to maintaining physical well-being while respecting the limits of occupational responsibility.

The Factor does not require diagnosis, treatment, or clinical judgment beyond the authorized PCA role.

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

The extent to which PCA support protects the person's physical integrity during service delivery shall be examined.

This Indicator addresses whether the work performed minimizes avoidable discomfort, excessive force, unsafe positioning, skin injury, joint strain, or other preventable physical harm associated with Personal Care Aide activities.

The Indicator does not require clinical assessment or medical treatment.

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

Support provided within the authorized PCA role to maintain hydration, nutrition, and physiological stability shall be examined.

This Indicator addresses whether assistance appropriate to the person's service plan and PCA responsibilities contributes to maintaining basic physiological well-being.

The Indicator does not require independent clinical decisions regarding diet, medication, hydration therapy, or treatment.

4.6.4 Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability

Recognition of observable physical changes relevant to health stability shall be examined.

This Indicator addresses whether changes that may affect the person's health or daily functioning are noticed during service delivery and recognized as potentially significant.

Recognition does not require diagnosis. It requires awareness of observable conditions relevant to the realization of the intended function.

4.6.5 Indicator 2.4 — Minimization of Physiological Stress During Assistance

The extent to which PCA assistance minimizes unnecessary physiological stress shall be examined.

This Indicator addresses whether the work is performed in a manner that avoids unnecessary fatigue, discomfort, pain, overexertion, or other avoidable physiological stress while providing support.

The Indicator recognizes that some discomfort may be unavoidable because of the person's health condition. The determination concerns unnecessary stress arising from the manner in which support is provided rather than from the underlying condition itself.

4.7 Factor 3 — Support for Daily Functioning

4.7.1 General

The intended function of the Personal Care Aide service is realized through support that enables the person to perform, maintain, or participate in activities of daily living to the greatest extent appropriate within the person's abilities, preferences, and support needs.

This Factor addresses the extent to which PCA services support daily functioning while promoting independence, participation, dignity, and continuity of daily life.

The Factor recognizes that the purpose of support is not simply to complete tasks, but to assist the person in realizing intended daily-life outcomes within the boundaries of the Personal Care Aide role.

4.7.2 Indicator 3.1 — Alignment of Assistance with Functional Ability

The extent to which assistance is appropriately aligned with the person's functional abilities shall be examined.

This Indicator addresses whether the support provided corresponds to the person's actual abilities, limitations, preferences, and identified support needs rather than assumptions, routine practices, or convenience.

The Indicator recognizes that appropriate assistance may vary over time as the person's condition, abilities, or circumstances change.

4.7.3 Indicator 3.2 — Support Without Creating Unnecessary Dependency

The extent to which support promotes the person's abilities without creating unnecessary dependency shall be examined.

This Indicator addresses whether assistance encourages appropriate participation and independence while providing the level of support actually required.

The Indicator does not imply that greater independence is always the desired outcome. Appropriate support shall remain consistent with the person's condition, preferences, safety, and service objectives.

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

The extent to which available supports, assistive devices, and equipment are appropriately used within the Personal Care Aide role shall be examined.

This Indicator addresses whether available resources that contribute to safe and effective daily functioning are used appropriately and consistently during service delivery.

The Indicator does not require the Personal Care Aide to prescribe, modify, repair, or authorize equipment beyond the responsibilities of the occupational role.

4.7.5 Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

The extent to which assistance is appropriately adapted when the person's functional abilities or support needs change shall be examined.

This Indicator addresses whether support remains responsive to changes observed during service delivery while remaining within the Personal Care Aide role.

Adaptation may include modifying the approach to assistance, adjusting the level of support, seeking clarification, or communicating observed changes through appropriate channels.

The Indicator does not authorize independent modification of the service plan or clinical decision-making beyond the scope of the Personal Care Aide occupation.

4.8 Factor 4 — Respect for Personhood and Autonomy

4.8.1 General

The intended function of the Personal Care Aide service includes supporting the person as an individual with inherent dignity, rights, preferences, values, and personal autonomy.

This Factor addresses the extent to which PCA services respect the person's individuality while providing support consistent with the intended function of the Service Quality Object.

Respect for personhood and autonomy shall be realized within the person's abilities, informed choices, service objectives, applicable legal requirements, and the boundaries of the Personal Care Aide role.

4.8.2 Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

The extent to which Personal Care Aide services maintain the person's privacy and bodily dignity shall be examined.

This Indicator addresses whether support activities involving personal care are performed in a manner that protects privacy, modesty, respect, and personal comfort.

The Indicator recognizes that preservation of dignity is an integral component of quality service realization.

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

The extent to which the person's choices, consent, preferences, and pace are respected within the Service Quality Object shall be examined.

This Indicator addresses whether the person's participation in decisions affecting the support being provided is appropriately recognized and respected.

The Indicator does not require compliance with choices that would create immediate danger, violate applicable law, or exceed the authorized responsibilities of the Personal Care Aide.

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

The extent to which support is delivered in a manner that respects the person's cultural, personal, religious, linguistic, household, and lifestyle preferences shall be examined.

This Indicator addresses whether the manner of providing support is appropriately adapted to the individual without compromising safety, intended function, or professional responsibilities.

Differences in personal values shall be respected whenever consistent with the intended function of the service and applicable requirements.

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

The extent to which Personal Care Aide services are free from coercive, disrespectful, humiliating, intimidating, or demeaning practices shall be examined.

This Indicator addresses whether interactions preserve the person's dignity, emotional well-being, and trust throughout realization of the intended function.

The Indicator recognizes that respectful interaction is a quality condition of the Service Quality Object and not merely a desirable personal characteristic of the worker.

4.9 Factor 5 — Timely Recognition and Escalation of Risk

4.9.1 General

The intended function of the Personal Care Aide service requires timely recognition of observable changes that may affect the person's health, safety, daily functioning, or continuity of support.

This Factor addresses the extent to which relevant changes are recognized, appropriately communicated, and escalated within the boundaries of the Personal Care Aide role.

The Factor recognizes that timely recognition and escalation support realization of the intended function without transferring clinical, supervisory, or management responsibilities to the Personal Care Aide.

4.9.2 Indicator 5.1 — Observation of Relevant Changes in Condition or Response

The extent to which relevant changes in the person's condition, behavior, functioning, or response are observed during service delivery shall be examined.

This Indicator addresses whether observable changes that may influence the realization of the intended function are appropriately recognized.

Observation does not require diagnosis or interpretation beyond the Personal Care Aide role.

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

The extent to which observable changes are appropriately judged for their potential significance within the Personal Care Aide role shall be examined.

This Indicator addresses whether the Personal Care Aide appropriately distinguishes ordinary variations from changes that may require communication or escalation.

The Indicator does not require clinical judgment or medical decision-making.

4.9.4 Indicator 5.3 — Timely Communication of Concerns

The extent to which relevant concerns are communicated to the appropriate person or authority in a timely manner shall be examined.

This Indicator addresses whether information that may affect safety, health, daily functioning, or continuity of support is communicated through appropriate channels.

Communication should be accurate, timely, and consistent with applicable service arrangements.

4.9.5 Indicator 5.4 — Appropriate Follow-Through After Escalation

The extent to which appropriate follow-through occurs after communication or escalation shall be examined.

This Indicator addresses whether the Personal Care Aide continues to act within role boundaries after reporting a concern, including responding to instructions, documenting where required, or continuing support appropriately.

The Indicator does not require the Personal Care Aide to resolve issues that fall outside the occupational role. It requires that recognized concerns are not ignored after appropriate escalation.

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

4.10.1 General

The intended function of the Personal Care Aide service depends upon the continuity, accuracy, and appropriate communication of care-relevant information.

This Factor addresses the extent to which information necessary for realizing the intended function is available, accurately communicated, appropriately protected, and maintained throughout service delivery.

The Factor recognizes that continuity of support requires continuity of relevant information within the boundaries of the Personal Care Aide role.

4.10.2 Indicator 6.1 — Accuracy of Information Used to Guide PCA Support

The extent to which information used to guide Personal Care Aide services is accurate, current, and relevant shall be examined.

This Indicator addresses whether support is based upon reliable information rather than assumptions, outdated instructions, incomplete communication, or misunderstanding.

The Indicator does not require the Personal Care Aide to determine the clinical correctness of information received through authorized sources.

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

The extent to which care-relevant information is appropriately transferred across caregivers, shifts, or other support arrangements shall be examined.

This Indicator addresses whether information necessary for continuity of the intended function is communicated completely, accurately, and in a timely manner.

The Indicator recognizes that ineffective information transfer may interrupt realization of the intended function even when individual support activities are performed correctly.

4.10.4 Indicator 6.3 — Consistency with Care Direction or Consumer Instruction

The extent to which Personal Care Aide services are provided consistently with applicable care direction, authorized instructions, or consumer-directed service arrangements shall be examined.

This Indicator addresses whether support reflects the agreed service direction while remaining within the Personal Care Aide role.

The Indicator does not prevent appropriate communication or escalation when instructions appear inconsistent with safety or exceed the authorized role.

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

The extent to which care-relevant information is protected from loss, distortion, misunderstanding, or inappropriate disclosure shall be examined.

This Indicator addresses whether information essential to the realization of the intended function is preserved accurately and communicated only through appropriate channels.

The Indicator recognizes that protection of information contributes both to continuity of support and to respect for the person's privacy, dignity, and rights.

4.11 Factor 7 — Control of Infection and Contamination Risks

4.11.1 General

The intended function of the Personal Care Aide service includes supporting the person in a manner that appropriately controls infection and contamination risks within the boundaries of the Personal Care Aide role.

This Factor addresses the extent to which PCA services contribute to maintaining hygienic conditions and reducing avoidable risks of infection and contamination during service delivery.

The Factor recognizes that responsibility for diagnosis, treatment, or infection control policy remains outside the scope of the Personal Care Aide role.

4.11.2 Indicator 7.1 — Maintenance of Hygienic Service Conditions

The extent to which hygienic conditions are maintained during Personal Care Aide service delivery shall be examined.

This Indicator addresses whether the work performed contributes to maintaining a clean and hygienic service environment appropriate to the support activity being provided.

The Indicator does not require achievement of clinical or institutional infection-control standards beyond the Personal Care Aide role.

4.11.3 Indicator 7.2 — Appropriate Use of Clean Technique Within Role Boundaries

The extent to which appropriate clean techniques are used within the authorized Personal Care Aide role shall be examined.

This Indicator addresses whether accepted hygiene practices appropriate to the support context are consistently applied during service delivery.

The Indicator does not require sterile technique or procedures reserved for licensed healthcare professionals.

4.11.4 Indicator 7.3 — Prevention of Cross-Contamination

The extent to which Personal Care Aide services minimize avoidable cross-contamination shall be examined.

This Indicator addresses whether the work performed appropriately separates clean and contaminated conditions, materials, equipment, or activities in accordance with the support context.

The Indicator recognizes that prevention of cross-contamination contributes to realization of the intended function by protecting both the person receiving support and others participating in the service.

4.11.5 Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks

The extent to which observable infection or contamination risks are recognized and appropriately communicated shall be examined.

This Indicator addresses whether conditions that may require additional attention, communication, or escalation are identified within the Personal Care Aide role.

The Indicator does not require diagnosis of infection or independent clinical decision-making. It requires appropriate recognition, communication, and action within occupational role boundaries.

4.12 Factor 8 — Scope-Appropriate Practice and Judgment

4.12.1 General

The intended function of the Personal Care Aide service is realized through occupational work performed within the boundaries of the Personal Care Aide role and through the appropriate exercise of judgment consistent with that role.

This Factor addresses the extent to which Personal Care Aide services are provided within authorized occupational boundaries while applying sound judgment appropriate to the support context.

The Factor recognizes that quality is supported both by appropriate action and by appropriate recognition of the limits of the Personal Care Aide role.

4.12.2 Indicator 8.1 — Practice Within Authorized Role Boundaries

The extent to which Personal Care Aide services are provided within the authorized occupational role shall be examined.

This Indicator addresses whether the work performed remains consistent with the responsibilities, limitations, and intended function of the Personal Care Aide occupation.

The Indicator recognizes that acting beyond occupational authority may compromise the quality state of the Service Quality Object.

4.12.3 Indicator 8.2 — Appropriate Judgment Within Role Scope

The extent to which sound judgment is exercised within the authorized Personal Care Aide role shall be examined.

This Indicator addresses whether decisions made during service delivery appropriately consider the person's condition, the service context, foreseeable risks, available information, and the intended function of the service.

The Indicator does not require independent clinical, legal, or supervisory judgment beyond the occupational role.

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

The extent to which Personal Care Aide services avoid unauthorized diagnosis, treatment, prescribing, or other activities reserved for licensed or otherwise authorized professionals shall be examined.

This Indicator addresses whether occupational boundaries are respected while maintaining appropriate continuity of support.

The Indicator recognizes that respecting professional boundaries contributes directly to safe realization of the intended function.

4.12.5 Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation

The extent to which the Personal Care Aide appropriately pauses, seeks assistance, requests clarification, or escalates concerns when necessary shall be examined.

This Indicator addresses whether the Personal Care Aide recognizes situations in which continuation of support without additional guidance would be inappropriate, unsafe, or beyond occupational authority.

The Indicator recognizes that appropriate escalation is itself an essential element of quality service realization rather than a failure of practice.

5. Context Guides and Quality Outcome Criteria

5.1 General

This Core Standard establishes the common quality structure for Personal Care Aide services.

Because Personal Care Aide services are performed in diverse support contexts, this Core Standard is interpreted through Context Guides developed for specific service contexts.

Context Guides support consistent application of the Core Standard while preserving the invariant Core Quality Factors and Core Quality Indicators established in Section 4.

5.2 Purpose of Context Guides

A Context Guide interprets this Core Standard for a defined Personal Care Aide service context.

Its purpose is to:

- interpret the intended function within a specific service context;
- interpret the application of the invariant Core Quality Factors and Core Quality Indicators;
- develop context-specific Quality Outcome Criteria;
- provide examples of evidence appropriate to the context;
- identify context-specific boundaries, interfaces, risks, and critical conditions; and
- support consistent quality determination without modifying the Core Standard.

5.3 Quality Outcome Criteria

Quality Outcome Criteria describe the expected state or result demonstrating satisfactory realization of the intended function within a defined service context.

Quality Outcome Criteria are derived from the invariant Core Quality Indicators.

They are developed within Context Guides and therefore may differ from one service context to another.

Quality Outcome Criteria shall not modify, replace, or expand the invariant Core Quality Factors or Core Quality Indicators established by this Standard.

5.4 Context Guide Structure

Each Context Guide should normally include:

- the applicable service context;
- the intended function within that context;
- interpretation of the applicable Core Quality Factors;
- interpretation of the applicable Core Quality Indicators;
- context-specific Quality Outcome Criteria;
- examples of evidence;
- context-specific boundaries and interfaces;
- context-specific risks and critical conditions; and
- informative annexes where additional interpretation is beneficial.

5.5 Population-Specific Annexes

Where additional interpretation is beneficial, a Context Guide may include informative annexes addressing particular populations or service situations.

Examples include:

- intellectual and developmental disabilities;
- autism spectrum disorder;
- dementia;

acquired brain injury;
physical disabilities;
aging;
mental health; and
other populations requiring additional interpretation.

Population-specific annexes support interpretation of the Context Guide.

They do not modify the Core Standard or establish additional Core Quality Factors or Core Quality Indicators.

5.6 Relationship Between the Core Standard and Context Guides

The Core Standard remains invariant.

Context Guides provide context-specific interpretation.

Quality Outcome Criteria are context-specific.

Evidence is evaluated against the applicable Context Guide.

Quality Claim Statements are supported by evidence evaluated in accordance with SCM1.

Together, the Core Standard, Context Guides, and SCM1 establish a consistent Whole Quality framework for determining, interpreting, and verifying the quality state of Personal Care Aide services.

6. Evidence and Quality Claim Statements

6.1 General

The quality state of the Personal Care Aide Service Quality Object shall be determined on the basis of evidence.

Evidence supports the determination of conformity with the applicable Quality Outcome Criteria and provides the basis for responsible Quality Claim Statements.

Evidence shall relate to the declared Service Quality Object, its intended function, and the applicable Context Guide, where used.

6.2 Evidence Principle

Within the Whole Quality methodology, evidence is used to support quality determination rather than assumptions, opinions, intentions, or unsupported assertions.

Evidence should be relevant, sufficient, appropriate, and proportionate to the Quality Claim Statement being made.

The nature and amount of evidence may vary according to the service context, complexity, and significance of the Quality Claim Statement.

6.3 Sources of Evidence

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

direct observation of service delivery;
observation of work performed and results produced;

information provided by the person receiving support;
information provided by the Personal Care Aide;
service records and relevant documentation;
observations by supervisors or qualified reviewers;
Context Guide-specific observations;
other relevant and reliable sources.

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

6.4 Sufficiency of Evidence

Evidence shall be sufficient to support the Quality Claim Statement being made.

The required sufficiency depends upon:

the intended scope of the claim;
the applicable Context Guide;
the significance of the quality determination;
the availability and reliability of evidence; and
any identified limitations or uncertainties.

Limitations affecting evidence shall be acknowledged when communicating Quality Claim Statements.

6.5 Quality Claim Statements

A Quality Claim Statement communicates the determined quality state of the Service Quality Object.

Quality Claim Statements should:

clearly identify the Service Quality Object;
identify the applicable Context Guide where relevant;
define the service boundary;
identify the evidence basis;
identify significant assumptions or limitations where applicable; and
remain consistent with the evidence available at the time the claim is made.

Quality Claim Statements shall not imply a broader level of conformity than is supported by the available evidence.

6.6 Relationship to SCM1

The methodology for evaluating evidence, determining conformity, and making responsible Quality Claim Statements is established by SCM1.

This Core Standard defines what quality means for the Personal Care Aide Service Quality Object.

SCM1 defines how conformity is evaluated and how Quality Claim Statements are supported through evidence.

7. External Systems and Interfaces

7.1 General

The Personal Care Aide Service Quality Object exists within a broader environment consisting of external systems that may influence, support, regulate, or interact with the service.

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

Their relationships with the Service Quality Object occur through defined external interfaces.

7.2 External Systems

External systems may include, but are not limited to:

provider organizations;

service management;

funding and reimbursement systems;

federal, state, and local regulatory authorities;

healthcare organizations and healthcare professionals;

educational and training systems;

consumer-directed service programs;

family members and informal support networks;

employers;

technology and information systems; and

other organizations or individuals interacting with the Personal Care Aide service.

The composition of external systems may vary according to the service context.

7.3 External Interfaces

External interfaces represent the points of interaction between the Service Quality Object and external systems.

Examples include:

communication;

referrals;

supervision;

reporting;

service planning;

information exchange;

coordination of support;

regulatory interaction; and

other interactions necessary for realization of the intended function.

External interfaces shall be identified where they significantly influence the quality state of the Service Quality Object.

7.4 Relationship to the Service Quality Object

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

Quality determination under this Standard remains focused on the declared Service Quality Object within its defined boundaries.

The influence of external systems shall be recognized through their interfaces rather than by expanding the Service Quality Object itself.

7.5 Relationship to Other Requirements

This Core Standard is intended to complement, not replace, applicable:

laws;

regulations;

occupational requirements;

professional standards;

contractual obligations;

funding requirements;

accreditation requirements; and

organizational policies.

Conformity with such external requirements does not, by itself, determine the quality state of the Service Quality Object.

Likewise, determination of the quality state under this Standard does not imply compliance with external legal, regulatory, contractual, or accreditation requirements unless explicitly demonstrated.

Annex A (Informative) - Development of Context-Specific Quality Outcome Criteria

A.1 Purpose

This Annex explains how Quality Outcome Criteria are developed for Personal Care Aide service contexts.

Quality Outcome Criteria are not established in the Core Standard. They are developed in Context Guides by applying the Core Quality Factors and Core Quality Indicators to a defined service context.

The examples in this Annex identify service contexts for which Quality Outcome Criteria may be developed. Detailed Quality Outcome Criteria are provided in the applicable Context Guides.

A.2 Relationship to the Core Standard

The Core Standard establishes the common elements that remain the same across PCA service contexts:

Service Quality Object;

intended function;

Core Quality Factors; and

Core Quality Indicators.

Context Guides use those common elements to develop Quality Outcome Criteria for a defined support context.

A Quality Outcome Criterion shall not modify, replace, or expand the Core Quality Factors or Core Quality Indicators established by this Standard.

A.3 How Quality Outcome Criteria Are Developed

In developing Quality Outcome Criteria, a Context Guide should normally:

define the service context;

identify the context-specific conditions that affect quality;

apply the relevant Core Quality Indicators to that context;

state the expected condition or result showing that the Indicator has been satisfied in that context;

identify evidence that may support the determination; and

state any important boundaries, assumptions, limitations, or critical conditions.

This process helps keep the Core Standard stable while allowing quality to be determined in real support situations.

A.4 Illustrative Service Contexts

Examples of PCA service contexts for which Quality Outcome Criteria may be developed include:

Bathing Support;

Dressing and Grooming Support;

Toileting Support;

Mobility and Transfer Support;

Meal Preparation;

Meal Assistance;

Medication Assistance within PCA role boundaries;

Oral Hygiene;

Skin Care within PCA role boundaries;

Household Support related to Personal Care Aide services;

Community Participation;

Transportation Assistance;

Overnight Support; and

other Personal Care Aide service contexts.

This list is illustrative rather than exhaustive.

Annex B (Informative) - Context Guide Methodology

B.1 Purpose

This Annex provides a common approach for developing and interpreting PCA Context Guides.

The purpose is to promote consistency among Context Guides while preserving the Core Standard.

B.2 Relationship to the Core Standard

A Context Guide shall be read together with this Core Standard.

A Context Guide may explain how the Core Standard applies in a specific support context, but it shall not change the Service Quality Object, intended function, Core Quality Factors, or Core Quality Indicators.

B.3 Purpose of a Context Guide

A Context Guide interprets the Core Standard for a defined PCA service context.

Its purpose is to:

describe the service context;

explain how the intended function is realized in that context;

interpret the Core Quality Factors and Core Quality Indicators for that context;

develop context-specific Quality Outcome Criteria;

identify context-specific boundaries and interfaces;

identify context-specific risks and critical conditions;

provide examples of evidence; and

support consistent quality determination.

B.4 Recommended Structure of a Context Guide

A Context Guide should normally include:

Introduction;

Scope and Purpose;

Context Definition;

Service Quality Object in the Context;

Intended Function and Function Realization;

Context Boundaries and Interfaces;

Interpretation of Core Quality Factors and Indicators;

Context-Specific Quality Outcome Criteria;

Context-Specific Evidence;

Context-Specific Critical Conditions;

Context-Specific Quality Claim Statements; and

Informative Annexes, where appropriate.

B.5 Population-Specific Notes

Where helpful, a Context Guide may include informative annexes for particular populations or support situations.

These notes help users apply the Context Guide more accurately. They do not modify the Core Standard or create additional Core Quality Factors or Core Quality Indicators.

B.6 Relationship to SCM1

Context Guides assist interpretation of the Core Standard.

Verification of conformity, evaluation of evidence, and Quality Claim Statements remain governed by SCM1.

Annex C (Informative) - Population-Specific Interpretation

C.1 Purpose

This Annex explains how population-specific interpretation may be used in PCA Context Guides.

Population-specific interpretation helps apply the Core Standard to persons with different abilities, conditions, disabilities, communication needs, risks, or support preferences.

C.2 General Principles

Population-specific interpretation shall preserve:

the Core Standard;

the Service Quality Object;

the intended function;

the Core Quality Factors; and

the Core Quality Indicators.

Only the context-specific interpretation, Quality Outcome Criteria, evidence, and examples may vary according to the population or support situation.

C.3 Typical Population Contexts

Examples of population contexts that may require additional interpretation include:

intellectual and developmental disabilities;

autism spectrum disorder;

acquired brain injury;

dementia;

physical disabilities;

aging;

mental health conditions;

chronic medical conditions; and

other populations requiring additional interpretation.

The list is illustrative rather than exhaustive.

C.4 Relationship to Context Guides

Population-specific interpretation should normally be provided as informative annexes to Context Guides rather than as separate Core Standards.

A Context Guide may include more than one population-specific annex when different population characteristics materially affect interpretation of the same support context.

C.5 Relationship to Quality Determination

Population-specific interpretation supports quality determination by helping users understand the person-specific conditions that affect realization of the intended function.

It does not establish additional Core Quality Factors, Core Quality Indicators, or Quality Claim Statements.

Quality determination remains based on the Service Quality Object, intended function, Core Quality Factors and Indicators, applicable Context Guide, available evidence, and stated claim boundary.

Annex D (Informative) - Task-Specific Contexts

D.1 Purpose

This Annex illustrates the range of PCA service contexts for which Context Guides may be developed.

Its purpose is to show how the same Core Standard can be applied across different support activities without changing the Core Standard itself.

D.2 General Principles

Each task-specific Context Guide shall:

apply the Core Standard;

preserve the Service Quality Object;

preserve the intended function;

preserve the Core Quality Factors;

preserve the Core Quality Indicators; and

develop context-specific Quality Outcome Criteria appropriate to the task.

Task-specific Context Guides interpret the Core Standard. They do not establish new Core requirements.

D.3 Typical Task Contexts

Illustrative Context Guides may include:

Bathing Support;

Dressing and Grooming Support;

Toileting Support;

Mobility and Transfer Support;

Meal Preparation;

Meal Assistance;

Medication Assistance within PCA role boundaries;

Oral Hygiene;

Skin Care within PCA role boundaries;

Household Support related to Personal Care Aide services;

Shopping and Essential Errands;
Community Participation;
Transportation Assistance;
Communication Support;
Observation and Reporting of Changes;
Overnight Support;
Emergency Response within PCA role boundaries; and
other Personal Care Aide service contexts.
The list is illustrative rather than exhaustive.

D.4 Relationship to Quality Outcome Criteria

Each task-specific Context Guide develops Quality Outcome Criteria for its defined service context. Different support tasks may require different Quality Outcome Criteria while remaining consistent with the same Core Quality Factors and Core Quality Indicators.

D.5 Relationship to Population-Specific Interpretation

Where appropriate, a task-specific Context Guide may include one or more informative annexes for particular populations or support situations.
Such annexes support interpretation of the Context Guide and do not modify the Core Standard.

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