Personal Care Aide Context Guide - Meal Support

Context-Specific Interpretation of the PCA Whole Quality Standard - Core

AMSI CONTEXT GUIDE PAF1

(Informative)

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AMERICAN SUPPORT STANDARDS INITIATIVE

Foreword

Meals are part of everyday life.

For some people, eating, drinking, or preparing for a meal requires Personal Care Aide support.

A Personal Care Aide may help with meal setup, positioning, utensils or adaptive items, eating or drinking, pacing, hygiene, communication, or other authorized assistance.

The work may appear simple when described as preparing food, serving a meal, helping a person eat or drink, or recording that the task was completed.

But the quality of Meal Support depends on more than whether food was prepared, served, or consumed.

The same meal can be supported safely or unsafely, respectfully or disrespectfully, at an appropriate pace or too quickly, with attention to the person's actual condition or without it.

The person's abilities or condition may also change during the meal. Information about diet, texture, allergy, positioning, or other requirements may be important. Different workers or outside professionals may also be involved.

For this reason, the quality of Meal Support cannot always be understood from task completion, food intake, documentation, or absence of a reported problem alone.

This Guide therefore asks a practical question:

How should the PCA1 Core be applied to Meal Support?

This Guide keeps the same PCA1 Core Quality Factors and Core Quality Indicators and applies them to the actual conditions of Meal Support.

It provides meal-specific Quality Outcome Criteria and identifies relevant conditions, risks, evidence, and limitations needed to examine the support responsibly.

The sections that follow develop this application step by step.

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1. Scope and Purpose

1.1 Scope

This Context Guide applies the PCA1 Core Standard to Personal Care Aide support provided for meals, eating, drinking, hydration-related routines, and closely related daily-life activities.

Meal Support may be provided in private homes, community residences, residential or institutional settings, workplaces, day programs, public or community locations, or other settings where PCA support is provided.

Depending on the person and service arrangement, the context may include meal setup, food and drink, seating and positioning, utensils and adaptive items, eating or drinking assistance, pacing, hygiene, communication, observation, and role-appropriate escalation.

The Guide applies only to Support Work within the authorized PCA Support Role and Functional Scope.

It does not prescribe diets, food textures, nutrition plans, clinical feeding or swallowing methods, food preparation procedures, clinical assessment, equipment selection, or other requirements belonging to healthcare professionals, the person, the provider, or other responsible parties.

1.2 Purpose

The purpose of this Guide is to make the PCA1 Core usable in Meal Support.

The Guide asks:

What does each PCA1 Quality Indicator mean when support is being provided during an actual meal or drinking activity?

To answer this question, the Guide keeps the PCA1 Core unchanged and provides the meal-specific details needed to apply it.

These details include the actual Meal Support context, relevant requirements and conditions, meal-specific Quality Outcome Criteria, possible evidence sources, important risks and failure conditions, and limitations affecting the Quality State determination or claim.

The Guide does not create a different PCA Core Standard.

1.3 Relationship to PCA1

PCA1 establishes the common Core for Personal Care Aide support services.

It establishes the eight Core Quality Factors and thirty-two Core Quality Indicators that remain applicable across different PCA contexts.

This Guide applies those same Factors and Indicators to Meal Support.

It does not rename, replace, omit, or redefine them.

Where this Guide and PCA1 are interpreted differently, PCA1 governs.

1.4 Governing Concepts and Occupational Reference

This Guide uses the concepts and vocabulary established by the Whole Quality Institute and the American Support Standards Initiative.

The Whole Quality Institute Foundational Articles introduce the underlying ideas used in the Guide, including the Quality Object, Intended Function, Boundary, Interface, Scale and Resolution, Quality Factors, Quality Indicators, Evidence, and Quality State.

AMSI ORF1 provides the occupational reference used to distinguish the PCA Support Role, Functional Scope, and related responsibilities.

A job title, program name, payer category, household arrangement, or service label does not by itself determine what the Personal Care Aide is authorized or responsible to do.

The actual functions, responsibilities, authority, and important interfaces shall remain clear for the support service being examined.

1.5 Determination, Verification, and Claims

This Guide provides meal-specific criteria and evidence considerations for applying PCA1.

AMSI SCM1 governs the more detailed method for Evidence evaluation, Quality State determination, verification, claim decisions, continued validity, and third-party certification where a separately authorized scheme applies.

Use of this Guide by itself does not constitute certification.

1.6 Intended Users

- Persons Receiving Support and their authorized representatives;
- Personal Care Aides and other Support Workers;
- provider organizations, supervisors, program administrators, and quality personnel;
- consumer-directed programs, payers, commissioning parties, and oversight bodies;
- evaluators, researchers, standards developers, regulators, and advocates; and
- other parties who need to understand or examine Meal Support.

1.7 Relationship to Other Contexts

Meal Support does not exist in isolation.

It may interact with mobility, medication assistance, healthcare direction, household support, community participation, family support, equipment, transportation, or other services.

Those connections may be important to the quality of Meal Support without automatically becoming part of the Meal Support Quality Object.

Where another Context Guide is also used, each Guide retains its own defined scope.

Use of more than one Guide does not automatically combine separate Quality Objects or enlarge a Quality Claim.

2. Meal Support Context and Quality Object

2.1 Meal Support Context

Before examining the quality of Meal Support, the actual meal, person, setting, and support conditions must be understood.

Meal Support can vary greatly from one person and situation to another.

The context may involve different foods and drinks, temperatures, seating and positioning, utensils or adaptive items, hygiene conditions, communication needs, pacing, fatigue, consent or refusal, cultural preferences, and changing functional presentation.

These conditions form the Meal Support context in which the PCA support is examined.

2.2 What Meal Support May Include

Depending on the person, authorized support, and service arrangement, Meal Support may include:

- preparing the immediate meal environment, seating, supplies, food, drink, utensils, cups, trays, packaging, and authorized adaptive items;
- communication, consent confirmation, sequencing, cueing, pacing, and reassurance;
- assistance with safe and comfortable positioning within Functional Scope;
- assistance with eating or drinking where authorized;

- hydration reminders or support, pacing, prompting, and use of authorized utensils or adaptive items;
- protection of dignity, comfort, autonomy, choice, and personal preferences;
- observation of conditions relevant to safety, bodily integrity, fatigue, distress, coughing or choking signs, observable swallowing difficulty, or support tolerance;
- communication, documentation, assistance seeking, and role-appropriate escalation; and
- other authorized PCA Support Work included in the declared Quality Object.

These examples do not prescribe one meal routine, diet, food choice, feeding technique, or support method.

2.3 What Is the Support Expected to Help Achieve?

The basic question is:

What is the Meal Support expected to help the person do, maintain, or experience?

The principal Intended Function is to help the person participate in meals, eating, drinking, hydration-related routines, and closely related daily-life activities safely, respectfully, effectively, and consistently with the person's needs, preferences, abilities, rights, choices, goals, and authorized direction.

Expected results may include safe and respectful participation in eating or drinking; appropriate positioning and comfort; maintained nutrition- and hydration-related daily-life functioning within Functional Scope; controlled infection and contamination risks; appropriate use of authorized utensils or adaptive items; preserved choice, consent, refusal, privacy, culture, and dignity; timely recognition and communication of relevant changes; and Support Work performed within the authorized PCA Support Role and Functional Scope.

2.4 What Makes Up the Meal Support Service?

The support service exists through the relationship between the work performed and what happens as a result.

Meal Support Work + Meal Support Result = Meal Support Service

This relationship is conceptual rather than arithmetic.

Completion of Meal Support Work does not by itself demonstrate that the expected result was achieved.

Likewise, food being prepared, served, or consumed does not by itself demonstrate satisfactory Meal Support.

For example, a meal may be completed while avoidable harm, distress, loss of dignity, unresolved choking or allergy risk, contamination, inappropriate pacing, information failure, or support outside Functional Scope remains.

2.5 Describing the Quality Object

Before quality is examined, it must be clear what Meal Support service is being considered.

The description should make clear, as applicable:

- who is receiving support;
- who is providing support;
- what Meal Support Work is included;
- what the support is expected to help achieve;
- the meal or drinking activity and relevant food and drink conditions;
- seating, positioning, utensils, adaptive items, equipment, or technology relevant to the service;
- the setting and Service Period;
- the Support Service Arrangement;
- important responsibilities and role limits;
- important connections with healthcare professionals, family, providers, or other external parties;

- applicable requirements; and
- the evidence available for examining the support.

The amount of detail needed depends on the service and the determination being made.

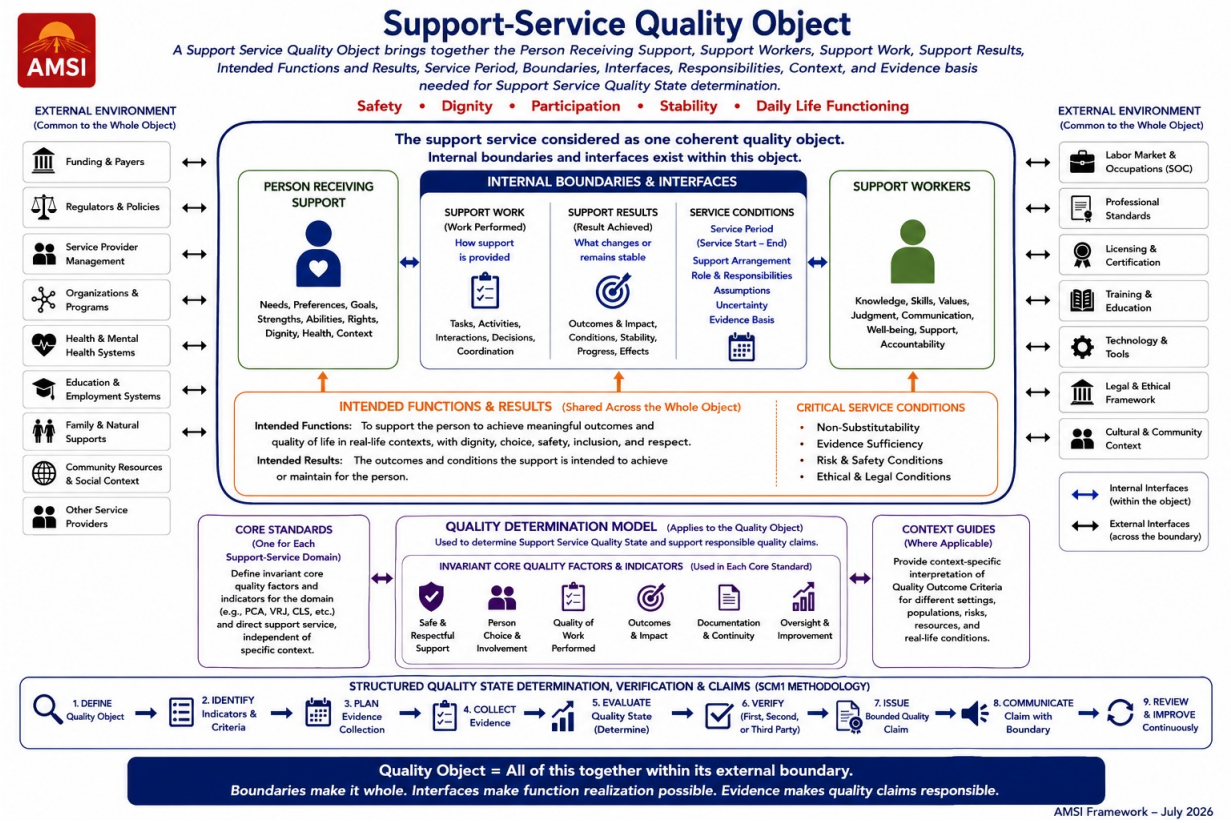

Figure 1 - Support-Service Quality Object framework applied to PAF1.

2.6 Service Period and Support Arrangement

Quality is always determined for a defined period of time.

The Service Period may be one interaction, one Meal Support episode, a recurring series of episodes, an authorization period, or another sufficiently defined period.

A determination based on one isolated episode shall not automatically be treated as representing recurring support.

The Support Service Arrangement describes how Meal Support is authorized, organized, directed, coordinated, and provided.

Different arrangements may be appropriate for different people and settings.

The arrangement does not change the PCA1 Core Quality Factors or Core Quality Indicators.

2.7 How the Support May Be Provided

Meal Support may be provided in different ways.

It may include setup assistance, verbal cueing, prompting, standby support, hands-on eating or drinking assistance where authorized, pacing, hydration reminders, positioning support within Functional Scope, use of authorized utensils or adaptive items, environmental adjustment, or other authorized approaches.

No one approach is automatically better than another.

The important question is whether the approach works appropriately for the person, meal, setting, and period being examined.

2.8 Context Variability

Meal Support varies from one person and situation to another.

Differences may include functional abilities, health-related presentation, appetite, tolerance, communication, cognition, preferences, positioning needs, food and drink conditions, communicated diet, texture, allergy or restriction information, utensils and adaptive items, hygiene conditions, cultural or household practices, setting, and other circumstances.

For this reason, a criterion or evidence source shall be interpreted within the declared Quality Object and Meal Support context.

2.9 Structural Checkpoints

Before detailed Factor interpretation begins, it must be clear enough what Meal Support service is being examined.

Structural Checkpoints provide this completeness check.

They ask whether the following are sufficiently clear:

- the Quality Object and purpose of the determination;
- the person and included Support Workers;
- the included Meal Support Work and expected results;
- the Service Period and Support Service Arrangement;
- the meal or drinking activity, food and drink conditions, and relevant positioning;
- relevant utensils, adaptive items, equipment, technology, and hygiene conditions;
- important responsibilities, role limits, boundaries, and interfaces;
- applicable external requirements;
- the evidence basis and important uncertainty; and
- the intended scope of any Quality Claim.

A Structural Checkpoint does not determine whether the Meal Support is good or bad.

If important parts of the Quality Object remain unclear, the description or proposed determination shall be refined before proceeding.

2.10 How Meal Support Can Fail in This Context

Meal Support can fail or weaken in recurring ways.

These may include:

- foreseeable positioning, choking, allergy, temperature, contamination, fatigue, distress, communication, or other harm conditions not being recognized or addressed;
- support that does not match the person's actual abilities, needs, or changing condition;
- unsafe continuation, rushing, coercion, unsuitable pacing, or inappropriate force;
- loss of consent, dignity, privacy, autonomy, choice, cultural preference, or person-directed participation;
- inaccurate, incomplete, delayed, or unclear information about meal-related requirements or changes;
- unavailable, unsuitable, contaminated, misused, or poorly maintained utensils, adaptive items, positioning supports, equipment, or technology;
- infection or contamination pathways involving hands, food, drink, utensils, equipment, surfaces, spills, waste, or bodily contact; and
- Support Work performed outside the authorized PCA Support Role or Functional Scope.

These recurring ways of losing or weakening the intended support help explain the PCA1 Core Quality Factors applied in Section 4.

2.11 Critical Conditions and Uncertainty

Some conditions are too important to be offset by good performance elsewhere.

For example, successful food intake cannot compensate for an unresolved serious choking risk, unsafe positioning, serious contamination risk, coercive support, support outside Functional Scope, or evidence too weak to support the determination.

Such conditions may be treated as Critical Service Conditions.

Uncertainty shall also remain visible.

Incomplete information, conflicting evidence, changing condition, unclear responsibility, or other unresolved matters shall not automatically be treated as satisfactory merely because the meal was completed or no incident was reported.

3. Boundaries, Interfaces, Responsibilities, and Reference Sources

3.1 Support Service Boundary

The Boundary identifies what is included in the Meal Support Quality Object and what remains outside it.

Depending on the determination, the Quality Object may include particular Support Work, participants, meal activities, locations, Service Periods, food and drink conditions, utensils or adaptive items, responsibilities, and other relevant conditions.

The Boundary shall be sufficiently clear for the evidence and resulting Quality Claim to be interpreted responsibly.

3.2 Internal Boundaries and Interfaces

Different parts of the Meal Support service interact while support is being provided.

These may include the person, Support Workers, Support Work, Support Results, positioning, food and drink, utensils or adaptive items, information, responsibilities, and service conditions.

An Interface is an important connection or interaction among these parts.

In Meal Support, internal Interfaces may include communication, consent, cueing, pacing, physical assistance, positioning, information transfer, equipment use, observation, or escalation.

A problem at an Interface may weaken the whole support service even when an individual task appears to have been completed correctly.

3.3 External Boundary and Interfaces

Meal Support may also interact with people and systems outside the Quality Object.

These may include family or natural supports, provider management, nurses, physicians, dietitians, nutrition professionals, speech-language pathologists, emergency services, food or equipment suppliers, payers, regulators, or technology providers.

They do not automatically become part of the Quality Object.

Their influence remains relevant where an external connection affects whether Meal Support can work as intended.

3.4 Roles and Responsibilities

Meal Support may involve responsibilities belonging to the person, Personal Care Aide, provider, supervisor, healthcare professional, family member, equipment provider, or another party.

The PCA Quality Object shall not silently absorb responsibilities that belong to another party.

Important responsibilities, decision authority, information sources, communication paths, and escalation routes shall therefore remain clear.

Ambiguity about diet, texture, allergy, positioning, swallowing-related direction, equipment, food preparation, or response to change shall remain visible where it affects the service.

3.5 Food, Equipment, and Technology Interfaces

Meal Support may depend on food and drink, utensils, cups, trays, adaptive items, positioning supports, equipment, communication systems, records, or other technology.

These may affect the service even when they are not themselves part of the Quality Object.

Their relevant connection with the support shall be considered where availability, suitability, cleanliness, condition, instructions, configuration, or use affects the person or the support being provided.

This Guide does not prescribe clinical feeding methods, diets, food textures, or the technical suitability of particular equipment.

3.6 Reference Sources

Meal Support operates within requirements and information from outside this Guide.

These may include:

- laws and regulations;
- program and payer requirements;
- service authorizations;
- clinical, dietary, nutrition, swallowing-related, or positioning direction where applicable;
- person-directed instructions and preferences;
- provider procedures and contractual requirements;
- food, equipment, and adaptive-item instructions;
- emergency procedures; and
- other applicable professional or service requirements.

Together, relevant sources form the Reference Layer for the particular application.

Compliance with these requirements is important, but compliance alone does not establish the Quality State of the Meal Support service.

3.7 Assumptions, Uncertainty, and Unresolved Conditions

Not every condition can always be known with certainty.

Information may be missing, conflicting, outdated, or controlled by parties outside the Meal Support service.

Important assumptions and uncertainty shall therefore remain visible.

An unresolved condition shall not automatically be treated as satisfactory because the meal was completed, food was consumed, or no complaint or incident was reported.

3.8 Quality Claim Boundary

A Quality Claim shall not say more than the completed determination supports.

The claim shall remain limited to the declared Meal Support Quality Object, Service Period, context, evidence, and known limitations.

A Quality Claim concerning Meal Support does not automatically establish the quality of the food, clinical care, provider organization, household arrangement, equipment, or another service.

4. Context-Specific Application of the PCA1 Core Quality Factors, Core Quality Indicators, and Quality Outcome Criteria

4.1 General

The previous sections establish the Meal Support context, the PCA Support Service Quality Object, and the conditions needed to understand that service.

The next question is:

What does each PCA1 Core Quality Indicator mean in this particular Meal Support context?

The eight PCA1 Core Quality Factors and thirty-two Core Quality Indicators remain unchanged.

This Guide applies them to Meal Support by providing Context-Specific Quality Outcome Criteria and related evidence considerations.

In simple terms:

PCA1 Core Quality Factor
↓
PCA1 Core Quality Indicator
↓
Meal-Specific Quality Outcome Criterion
↓
Evidence

The Core identifies what shall be examined.

This Guide states what is expected in the Meal Support context.

The evidence shows what is actually happening in the declared Meal Support Quality Object.

Section 4.2 begins with Factor 1 — Protection from Foreseeable Harm.

4.2 Factor 1 — Protection from Foreseeable Harm

Purpose of the Factor

The Support 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 authorized PCA Support Role and Functional Scope.

This Factor addresses conditions in which PCA Support Work may affect physical safety, psychological safety, dignity, bodily integrity, daily-life 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.

> *Core architecture role: Makes foreseeable harm conditions visible and supports prevention, mitigation, pausing, modification, or escalation.*

Context-Specific Interpretation

In Meal Support, foreseeable harm may arise from unsafe positioning, coughing or choking signs, observable swallowing difficulty, unsuitable food or drink temperature, spills, unstable seating, unsafe utensils or adaptive items, allergy or restriction information as communicated, contamination, fatigue, distress, refusal, communication barriers, or other conditions affecting Function Realization.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

4.2.1 Indicator 1.1 — Identification of Foreseeable Harm Conditions

Meal-Support Interpretation

Within the Meal Support Context, foreseeable harm conditions may include unsafe positioning, choking signs, coughing, swallowing difficulty as observed, unsafe food or drink temperature, spills, unstable seating, unsuitable utensils, allergy or restriction information as communicated, contamination, fatigue, distress, refusal, communication barriers, or other conditions that may interfere with realization of the Support Intended Function.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 1.1-a - foreseeable meal-support hazards are recognized before or during service delivery.
- PAF1-QOC 1.1-b - relevant environmental, functional, food-related, hydration-related, and personal conditions are considered.
- PAF1-QOC 1.1-c - conditions exceeding the authorized PCA Support Role and Functional Scope are recognized for communication or escalation.
- PAF1-QOC 1.1-d - foreseeable harm conditions are not ignored because meals are considered routine activities.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of the meal environment;
- observations made during the Meal Support Episode;
- communication records;
- support documentation;
- information from the Person Receiving Support or relevant Support Workers;
- reports of identified hazards or concerns;
- other Evidence relevant to the declared Support Service Quality Claim Statement.

4.2.2 Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Meal-Support Interpretation

Meal support may require modification of pacing, positioning, sequencing, cueing, communication, environmental setup, food or drink presentation, privacy protection, use of authorized utensils or equipment, or assistance level in response to identified conditions.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 1.2-a - support is adjusted to actual meal conditions, including positioning, pacing, communication, food or drink presentation, utensils or adaptive items, hygiene conditions, and refusal or distress where relevant.
- PAF1-QOC 1.2-b - adjustments remain within the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 1.2-c - identified risks are addressed appropriately.
- PAF1-QOC 1.2-d - support remains responsive throughout realization of the Meal Support Service.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- observation of modified support;
- reports describing changes in assistance;
- communication records;
- information from the Person Receiving Support;
- Support Worker observations;
- other Evidence supporting the Support Service Quality Claim Statement.

4.2.3 Indicator 1.3 — Prevention of Avoidable Injury or Harm

Meal-Support Interpretation

Within the Meal Support Context, prevention of avoidable harm includes avoidable choking-related danger, burns from hot food or drink, falls or injury related to positioning, unnecessary discomfort, loss of dignity, contamination, psychological distress, or other preventable adverse conditions occurring within the declared Support Service Boundary.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 1.3-a - avoidable harm is minimized.
- PAF1-QOC 1.3-b - Meal Support remains consistent with realization of the Support Intended Function.
- PAF1-QOC 1.3-c - dignity-related harm is considered together with physical harm.
- PAF1-QOC 1.3-d - conditions outside the authorized PCA Support Role and Functional Scope are recognized and communicated appropriately.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- observations;
- incident reports;
- communication records;
- information from the Person Receiving Support;
- follow-up actions;
- other Evidence relevant to the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

When unsafe conditions become visible during Meal Support, realization of the Support Intended Function may require pausing, modifying, or discontinuing support, seeking assistance, or escalating concerns through appropriate channels.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 1.4-a - unsafe continuation of Meal Support is avoided.
- PAF1-QOC 1.4-b - appropriate assistance or escalation occurs.
- PAF1-QOC 1.4-c - actions remain within the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 1.4-d - unsafe conditions are not ignored.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- incident reports;
- observations of modified support;
- documentation of assistance sought;
- supervisor or Support Worker reports;
- other Evidence supporting the Support Service Quality Claim Statement.

4.3 Factor 2 — Maintenance of Health and Bodily Integrity

Purpose of the Factor

The Support 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 authorized PCA Support Role and Functional Scope.

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, nutrition planning, swallowing assessment, or clinical judgment beyond the authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether Meal Support preserves health-related stability, bodily integrity, comfort, hydration-related daily functioning, and physiological tolerance within Functional Scope.*

Context-Specific Interpretation

Meal Support may directly affect positioning, posture, skin and bodily integrity, hydration-related daily functioning, food and drink tolerance, fatigue, respiratory comfort, physiological stress, and overall comfort. Interpretation remains within the authorized PCA Support Role and Functional Scope and does not transfer clinical, dietary, nutrition, or swallowing-assessment responsibility.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

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

Meal-Support Interpretation

Within the Meal Support Context, meal activities may affect posture, positioning, joints, skin, physical comfort, and bodily integrity, especially when assistance, seating, trays, adaptive items, or prolonged positioning are involved.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 2.1-a - Meal Support minimizes unnecessary pressure, awkward positioning, pulling, rough handling, or discomfort.
- PAF1-QOC 2.1-b - skin, joints, posture, and bodily integrity are appropriately protected during support.
- PAF1-QOC 2.1-c - observable concerns are recognized and communicated through appropriate channels.
- PAF1-QOC 2.1-d - support remains respectful of the person's dignity and comfort.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of Meal Support;
- observations of positioning and movement;
- communication records;
- information from the Person Receiving Support;
- reports of discomfort or concerns;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal support may contribute to hydration, nutrition-related daily functioning, and physiological stability through appropriate assistance, reminders, pacing, comfort, and observation within the authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 2.2-a - Meal Support considers hydration, nutrition-related support needs, tolerance, comfort, observable intake-related concerns, and communicated diet, texture, allergy, or restriction information within authorized PCA Support Role and Functional Scope.
- PAF1-QOC 2.2-b - pacing is appropriate to the person's presentation.
- PAF1-QOC 2.2-c - observable concerns are communicated appropriately.
- PAF1-QOC 2.2-d - physiological stress is not unnecessarily increased during Meal Support.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- observations during meals;
- reports of fatigue, discomfort, reduced intake, thirst, or tolerance concerns;
- communication records;
- information from the Person Receiving Support;
- support documentation;
- other Evidence relevant to the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal support may reveal observable physical changes including coughing, choking signs, breathing difficulty, fatigue, weakness, nausea, pain, distress, reduced alertness, appetite changes, hydration concerns, or other conditions that may influence realization of the Support Intended Function.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 2.3-a - observable physical changes are recognized when relevant.
- PAF1-QOC 2.3-b - changes affecting Meal Support are communicated appropriately.
- PAF1-QOC 2.3-c - recognition remains within the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 2.3-d - diagnosis, treatment, or clinical interpretation is not undertaken by the Personal Care Aide.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- observations;
- communication records;
- support documentation;
- reports to authorized persons;
- follow-up actions;
- other Evidence supporting the Support Service Quality Claim Statement.

4.3.4 Indicator 2.4 — Minimization of Physiological Stress During Assistance

Meal-Support Interpretation

Meal support should minimize avoidable physiological stress arising from positioning, pacing, food or drink temperature, prolonged sitting, fatigue, anxiety, choking concern, discomfort, or other meal-related conditions.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 2.4-a - Meal Support is appropriately paced.
- PAF1-QOC 2.4-b - avoidable physiological stress is minimized.
- PAF1-QOC 2.4-c - discomfort, distress, or reduced tolerance results in appropriate modification or communication.
- PAF1-QOC 2.4-d - efficiency or routine completion does not override safety, dignity, or well-being.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- information from the Person Receiving Support;
- communication records;
- support documentation;
- reports regarding modified assistance;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.4 Factor 3 — Support for Daily-Life Functioning

Purpose of the Factor

The Support 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-life functioning while promoting independence, participation, dignity, and continuity of daily life.

The Factor recognizes that the purpose of support is not simply to serve food or complete a meal task, but to assist the person in realizing intended daily-life results within the boundaries of the authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether assistance supports the person's actual meal-related daily-life functioning and participation rather than food delivery or task completion alone.*

Context-Specific Interpretation

Meal Support should enable eating, drinking, hydration-related routines, food and utensil access, participation, and appropriate use of authorized adaptive items consistent with the person's abilities, preferences, goals, safety, and support needs. The emphasis is on daily-life functioning and the intended Support Result, not merely whether food was served or consumed.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

4.4.1 Indicator 3.1 — Alignment of Assistance with Functional Ability

Meal-Support Interpretation

Within the Meal Support Context, assistance should be aligned with the person's actual ability to participate in meal setup, eating, drinking, hydration routines, communication, choice, and cleanup-related tasks within authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 3.1-a - assistance is consistent with the person's actual functional abilities.
- PAF1-QOC 3.1-b - support reflects the person's current presentation rather than assumptions or routine practice.
- PAF1-QOC 3.1-c - changes in functional ability during Meal Support are recognized.
- PAF1-QOC 3.1-d - support remains responsive throughout realization of the Support Intended Function.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of Meal Support;
- Person Receiving Support participation during meals;
- communication records;
- support documentation;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence supporting the Support Service Quality Claim Statement.

4.4.2 Indicator 3.2 — Support Without Creating Unnecessary Dependency

Meal-Support Interpretation

Meal 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, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 3.2-a - participation is encouraged whenever appropriate.
- PAF1-QOC 3.2-b - unnecessary dependency is avoided.
- PAF1-QOC 3.2-c - assistance is neither excessive nor insufficient.
- PAF1-QOC 3.2-d - realization of the Support Intended Function remains the primary objective.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- observation of participation during Meal Support;
- information from the Person Receiving Support;
- Support Worker observations;
- communication records;
- support documentation;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.4.3 Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope

Meal-Support Interpretation

Meal support may involve authorized utensils, cups, plates, trays, adaptive devices, seating supports, and other meal-related materials that contribute to realization of the Support Intended Function.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 3.3-a - authorized equipment or adaptive items are used appropriately.
- PAF1-QOC 3.3-b - utensils, cups, trays, seating supports, and related items contribute to safe and effective Meal Support.
- PAF1-QOC 3.3-c - equipment or material concerns are recognized and communicated appropriately.
- PAF1-QOC 3.3-d - support remains within the authorized PCA Support Role and Functional Scope.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- communication records;
- equipment-related reports;
- information from the Person Receiving Support;
- support documentation;
- other Evidence supporting the Support Service Quality Claim Statement.

4.4.4 Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

Meal-Support Interpretation

Functional abilities may change during realization of the Meal Support Service because of fatigue, pain, cognition, appetite, anxiety, choking concern, tolerance, communication, or other meal-specific conditions.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 3.4-a - assistance is adapted to changing functional presentation.
- PAF1-QOC 3.4-b - modifications remain within the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 3.4-c - significant changes are communicated appropriately.
- PAF1-QOC 3.4-d - realization of the Support Intended Function continues to guide the support provided.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- communication records;
- support documentation;
- reports describing modified assistance;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.5 Factor 4 — Respect for Personhood and Autonomy

Purpose of the Factor

The Support 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 Support Intended Function of the Support 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 authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether dignity, choice, consent, refusal, preferences, culture, pacing, privacy, and autonomy remain integral conditions of the service.*

Context-Specific Interpretation

Meal Support involves personal food preferences, cultural or religious practices, appetite, pacing, assistance, bodily exposure to close support, consent or refusal, and possible dependence on another person for eating or drinking. These conditions shall be interpreted as part of service quality rather than optional interpersonal considerations.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

4.5.1 Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

Meal-Support Interpretation

Within the Meal Support Context, eating and drinking may involve vulnerability, dependence, spills, coughing, slow pace, food preferences, cultural meaning, and close physical assistance.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 4.1-a - privacy and dignity are maintained throughout the Meal Support Service.
- PAF1-QOC 4.1-b - unnecessary embarrassment, exposure, or public correction is avoided.
- PAF1-QOC 4.1-c - bodily dignity is preserved during assistance.
- PAF1-QOC 4.1-d - communication and interaction remain respectful.
- PAF1-QOC 4.1-e - realization of the Support Intended Function supports both physical assistance and preservation of personhood.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of Meal Support;
- information from the Person Receiving Support;
- Support Worker observations;
- communication records;
- support documentation;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal support should recognize the person's choices, consent, refusal, preferences, pace, and participation throughout realization of the Meal Support Service.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 4.2-a - consent is appropriately respected.
- PAF1-QOC 4.2-b - individual food, drink, timing, and routine preferences are recognized when consistent with safety and authorized direction.
- PAF1-QOC 4.2-c - Meal Support proceeds at an appropriate pace.
- PAF1-QOC 4.2-d - refusal, discomfort, or distress is recognized and addressed appropriately.
- PAF1-QOC 4.2-e - support remains consistent with the Support Intended Function.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- information from the Person Receiving Support;
- communication records;
- support documentation;
- reports describing preferences or concerns;
- other Evidence relevant to the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal routines may reflect personal, cultural, religious, linguistic, household, family, dietary, or lifestyle preferences.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 4.3-a - relevant personal and cultural food preferences are recognized.
- PAF1-QOC 4.3-b - support reflects household or family routines where appropriate.
- PAF1-QOC 4.3-c - uncertainty or conflict is communicated appropriately.
- PAF1-QOC 4.3-d - realization of the Support Intended Function remains respectful of the person's individuality.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- Person Receiving Support direction;
- family or Support Worker feedback;
- communication records;
- support documentation;
- direct observation;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal support shall be free from coercive, humiliating, intimidating, disrespectful, or demeaning practices, including pressuring, shaming, rushing, ridiculing, or forcing the person in relation to food, drink, pace, appetite, or refusal.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 4.4-a - support is free from coercive or demeaning practices.
- PAF1-QOC 4.4-b - communication remains respectful.
- PAF1-QOC 4.4-c - unnecessary force, humiliation, pressure, or intimidation is absent.
- PAF1-QOC 4.4-d - realization of the Support Intended Function preserves trust, dignity, and personhood.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- information from the Person Receiving Support;
- Support Worker observations;
- communication records;
- complaints or commendations;
- support documentation;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.6 Factor 5 — Timely Recognition and Escalation of Risk

Purpose of the Factor

The Support Intended Function of the Personal Care Aide service requires timely recognition of observable changes that may affect the person's health, safety, daily-life 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 authorized PCA Support Role and Functional Scope.

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

> *Core architecture role: Examines whether changing or emerging risks are observed, interpreted within Functional Scope, communicated, escalated, and followed through.*

Context-Specific Interpretation

Meal Support may reveal coughing, choking signs, observable swallowing difficulty, breathing change, fatigue, distress, reduced tolerance, nausea, vomiting, refusal, reduced intake, unusual thirst, altered alertness, possible allergic response, or another change not visible during planning. Timely recognition and role-appropriate response are essential to safe and responsible continuation.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

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

Meal-Support Interpretation

Within the Meal Support Context, observable changes may include coughing, choking signs, breathing changes, fatigue, distress, refusal, reduced intake, unusual thirst, nausea, pain, confusion, reduced alertness, communication change, equipment failure, food or drink temperature or texture concern, hydration concern, hygiene concern, contamination concern, or other circumstances affecting realization of the Support Intended Function.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 5.1-a - relevant changes are recognized during realization of the Meal Support Service.
- PAF1-QOC 5.1-b - observations are based upon actual service conditions rather than assumptions.
- PAF1-QOC 5.1-c - changes affecting realization of the Support Intended Function are not ignored.
- PAF1-QOC 5.1-d - observations remain within the authorized PCA Support Role and Functional Scope.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation during Meal Support;
- communication records;
- support documentation;
- information from the Person Receiving Support or relevant Support Workers;
- reports of observed changes;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support 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, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 5.2-a - relevant changes are appropriately evaluated within authorized PCA Support Role and Functional Scope.
- PAF1-QOC 5.2-b - appropriate distinction is made between routine variation and significant change.
- PAF1-QOC 5.2-c - uncertainty results in appropriate communication or escalation.
- PAF1-QOC 5.2-d - realization of the Support Intended Function remains the guiding consideration.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- escalation documentation;
- supervisor observations;
- support documentation;
- reports describing decision-making within authorized PCA Support Role and Functional Scope;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.6.3 Indicator 5.3 — Timely Communication of Concerns

Meal-Support Interpretation

Realization of the Support Intended Function may require timely communication of concerns identified before, during, or immediately following Meal Support.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 5.3-a - significant concerns are communicated in a timely manner.
- PAF1-QOC 5.3-b - communication follows authorized pathways.
- PAF1-QOC 5.3-c - necessary information is communicated accurately.
- PAF1-QOC 5.3-d - unnecessary disclosure of personal information is avoided.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- support documentation;
- reports to supervisors or authorized persons;
- information from the Person Receiving Support or relevant Support Workers;
- follow-up records;
- other Evidence supporting the Support Service Quality Claim Statement.

4.6.4 Indicator 5.4 — Appropriate Follow-Through After Escalation

Meal-Support Interpretation

Following communication or escalation, realization of the Support Intended Function requires appropriate follow-through within the authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 5.4-a - follow-through remains consistent with the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 5.4-b - communicated concerns are appropriately addressed.
- PAF1-QOC 5.4-c - updated direction is followed where applicable.
- PAF1-QOC 5.4-d - unsafe continuation of Meal Support is avoided.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- follow-up documentation;
- supervisor reports;
- observations of modified support;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.7 Factor 6 — Continuity and Accuracy of Support-Relevant Information

Purpose of the Factor

The Support Intended Function of the Personal Care Aide service depends upon the continuity, accuracy, and appropriate communication of support-relevant information.

This Factor addresses the extent to which information necessary for realizing the Support 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 authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether support-relevant information remains accurate, current, available, protected, and continuous across the Service Period and Interfaces.*

Context-Specific Interpretation

Meal Support depends on accurate and continuous information concerning authorized diet, texture, allergy or restriction information; positioning; assistance level; pacing; utensils or adaptive items; hydration support; preferences; consent or refusal; observed changes; escalation; and follow-through. Information failure at an Interface can interrupt Function Realization even when a meal task is completed.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

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

Meal-Support Interpretation

Within the Meal Support Context, realization of the Support Intended Function depends upon accurate, current, and relevant information available before and during Meal Support.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 6.1-a - information used during Meal Support is accurate and relevant.
- PAF1-QOC 6.1-b - outdated, incomplete, or conflicting information is recognized and clarified where appropriate.
- PAF1-QOC 6.1-c - Meal Support reflects current service information, including authorized diet, texture, allergy, restriction, hydration, or positioning information when applicable and communicated.
- PAF1-QOC 6.1-d - realization of the Support Intended Function is not based upon unsupported assumptions.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- support documentation;
- communication records;
- Person Receiving Support direction;
- observations during service;
- reports from authorized persons;
- other Evidence supporting the Support Service Quality Claim Statement.

4.7.2 Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements

Meal-Support Interpretation

Meal support may involve transitions between Support Workers, family members, agencies, Person Receiving Support-directed arrangements, meal periods, or different service settings.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 6.2-a - relevant meal-support information is communicated appropriately.
- PAF1-QOC 6.2-b - continuity of support is maintained across service transitions.
- PAF1-QOC 6.2-c - critical information is not lost or distorted during information transfer.
- PAF1-QOC 6.2-d - communication remains consistent with privacy and Functional Scope.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- handoff documentation;
- communication records;
- supervisor observations;
- information from the Person Receiving Support or relevant Support Workers;
- service documentation;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.7.3 Indicator 6.3 — Consistency with Authorized Service Direction or Person-Directed Instruction

Meal-Support Interpretation

Meal support should remain consistent with applicable authorized service direction, authorized person-directed instruction, and the Support Intended Function of the Service Quality Object.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 6.3-a - Meal Support remains consistent with authorized direction.
- PAF1-QOC 6.3-b - uncertainty is recognized and communicated appropriately.
- PAF1-QOC 6.3-c - realization of the Support Intended Function remains responsive to actual service conditions.
- PAF1-QOC 6.3-d - the Personal Care Aide does not independently modify clinical, dietary, texture, hydration, or organizational direction beyond the authorized role.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- authorized service direction;
- person-directed instruction;
- communication records;
- support documentation;
- observations during service;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Information supporting realization of the Meal Support Service should remain accurate, complete, relevant, and appropriately protected.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 6.4-a - support-relevant information is protected from unnecessary loss or distortion.
- PAF1-QOC 6.4-b - information is communicated only through appropriate channels.
- PAF1-QOC 6.4-c - privacy is preserved throughout information handling.
- PAF1-QOC 6.4-d - realization of the Support Intended Function is supported by appropriate continuity of information.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- service documentation;
- observations;
- privacy-related reports;
- information from the Person Receiving Support;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.8 Factor 7 — Control of Infection and Contamination Risks

Purpose of the Factor

The Support 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 authorized PCA Support Role and Functional Scope.

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, food-service regulation, or infection-control policy remains outside the scope of the authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether hygienic conditions and clean-contaminated separation control avoidable infection and contamination risk within Functional Scope.*

Context-Specific Interpretation

Hands, food, drink, utensils, cups, adaptive items, trays, packaging, dishes, surfaces, clothing, spills, leftovers, waste, and bodily contact may create contamination pathways. PAF1 interprets hygiene and contamination control without imposing clinical, food-service, or sterile procedures beyond Functional Scope and the applicable Reference Layer.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

4.8.1 Indicator 7.1 — Maintenance of Hygienic Service Conditions

Meal-Support Interpretation

Within the Meal Support Context, realization of the Support Intended Function depends upon maintaining hygienic service conditions appropriate to food, drink, utensils, surfaces, and immediate meal setup.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 7.1-a - hygienic conditions appropriate to the Meal Support activity are maintained.
- PAF1-QOC 7.1-b - food, drink, utensils, cups, surfaces, and meal materials are handled appropriately within authorized PCA Support Role and Functional Scope.
- PAF1-QOC 7.1-c - contamination concerns are recognized during service realization.
- PAF1-QOC 7.1-d - realization of the Support Intended Function is not compromised by avoidable hygienic deficiencies.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of Meal Support;
- observations of food, drink, utensils, surfaces, and immediate meal environment;
- communication records;
- information from the Person Receiving Support or relevant Support Workers;
- support documentation;
- other Evidence supporting the Support Service Quality Claim Statement.

4.8.2 Indicator 7.2 — Appropriate Use of Clean Technique Within Functional Scope

Meal-Support Interpretation

Within the Meal Support Context, realization of the Support Intended Function requires appropriate clean practices consistent with the authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 7.2-a - clean techniques appropriate to the Meal Support Context are applied.
- PAF1-QOC 7.2-b - contamination risks are minimized within authorized PCA Support Role and Functional Scope.
- PAF1-QOC 7.2-c - hygienic practices remain appropriate throughout Meal Support.
- PAF1-QOC 7.2-d - activities beyond the authorized PCA Support Role and Functional Scope are not undertaken.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- communication records;
- support documentation;
- information from the Person Receiving Support;
- reports concerning hygienic practices;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.8.3 Indicator 7.3 — Prevention of Cross-Contamination

Meal-Support Interpretation

Meal support may involve conditions in which cross-contamination could occur between clean and soiled utensils, surfaces, hands, food, drink, dishes, leftovers, trash, personal items, body fluids, or other service-related elements.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 7.3-a - avoidable cross-contamination is minimized.

- PAF1-QOC 7.3-b - clean and contaminated materials are appropriately managed.
- PAF1-QOC 7.3-c - contamination concerns affecting Meal Support are recognized.
- PAF1-QOC 7.3-d - realization of the Support Intended Function remains consistent with hygienic service conditions.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- communication records;
- support documentation;
- information from the Person Receiving Support or relevant Support Workers;
- reports of contamination concerns;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

During realization of the Meal Support Service, infection-related or contamination-related concerns may become visible that require communication or escalation within the authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 7.4-a - observable infection or contamination concerns are recognized.
- PAF1-QOC 7.4-b - concerns requiring additional attention are communicated appropriately.
- PAF1-QOC 7.4-c - escalation occurs through appropriate channels where necessary.
- PAF1-QOC 7.4-d - realization of the Support Intended Function remains consistent with the authorized PCA Support Role and Functional Scope.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- support documentation;
- reports of observed concerns;
- supervisor or Support Worker feedback;
- follow-up records;
- other Evidence relevant to the Support Service Quality Claim Statement.

4.9 Factor 8 — Practice and Judgment Within Functional Scope

Purpose of the Factor

The Support Intended Function of the Personal Care Aide service is realized through Support Work performed within the boundaries of the authorized PCA Support Role and Functional Scope 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 the authorized PCA Support Role and Functional Scope while applying sound judgment appropriate to the Support Service Context.

The Factor recognizes that quality is supported both by appropriate action and by appropriate recognition of the limits of the authorized PCA Support Role and Functional Scope.

> *Core architecture role: Examines whether Support Work and judgment remain within the authorized Support Role and Functional Scope, including appropriate pausing, assistance seeking, and escalation.*

Context-Specific Interpretation

Meal Support may expose situations requiring clarification, additional assistance, clinical or dietary involvement, speech-language pathology or swallowing expertise, emergency response, equipment expertise, or another authorized role. Recognizing limits and pausing or escalating are quality-preserving actions, not Evidence of failure.

Core Quality Indicators

The Indicator titles below are invariant and governed by PCA1. PAF1 provides Meal Support Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, and illustrative Evidence considerations. It does not replace the authoritative PCA1 Indicator statements.

4.9.1 Indicator 8.1 — Support Work Within the Authorized Support Role and Functional Scope

Meal-Support Interpretation

Within the Meal Support Context, realization of the Support Intended Function requires that Meal Support be provided within the authorized PCA Support Role and Functional Scope.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 8.1-a - Meal Support remains within the authorized PCA Support Role and Functional Scope.
- PAF1-QOC 8.1-b - occupational responsibilities are clearly distinguished from responsibilities belonging to other parties.
- PAF1-QOC 8.1-c - Functional Scope are maintained throughout realization of the Meal Support Service.
- PAF1-QOC 8.1-d - realization of the Support Intended Function is not compromised by role overreach.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation of Meal Support;
- communication records;
- support documentation;
- supervisor observations;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence supporting the Support Service Quality Claim Statement.

4.9.2 Indicator 8.2 — Appropriate Judgment Within Functional Scope

Meal-Support Interpretation

Meal support frequently requires judgment regarding pace, sequence, positioning, privacy, communication, food and drink presentation, utensils, hygiene, environmental conditions, and changing functional presentation.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 8.2-a - judgment remains appropriate to the Meal Support Context.
- PAF1-QOC 8.2-b - decisions are responsive to actual service conditions.
- PAF1-QOC 8.2-c - uncertainty results in appropriate communication or clarification.
- PAF1-QOC 8.2-d - realization of the Support Intended Function remains the primary consideration.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- direct observation;
- communication records;
- support documentation;
- supervisor observations;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence relevant to the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

Meal support may reveal conditions requiring attention by healthcare, dietary, speech-language pathology, emergency, or other professionals.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 8.3-a - clinical, dietary, swallowing, therapeutic, or professional responsibilities are not undertaken by the Personal Care Aide.
- PAF1-QOC 8.3-b - observations are communicated through appropriate channels.
- PAF1-QOC 8.3-c - Functional Scope are maintained throughout realization of the Meal Support Service.
- PAF1-QOC 8.3-d - realization of the Support Intended Function remains consistent with the authorized occupational role.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- support documentation;
- supervisor observations;
- reports describing observed concerns;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence supporting the Support Service Quality Claim Statement.

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

Meal-Support Interpretation

During realization of the Meal Support Service, conditions may arise in which safe continuation is no longer appropriate.

Context-Specific Quality Outcome Criteria

For this Indicator, the following criteria may be applied as relevant to the declared Meal Support Service Quality Object, Service Period, Support Service Boundary, and Support Service Quality Claim Boundary:

- PAF1-QOC 8.4-a - unsafe continuation of Meal Support is avoided.
- PAF1-QOC 8.4-b - assistance is sought when appropriate.
- PAF1-QOC 8.4-c - escalation occurs through authorized channels.
- PAF1-QOC 8.4-d - realization of the Support Intended Function remains consistent with occupational Functional Scope.

Illustrative Evidence Considerations

Illustrative Evidence may include, as relevant and appropriately bounded:

- communication records;
- incident documentation;
- supervisor observations;
- support documentation;
- information from the Person Receiving Support or relevant Support Workers;
- other Evidence relevant to the Support Service Quality Claim Statement.

5. Evidence, Findings, Factor Interpretation, and Quality State Determination

5.1 Determination Sequence

Application of PAF1 shall follow the controlled dependency stated in 0.6. Context-Specific Quality Outcome Criteria and Evidence-Supported Findings are interpreted under the applicable Core Quality Indicator and then at the Core Quality Factor level before Critical-Condition and Non-Compensability Review and establishment of the Support Service Quality State.

5.2 Evidence Sources

Possible Evidence sources may include direct observation; information from the Person Receiving Support; Support Worker observations; meal setup, food, drink, positioning, pacing, hydration, hygiene, or assistance records; authorized service direction; person-directed instruction; equipment or technology records; communication and escalation records; incident or near-incident information; follow-through records; environmental observations; and other information whose relevance, credibility, Context, and traceability are established.

Data, records, statements, or documentation become Evidence only when their relationship to the declared Meal Support Service Quality Object, applicable criterion, and determination is established.

5.3 Evidence Sufficiency, Contrary Evidence, and Uncertainty

Evidence Sufficiency shall be evaluated in relation to the declared object, Service Period, criteria, Critical Service Conditions, Assumptions, Uncertainty, and claim scope. Contrary Evidence shall be retained and addressed. Missing visibility shall not be converted into a favorable finding merely because no incident was reported.

5.4 Evidence-Supported Findings

Each Evidence-Supported Finding shall identify the applicable Indicator and PAF1 criterion; the Evidence supporting, contradicting, or limiting the finding; the Service Period and relevant conditions; and any Assumption, Uncertainty, or Unresolved Condition. A finding shall not exceed its Evidence basis.

5.5 Quality Factor Interpretation

Indicator-level findings shall be interpreted together at the applicable Factor level. The interpretation shall describe how the findings affect realization of the Meal Support Intended Functions and Intended Results and shall preserve unresolved or conflicting conditions rather than conceal them through averaging.

5.6 Critical-Condition and Non-Compensability Review

Before a positive Support Service Quality State is established, the determination shall identify whether any failed, prohibited, unresolved, or insufficiently evidenced Critical Service Condition exists. A favorable finding under another Factor or Indicator shall not compensate for such a condition.

5.7 Meal-Specific Critical Service Conditions

Depending on the declared object and Reference Layer, meal-specific Critical Service Conditions may include:

- unsafe continuation of eating or drinking assistance despite a visible condition requiring pause, modification, assistance, or escalation;
- required assistance, supervision, positioning, communicated meal direction, utensils, adaptive items, or other included equipment being unavailable, unsuitable, contaminated, or outside the declared arrangement;
- meal support performed outside the authorized PCA Support Role and Functional Scope;
- unresolved refusal, lack of valid consent, coercion, or disregard of the person's communication or distress;
- serious mismatch between actual functional presentation, positioning, pacing, food or drink conditions, and the assistance provided;
- failure to recognize or communicate material coughing, choking signs, observable swallowing difficulty, breathing change, fatigue, distress, allergic response, altered alertness, refusal, or reduced tolerance;
- critical information loss at a worker, shift, setting, food, equipment, clinical, dietary, speech-language pathology, or emergency Interface;
- conditions producing unacceptable risk of choking, allergic reaction, unsafe temperature exposure, injury, bodily harm, contamination, dehydration-related failure within the declared scope, or loss of dignity; or
- Evidence insufficiency preventing responsible interpretation of a condition material to the proposed claim.

5.8 Establishing the Support Service Quality State

The Support Service Quality State shall be established under SCM1 for the declared Meal Support Service Quality Object and shall identify the determination Boundary, Service Period, criteria, Evidence basis and sufficiency, Factor interpretations, Critical Service Conditions, Assumptions, Uncertainty, Unresolved Conditions, limitations, and conditions of continued validity.

5.9 Absence of Observed Failure

Absence of an observed choking event, allergic reaction, injury, contamination incident, complaint, refusal, or equipment failure does not by itself establish a positive Support Service Quality State. The relevant conditions and Intended Results must be sufficiently visible through applicable criteria and Evidence.

6. Verification, Claims, and Continued Validity

6.1 Relationship to SCM1

SCM1 governs verification, decision, claim authorization, independence, record requirements, restriction, suspension, withdrawal, and continued validity. PAF1 supplies Meal Support Context-Specific Interpretation, criteria, Critical Service Conditions, and Evidence considerations for use within that methodology.

6.2 Support Service Quality Claim Statement

A Meal Support Quality Claim shall be expressed as a bounded Support Service Quality Claim Statement derived from the supporting Quality State determination. It shall identify the declared object, Service Period, Support Service Quality Claim Boundary, applicable criteria, Evidence basis, included and excluded Interfaces, Assumptions, Uncertainty, Unresolved Conditions, Critical Service Conditions, limitations, and conditions of continued validity.

6.3 Claim Limits

A claim concerning one Meal Support Episode shall not imply continuing quality across other episodes, Support Workers, settings, meals, food or drink conditions, positioning arrangements, equipment configurations, service arrangements, or time periods. Findings concerning one meal task, food item, record, or equipment item shall not automatically determine the Quality State of the whole Meal Support Service Quality Object.

6.4 Continued Validity

Continued validity depends on the conditions stated in the claim. Material change in functional presentation, appetite or tolerance, food or drink conditions, communicated diet, texture, allergy, or restriction information, setting, positioning, equipment, Support Worker arrangement, supervision, information, authorization, Reference Layer, Critical Service Conditions, or Evidence basis may require review, restriction, re-determination, suspension, or withdrawal under SCM1.

6.5 Prohibition of Implied or Rolling Claims

PAF1 does not support implied, permanent, universal, or rolling claims based solely on prior performance, absence of incidents, completion records, training, authorization, equipment availability, or organizational reputation. Every claim remains bounded by its supporting determination.

7. Non-Prescriptive Interpretation and Reference-Layer Limits

7.1 Non-Prescriptive Interpretation

PAF1 identifies what shall remain visible for quality interpretation. It does not prescribe one diet, texture, food preparation, feeding, hydration, positioning, pacing, equipment, staffing, supervision, training, documentation, or organizational method. Methods remain governed by the applicable Reference Layer and authorized professional or person-directed arrangements.

7.2 Limits of Task Completion

Preparation, service, or consumption of food or drink does not by itself demonstrate Function Realization or a satisfactory Support Service Quality State. The manner of support, Intended Results, positioning, pacing, safety, dignity, autonomy, information continuity, hygiene, Functional Scope, and Evidence remain relevant.

7.3 Limits of Documentation and Compliance

Documentation, training records, authorization, meal or intake records, food or equipment checks, service-plan compliance, or absence of cited noncompliance may provide Evidence but do not by themselves establish Meal Support quality. Quality is determined for the declared Support Service Quality Object through the complete Evidence-supported architecture.

7.4 Authorized Service Direction, Person-Directed Instruction, and Actual Conditions

Authorized service direction and person-directed instruction are important Reference Layer sources, but actual Meal Support conditions may differ from anticipated conditions. The Support Worker shall remain within Functional Scope while responding appropriately to visible change, refusal, uncertainty, or unsafe conditions and seeking assistance or escalation where required.

7.5 Training, Competence, and Authorization

Training, Competence, and authorization support Function Realization but are not substitutes for Evidence concerning the actual declared object. A trained or authorized worker may encounter conditions requiring pause, additional assistance, clarification, or another role. A favorable claim shall not be based on credentials alone.

7.6 Technology and Equipment Limits

Equipment or technology shall not be treated as proof of quality merely because it is present, approved, documented, connected, or functioning. Interpretation shall consider its role in the declared object, actual usability and condition, instructions, human interaction, Interfaces, limitations, Evidence contribution, and whether it remains compatible with the Support Intended Functions and Intended Results.

Annex A (Informative) - Meal Support Structural Checkpoint Checklist

The following checklist may support preparation of a Meal Support Service Quality Object before detailed interpretation. A completed checklist does not itself constitute Evidence of a satisfactory Quality State.

No.	Structural Checkpoint	Status / Notes
1	The Meal Support Service Quality Object and purpose of the determination are declared.	
2	The Person Receiving Support, included Support Workers, Support Work, and Support Results are described.	
3	The Service Period and Support Service Arrangement are declared.	
4	Support Intended Functions and Support Intended Results are identified.	
5	The Support Service Boundary and relevant internal and external Interfaces are visible.	
6	Support Roles, Functional Scopes, responsibilities, and escalation pathways are identified.	
7	The setting, food and drink conditions, positioning, utensils, adaptive items, equipment, technology, hygiene conditions, and realization pathway are described.	
8	The applicable Reference Layer, Assumptions, Uncertainty, and Evidence basis are identified.	

No.	Structural Checkpoint	Status / Notes
9	Applicable Failure-Mode Families and potentially Critical Service Conditions are visible.	
10	The proposed claim boundary does not exceed the described object or available Evidence.	

Where a checkpoint is incomplete, the object description or proposed claim shall be refined, restricted, or qualified before Factor-level interpretation proceeds.

Annex B (Informative) - Meal Support Service Quality Object Illustration

The following editable illustration summarizes the constituent relationships of a declared Meal Support Service Quality Object. It is explanatory and does not replace the object description, PCA1, PAF1 criteria, or SCM1 determination requirements.

DECLARED MEAL SUPPORT SERVICE QUALITY OBJECT		
PERSON RECEIVING SUPPORT	**MEAL SUPPORT SERVICE**	**PCA SUPPORT WORKER(S)**
• needs and preferences • abilities and support needs • rights, dignity, privacy, autonomy • communication and participation	• Support Work • Support Results • Service Period and arrangement • internal Boundaries and Interfaces	• knowledge, skills, values, judgment • communication and observation • authorized Support Role and Functional Scope • accountability and well-being
SUPPORT INTENDED FUNCTIONS AND SUPPORT INTENDED RESULTS Safe, respectful, effective, person-directed meal, eating, drinking, hydration-related, and closely related daily-life support with protected bodily integrity, dignity, autonomy, comfort, choice, and participation.		
BOUNDARIES, INTERFACES, RESPONSIBILITIES, CONTEXT, ASSUMPTIONS, UNCERTAINTY, AND EVIDENCE BASIS		
PCA1 invariant Core + PAF1 context-specific criteria + SCM1 determination, verification, and claim methodology		

Annex C (Informative) - Illustrative PAF1 Evidence Plan Elements

An Evidence plan for a declared Meal Support Service Quality Object may identify:

- the declared object, Scale, Service Period, Support Service Arrangement, Boundary, and claim purpose;
- the applicable PCA1 Core Quality Indicators and PAF1 Context-Specific Quality Outcome Criteria;
- potential Critical Service Conditions, Failure-Mode Families, Assumptions, Uncertainty, and Unresolved Conditions;

- relevant food and drink conditions, positioning, pacing, utensils, adaptive items, hygiene and contamination conditions, equipment, technology, and environmental conditions;
- Evidence sources, responsible persons, timing, sampling or observation boundaries, and traceability controls;
- methods for obtaining information from the Person Receiving Support and for protecting dignity, privacy, accessibility, and consent;
- methods for recognizing and retaining contrary Evidence and limitations;
- requirements for Factor-level interpretation, Critical-Condition review, and decision records; and
- conditions requiring re-examination or affecting continued claim validity.

The Evidence plan shall remain proportionate to the declared object and claim and shall not be treated as proof that the planned Evidence was actually obtained, sufficient, or favorable.

Annex D (Informative) - Illustrative Claim Statement Elements

A bounded PAF1 claim record may include the following elements, as applicable:

- identification of PAF1 and the current controlled editions of PCA1, WQI_VOC1, AMSI VOC1, WQS1, ORF1, and SCM1 used;
- description of the Meal Support Service Quality Object and Support Service Quality Claim Boundary;
- Scale, Service Period, Support Service Arrangement, setting, meal activities, food and drink conditions, positioning, included Support Workers, utensils, adaptive items, equipment, technology, and Interfaces;
- Support Intended Functions and Support Intended Results covered by the determination;
- applicable PAF1 criteria and the supporting Evidence-Supported Findings;
- Quality Factor Interpretations and Critical-Condition and Non-Compensability Review;
- Evidence basis, Evidence Sufficiency, contrary Evidence, Assumptions, Uncertainty, and Unresolved Conditions;
- claim decision, limitations, exclusions, responsible party, and date;
- verification status and party type where applicable; and
- conditions of continued validity, review triggers, restriction, suspension, or withdrawal.

The wording of a Support Service Quality Claim Statement shall not imply that AMSI has certified, approved, endorsed, or accepted the declared service unless a separately authorized AMSI scheme expressly provides otherwise.

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