Support Service Quality Vocabulary Standard

Caregiving Roles as Part of Support Work - Vocabulary and Occupational Reference

AMSI STANDARD VOC1

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AMERICAN SUPPORT STANDARDS INITIATIVE

Foreword

Support services depend on caregiving work. Every day, caregivers help people with disabilities live safely, maintain their health, participate in community life, and pursue work, education, and other valued life roles. Yet across programs, systems, and states, there is no shared language for describing what quality means in caregiving work.

Without common terms, the quality of the same work may be described differently depending on funding source, job title, service category, or agency rules. Key distinctions—between occupation, job, work, service, and results—are often blurred. When the language used to describe service quality is unclear, coordination becomes more difficult for everyone: people receiving support, families, workers, service providers, funders, regulators, and technology systems.

AMSI developed this Standard to address this gap

This document provides a neutral, foundational vocabulary for describing caregiving roles and support work in consistent terms across systems. It is a shared starting point. Over time, additional terms and refinements may be developed for specific caregiving services. This vocabulary is also intended to support quality service standards development by ensuring that subsequent standards are built on clear, nationally consistent definitions.

This is not a service standard, and it does not establish service requirements, performance measures, or compliance obligations. It does not replace laws, regulations, or professional standards. It is designed to apply across different service models and regulatory environments.

To keep the language used to describe quality in caregiving nationally consistent, this Standard aligns caregiving roles with the U.S. Standard Occupational Classification (SOC) system. At the same time, it recognizes real-world practice: caregiving work is often blended across roles and settings, even when programs use different labels.

This Second Draft Edition updates the March 2026 draft to align AMSI vocabulary with the Whole-Quality Initiative vocabulary and with the first AMSI Service Core standards, including PCA1 and VRJ1. The update clarifies that AMSI service quality is a bounded, evidence-supported quality state of a defined support service quality object: the work performed together with the result produced in a real support context.
This Standard is part of AMSI's Inclusive Quality approach—plain-language standards that make expectations visible, balanced, and accountable for all stakeholders. A shared vocabulary is the starting point. Without it, quality cannot be clearly described, consistently improved, or fairly supported.

AMSI is a volunteer-run public initiative. This Standard is offered as a foundation for clearer communication and quality service standards development, so that quality caregiving can be understood in common terms wherever support services are delivered.

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1 Introduction

This Standard provides the foundation for describing and referencing caregiving work and caregiving service quality in clear, consistent terms.

The purpose of this document is not to define how services must be delivered or which quality outcomes must be achieved. Instead, it provides shared definitions and a basic framework on which caregiving quality service standards can be developed in a consistent, neutral, and broadly usable manner.

1.1 Role of This Standard in the AMSI Framework

AMSI standards are developed using a layered approach.

This document occupies the foundational level of that structure. It defines the core vocabulary and occupational reference points on which subsequent AMSI caregiving quality service standards can rely. In this sense, it functions as the root and trunk of a “standards tree”:

- This Standard establishes shared terms, concepts, and occupational (SOC) anchors.
- Subsequent standards may branch from it to address:
    - specific types of caregiving services,
    - specific service settings and delivery contexts, and
    - specific disability populations or support needs,
      while remaining grounded in the same consistent vocabulary.

By separating shared definitions and the basic framework from service-specific quality requirements, AMSI supports consistency across standards without imposing a single service model, disability framework, or regulatory approach.

The AMSI publication set follows a structured dependency chain.
VOC1 establishes the conceptual vocabulary and dependency relationships underlying support service standards.
Service Core standards define Quality Factors, Indicators, and Outcome Criteria for specific SOC-anchored services.
Service Verification Methodology Standard (SCM1) defines the methodology for verification of service quality and the rules for issuing quality claims.
Claim statements communicate bounded verification results within defined scopes and evaluation periods.

This Second Draft Edition also aligns VOC1 with the Whole-Quality vocabulary used across WQI. AMSI interprets WQI terms in the service context: the Quality Object is the support service; the service quality state is the interpreted condition of work and result against Quality Outcome Criteria; and a Quality Claim Statement is valid only within its declared boundary, evidence basis, and evaluation period.

1.2 Disability-Neutral Foundation, Service-Specific Application

This Standard is intentionally disability-neutral. It does not define caregiving work in relation to any specific diagnosis, condition, or population. Instead, it focuses on:

- the nature of the work performed,
- the occupations that perform that work, and
- the relationship between work, results, and services.

This approach allows AMSI quality service standards to be:

- disability-specific where appropriate (for example, intellectual and developmental disabilities, physical disabilities, mental health, aging),
- service-specific (for example, personal care, supported employment, residential support), and
- context-specific (for example, home, community, workplace, or institutional settings),

while all remaining connected through a common, consistent foundation.

1.3 Occupational Anchoring Using the SOC System

To support consistency and neutrality in quality definitions, this Standard anchors caregiving roles to the U.S. Standard Occupational Classification (SOC) system.

Within the AMSI framework:

- occupations define standardized types of work,
- jobs are specific employment positions that may combine work from multiple occupations, and
- services are produced when work is performed and results are achieved.

The SOC system provides a stable reference for occupations, independent of funding models, program names, or job titles. This helps the quality of caregiving be described consistently across different systems and contexts.

1.4 Recognition of Blended and Real-World Practice

This Standard explicitly recognizes that real-world caregiving work is often blended.

A single worker or job role may perform functions aligned with multiple SOC occupations over time. This Standard does not force such work into artificial categories. Instead, it provides a framework for:

- identifying the occupations whose functions are actually performed,
- recognizing time-sharing and blended roles, and
- applying quality service standards to the work actually performed, rather than to job titles, program labels, or funding codes.

This approach reflects how caregiving work occurs in practice while preserving the integrity of occupational and quality definitions.

1.5 Relationship to Quality Service Standards

This is not a quality service standard; this Standard does not establish quality requirements. However, it is designed to enable the development of quality service standards.

AMSI quality service standards are being built on this vocabulary to define:

- quality factors,
- quality indicators,
- quality outcome criteria, and
- evidence expectations,

for specific caregiving services and populations.

By establishing clear foundational quality definitions for caregiving before prescribing specific service quality requirements, AMSI helps ensure that quality service standards are:

- comparable across services,
- adaptable across regulatory environments,
- implementable across different service models, and
- understandable to all stakeholders.

1.6 Intended Use

This Introduction frames how the remainder of the document should be read and used.

This Standard should be understood as:

- a foundational reference, not an operational rulebook,
- a shared language for describing the quality of caregiving, and
- a prerequisite for quality service standards development.

The clauses that follow define the terms, occupational scope, and interpretive principles needed to fulfill that role.

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2 Reference Sources

The following sources are used as reference points for this Standard. They are included to support consistent language and occupational anchoring. They do **not** create compliance obligations and are **not** incorporated for regulatory or enforcement purposes.

2.0 AMSI and WQI Foundational Documents

WQI Foundational Articles 1-3, used as umbrella vocabulary and whole-quality method references.
AMSI SCM1 - Service Verification Methodology Standard.
AMSI VRJ1 - Vocational Rehabilitation Job Coaching Quality Service Standard - Core.

AMSI PCA1 - Personal Care Aide Quality Service Standard - Core.
AMSI VOC1 - Support Service Quality Vocabulary Standard (this document).

2.1 Occupational Classification Reference

- **Office of Management and Budget (OMB).**
  Standard Occupational Classification (SOC) Manual.
  (Current edition as adopted by OMB.)

NOTE: The SOC is used as the authoritative national reference for occupational definitions and classification in this Standard.

2.2 General vocabulary and evaluation terms

AMSI uses plain-language meanings of vocabulary and evaluation concepts used in this document. When the term **"conformity assessment"** is used, it is intended only in a general sense—meaning "checking or confirming" whether defined terms are being applied consistently. The intended use of these concepts in this document is defined in the AMSI Foundational Architecture referenced in Clause 3.1.

2.3 AMSI Service Verification Methodology Standard (SCM1)

The AMSI **Service Verification Methodology Standard (SCM1)** defines the methodology for verification of service quality and the requirements for issuing quality claims based on AMSI Service Core standards.

SCM1 establishes:

- verification planning principles;
- evidence and evaluation methods;
- conformity determination rules;
- requirements for claim statements;
- roles of first-party, second-party, and third-party claims.

VOC1 establishes the conceptual vocabulary required to support SCM1 but does not define verification procedures.

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3 Normative Conceptual Framework and Vocabulary Scope

3.1 Normative Reference to the AMSI Foundational Architecture

This Standard is based on, and shall be interpreted in accordance with, the **AMSI Foundational Architecture for Inclusive Quality Service Standards**, as established in the foundational article *"Occupation, Job, Work, Service, Quality, and Conformity Assessment in AMSI Inclusive Quality Service Standards."*

All core concepts used in this Standard—including **occupation, job, work, result, service, quality, and conformity assessment**—shall have the meanings and logical relationships defined in that foundational architecture.

This Standard does **not** redefine those concepts. It applies them within the specific context of **caregiving services**.

Within the AMSI architecture, the definition of service quality is conceptually independent from the verification of service quality.
VOC1 establishes the conceptual dependency chain linking occupation, work performed, results produced, and quality of service.
Verification methodologies and certification rules are defined separately in SCM1.
This separation ensures that service quality definitions remain stable while verification methods may evolve.

3.2 Core Conceptual Dependency (Adopted, Not Re-Defined)

For the purposes of this Standard, the following dependency structure is adopted as normative and interpreted consistently with the WQI Whole-Quality method:

- **Occupation** is a standardized category of work defined by its activities and required competencies.
- **Work** is the actual performance of occupational functions.
- **Result** is the outcome produced by that work.
- **Service** consists of the work performed together with the result produced.
- **Quality of service** is the degree to which the work performed and the results produced meet defined Quality Outcome Criteria.

This dependency structure is fixed and shall be used consistently throughout this Standard and all related AMSI caregiving service standards.

In AMSI, the Support Service Quality Object is the defined service whose quality is being determined. The service is understood as work performed together with the result produced by that work within a declared service boundary and evidence basis.

3.3 Occupation as the Primary Reference Point

In this Standard, **occupation** is the primary reference point for describing caregiving roles.

Occupations are understood as:

- standardized types of work,
- defined independently of employers, programs, funding sources, or job titles,
- logically prior to jobs and employment relationships.

Jobs, job titles, and employment arrangements are treated as **real-world realizations** of one or more occupations and do not define the occupation itself.

3.4 Use of the Standard Occupational Classification (SOC)

To ensure consistency and portability, this Standard aligns caregiving occupations with the **U.S. Standard Occupational Classification (SOC)** system.

For the purposes of this Standard:

- SOC occupations provide nationally recognized definitions of occupational work,
- caregiving roles are mapped to one or more SOC occupations based on the work performed,

- the absence or variation of job titles does not affect occupational classification.

The SOC system is used as a **reference framework**, not as a service definition or funding classification.

3.5 Recognition of Blended Occupational Practice

This Standard recognizes that caregiving services are often delivered through **blended occupational practice**.

A single job role may involve work that corresponds to more than one occupation over time. In such cases:

- the occupations whose work is actually performed shall be identified,
- occupational blending may be reflected through time-sharing or multiple occupational references,
- service quality in future standards shall be assessed with respect to all relevant occupations involved in producing the service.

This approach reflects real-world caregiving practice while preserving occupational clarity.

3.6 Scope of Vocabulary Defined in This Standard

This Standard establishes a **foundational vocabulary** for caregiving services.

The vocabulary defined here is intended to:

- support consistent description of caregiving roles and services,
- enable development of quality service standards,
- remain applicable across service models, disability populations, and regulatory environments.

This vocabulary is **foundational**, not exhaustive.
Additional terms may be introduced in AMSI standards to address specific caregiving services, contexts, or populations, provided they remain consistent with the foundational architecture.

3.7 Relationship to Quality Service Standards

This Standard does **not** establish quality requirements, indicators, or outcome criteria.

Instead, it provides the conceptual and vocabulary foundation that **AMSI caregiving quality service standards** will use to define:

- required quality of work,
- required quality of results, and
- corresponding conformity assessment.

All caregiving service standards shall use the concepts and relationships adopted in this Section without alteration.

4 Terms and Definitions

4.1 Caregiver

For the purposes of this Standard, a caregiver is a person performing work associated with one or more caregiving occupations whose functions involve direct personal, health-related, behavioral, or participation-focused support to another person.
The work performed by a caregiver is intended to support daily living, community engagement, health stability, functional improvement, or participation in work, education, or other valued life roles.

Notes:

1. In this Standard, “caregiver” describes a functional role realized through occupational work, not a job title, service category, or employment status.
2. A caregiver may be paid or unpaid. This Standard is written primarily for paid caregiving roles classified in occupational systems, while its concepts may also apply to family caregivers or natural supports.
3. Caregiver functions are limited by law, regulation, and scope-of-practice requirements. This definition does not create or expand clinical authority or legal permissions.
4. The definition is disability- and diagnosis-neutral and applies across physical, intellectual, developmental, cognitive, mental-health, sensory, and age-related support needs. This includes caregiving services commonly provided to disabled people across home, community, and employment settings.
5. The term “caregiver” is used as a technical umbrella term in this Standard. Specific laws and programs may use different titles (e.g., personal care aide, home health aide, direct support professional, job coach).
6. Caregiving includes support that enables participation in work, education, and community life when such support is authorized and compliant with applicable regulations.
7. AMSI does not invent or replace existing legal uses of the terms “caregiver” or “caregiving”; it provides a neutral vocabulary to describe these roles consistently across systems.

Cross-reference: Caregivers perform work that realizes **support services** as defined in **4.7**, and the quality of that service is evaluated under **4.8**.

4.2 Occupation

Occupation is a standardized category of work defined by a common set of activities and functions, independent of any specific employer, job title, service program, or funding arrangement.

An occupation describes the **type of work performed**, not the employment relationship under which the work is carried out. Occupations exist prior to and independently of jobs, positions, or services.

In this Standard, occupations provide the primary reference point for describing caregiving roles and for relating real-world work to nationally recognized occupational definitions.

Notes:

1. An occupation may be realized through many different jobs, job titles, or employment arrangements.
2. A single job may involve work associated with more than one occupation.
3. Occupations are defined independently of service models, populations served, or regulatory frameworks.
4. In this Standard, occupations are referenced using the U.S. Standard Occupational Classification (SOC) system, where applicable.
5. Occupation definitions do not prescribe quality, performance expectations, or scope-of-practice requirements.

4.3 Job

A **job** is a specific position of employment in which a person performs work under defined conditions for a particular employer, consumer, or organizational arrangement.

A job represents a **real-world instance of employment**. It may include work associated with one occupation or with multiple occupations over time.

In this Standard, jobs are treated as **implementations of occupations**, not as definitions of occupations.

Notes:

1. A job may be full-time, part-time, temporary, permanent, paid, or unpaid.
2. Job titles, position descriptions, and employment classifications are determined by employers, programs, or funding systems and may vary widely.
3. The same occupation may be realized through many different jobs with different titles and conditions.
4. A single job may involve work corresponding to more than one occupation, including blended or time-shared occupational roles.
5. Job definitions do not determine service definitions, service quality requirements, or occupational scope.

4.4 Work

Work is the actual performance of functions associated with an occupation by a person in a real-world context.

Work represents the **execution of occupational functions**, regardless of the employment arrangement, service setting, or population served.

Work is distinct from:

- an **occupation**, which defines the type of work;
- a **job**, which is an employment arrangement in which work is performed; and
- a **service**, which consists of work together with the result produced.

Notes:

1. Work may be continuous or episodic and may vary over time within a job or role.

2. Work may be performed across different settings and conditions without changing its occupational nature.
3. Tasks are specific actions or steps that may be used to carry out work but do not themselves define work.
4. Work does not, by itself, constitute a service unless a result is produced.
5. Work is described independently of service quality, performance evaluation, or conformity assessment.

4.5 Result

A **result** is the outcome produced by the performance of work.

A result reflects **what has changed, been achieved, or been made available** as a consequence of work being performed. Results may be immediate or may emerge over time.

A result is distinct from:

- **work**, which is the performance of occupational functions;
- a **service**, which consists of work together with the result produced; and
- **quality**, which concerns whether work and results meet defined quality outcome criteria.

Notes:

1. A result may be tangible or intangible.
2. A result may be intended or unintended.
3. A result may be achieved fully, partially, or not at all.
4. Results are described independently of quality, performance evaluation, or conformity assessment.
5. The existence of a result does not, by itself, imply that quality requirements have been met.

4.6 Service

A **service** consists of the performance of work together with the result produced by that work.

A service exists only when:

- work associated with one or more occupations is performed, and
- a result is produced as a consequence of that work.

A service is distinct from:

- an **occupation**, which defines the type of work;
- a **job**, which is an employment arrangement in which work is performed;
- **work**, which is the performance of occupational functions; and
- a **result**, which is the outcome produced by work.

Notes:

1. A service may involve work associated with one occupation or with multiple occupations.
2. A service may be delivered through different organizational, funding, or regulatory arrangements without changing its fundamental definition.

3. The absence of a result means that a service has not been delivered, even if work was performed.
4. The existence of a service does not, by itself, imply that quality requirements have been met.
5. Service definition is independent of service quality standards, performance criteria, or conformity assessment.

4.7 Support Services

Support services are organized activities, functions, or interventions intended to assist individuals in maintaining health, daily living, functional ability, safety, stability, autonomy, or participation in community, educational, and employment settings.

Support services are realized through the work performed by caregiving and related occupations and are evaluated based on the outcomes produced in real-life contexts.

Notes:

1. Support services describe a functional domain of service delivery rather than a specific program, funding mechanism, regulatory category, or provider type.
2. Support services may involve one or more occupations whose work contributes to an individual's well-being, functioning, or participation.
3. The term is disability- and diagnosis-neutral and applies across the lifespan, service environments, and support needs.
4. Support services may be delivered in home, community, workplace, educational, residential, clinical, or other integrated settings.
5. This definition does not establish legal eligibility, scope of practice, supervision requirements, or reimbursement structures.
6. Within AMSI standards, quality in support services is evaluated through defined roles, work performed, outcomes produced, and supporting evidence.

Cross-reference: *See 4.7 Quality of Service.*

4.8 Quality of Service

Quality of service is the degree to which the work performed and the results produced by a service meet defined **quality outcome criteria**.

Quality of service is evaluated by comparing:

- the work performed against applicable quality outcome criteria for work, and
- the results produced against applicable quality outcome criteria for results.

Quality of service exists only in relation to **explicitly defined criteria** and cannot be determined by effort, intent, activity level, or service delivery alone.

Notes:

1. Quality outcome criteria are defined in applicable quality service standards and are not established by this Standard.

2. Effort, good faith, or compliance with procedures does not, by itself, constitute quality of service.
3. A service may be delivered without meeting quality outcome criteria.
4. Quality of service may vary independently for work and for results.
5. Quality of service is distinct from conformity assessment, certification, or audit activities.
6. Quality of Service as defined in VOC1 is independent of the methods used to verify conformity with Quality Outcome Criteria.
   Verification methodologies and quality claim requirements are defined in SCM1.

In Whole-Quality terms, quality of service is the service quality state of the support service quality object, determined within a defined service boundary and supported by sufficient evidence.

4.9 Quality Factor

A **Quality Factor** is a broad, conceptual domain used to organize related aspects of service quality into a coherent area of consideration.

Quality Factors provide a structured way to group Quality Indicators that address related dimensions of quality, such as how work is carried out or what results are achieved, without prescribing specific requirements.

Notes:

1. Quality Factors are **conceptual** and are not directly measured or scored.
2. Quality Factors organize and contextualize Quality Indicators within a quality service standard.
3. A Quality Factor may apply across multiple occupations, services, and service contexts.
4. Quality Factors do not define tasks, performance levels, or quality outcome criteria.
5. Quality Factors are used to structure quality evaluation but do not, by themselves, determine whether quality requirements have been met.

4.10 Quality Indicator

A **Quality Indicator** is a specific aspect of a Quality Factor that identifies **what is to be examined or considered** in order to evaluate service quality.

Quality Indicators translate broad Quality Factors into **observable or assessable elements**, without defining thresholds, scores, or required outcomes.

Notes:

1. Quality Indicators specify **what is examined**, not **how well** it must be performed.
2. Quality Indicators may relate to work, results, or conditions affecting service quality.
3. Quality Indicators are evaluated using defined Quality Outcome Criteria.
4. A single Quality Factor may be associated with multiple Quality Indicators.
5. Quality Indicators do not, by themselves, determine whether quality requirements have been met.

4.11 Quality Outcome Criterion

A **Quality Outcome Criterion** is a defined, measurable condition that specifies **the required level of performance or result** for a Quality Indicator to be considered met.

Quality Outcome Criteria establish **how compliance is determined** by setting explicit expectations against which work performed and results produced are evaluated.

Notes:

1. Quality Outcome Criteria define **measurable requirements**, thresholds, or conditions.
2. Quality Outcome Criteria may apply to work, results, or both, depending on the Quality Indicator.
3. Quality Outcome Criteria are established in applicable quality service standards, not in this foundational vocabulary standard.
4. A Quality Indicator may be associated with one or more Quality Outcome Criteria.
5. Meeting a Quality Outcome Criterion is necessary to demonstrate conformity for the associated Quality Indicator.

4.12 Evidence

Evidence is information used to demonstrate whether a Quality Outcome Criterion has been met.

Evidence provides objective support for conformity assessment by showing how work performed and results produced relate to defined Quality Outcome Criteria.

Notes:

1. Evidence may be qualitative or quantitative.
2. Evidence may take different forms, including records, observations, documentation, or other verifiable information.
3. Evidence is evaluated **against** Quality Outcome Criteria and does not, by itself, define quality.
4. The type and amount of evidence required depend on the applicable Quality Outcome Criteria.
5. Evidence does not prescribe how services are managed, documented, or delivered.

4.13 Competence

Competence is the demonstrated ability of a person to perform work associated with an occupation in accordance with defined requirements.

Competence relates to the **capability to perform occupational functions**, not to job titles, credentials, or employment status.

Notes:

1. Competence is assessed relative to the requirements applicable to the work being performed.
2. Competence may be demonstrated through education, training, experience, supervision, or other appropriate means.
3. Competence is distinct from performance results and does not, by itself, determine service quality.
4. Competence requirements are defined in applicable quality service standards or regulatory frameworks, not in this foundational vocabulary standard.
5. A person may be competent for some occupational functions and not for others.

4.14 Person-Centered Support

Person-centered support is an approach to providing support in which the work performed is informed by the preferences, needs, goals, and circumstances of the person receiving support.

Person-centered support emphasizes responsiveness to the individual as a person, rather than adherence to standardized routines, institutional convenience, or program-driven assumptions.

Notes:

1. Person-centered support describes an **approach to support**, not a specific service, task, or outcome.
2. Person-centered support does not, by itself, define service quality or guarantee results.
3. The application of person-centered support may vary based on service context, legal requirements, and scope of practice.
4. Requirements for person-centered support, where applicable, are defined in quality service standards or regulatory frameworks, not in this foundational vocabulary standard.
5. Person-centered support may be applied across different caregiving occupations, services, and populations.

4.15 Participation

Participation refers to a person's involvement in activities, roles, or life situations within home, community, work, education, or other social contexts.

Participation describes **engagement in life contexts**, not the quality, success, or outcome of that engagement.

Notes:

1. Participation may occur in different forms and to different degrees, depending on individual preferences, abilities, and circumstances.
2. Participation is distinct from:
    - **work**, which is performed by a caregiver or worker;
    - a **service**, which consists of work and results; and

- **quality of service**, which is evaluated against quality outcome criteria.

3. Participation may be supported by caregiving services but is not guaranteed by service delivery alone.
4. The meaning and relevance of participation may vary across cultural, social, and service contexts.
5. Requirements related to participation, where applicable, are defined in quality service standards or regulatory frameworks, not in this foundational vocabulary standard.

4.16 Stability

Stability refers to the degree to which a person's living situation, support arrangements, or functional condition remains **sufficiently consistent over time** to allow daily life and activities to be sustained.

Stability describes a **state over time**, not a permanent condition or guaranteed outcome.

Notes:

1. Stability may relate to different aspects of life, including health, daily routines, support relationships, housing, or participation contexts.
2. Stability may fluctuate and does not imply the absence of change, risk, or challenge.
3. Stability is influenced by many factors, including personal circumstances, environment, and the availability and continuity of support.
4. Stability may be supported by caregiving services but is not guaranteed by service delivery alone.
5. Requirements related to stability, where applicable, are defined in quality service standards or regulatory frameworks, not in this foundational vocabulary standard.

4.17 Occupational Scope of the Term "Caregiver" (SOC Reference Framework)

The term **"caregiver"** in this Standard is used as an umbrella term for **a defined set of occupations** whose **primary work** includes direct personal support, health-related assistance, behavioral support, or participation-focused support to a person receiving support.

This occupational scope is anchored to the **U.S. Standard Occupational Classification (SOC)** system. In this Standard, **SOC occupations are used as the reference framework** for identifying caregiving work based on the occupational functions actually performed (not job titles, program labels, or funding categories).

Notes:

1. **Primary rule (direct support):** For purposes of this Standard, an occupation is treated as "caregiving" when its core functions involve **direct support to the person** (e.g., ADLs/IADLs support, health-related assistance, behavioral support, participation/community/work support).

2. **Not job-title based:** A person may be called a “caregiver” in a program or workplace, but the occupational scope in this Standard is determined by **the occupational functions performed**, not by title.
3. **Blended roles:** A single job may include caregiving work associated with multiple SOC occupations. In such cases, the caregiving role may be treated as **blended**, and the relevant SOC occupations should be identified.
4. **Adjacent / interface occupations:** Occupations that primarily support clinicians, institutions, or systems (e.g., records, pharmacy, certain technical support roles) are treated as **Adjacent/Interface**, not “caregiving,” unless the role context is explicitly limited to direct client support.
5. **Use of broad “All Other” SOC categories:** Broad residual SOC categories (e.g., “All Other”) should be used cautiously and should not serve as the primary anchor for defining caregiving scope unless no more specific SOC occupation applies.

4.17.1 Use of SOC Occupations in This Clause

The clauses that follow present rectangular blocks containing selected SOC occupations whose primary occupational functions may constitute caregiving under this Standard when, and only when, those functions involve direct support to the person, as defined in Clause 4.16.

For each SOC occupation presented in this section:

- the SOC occupational definition is authoritative and is reproduced verbatim;
- accompanying Notes provide interpretive context only and do not modify the SOC definition;
- inclusion applies only to the caregiving functions actually performed, not to all work associated with the occupation; and
- inclusion does not alter or expand professional scope of practice, licensure, supervision, credentialing, or regulatory requirements.

This presentation approach is used to ensure that this Standard remains:

- disability-neutral, by anchoring caregiving to occupational functions rather than diagnoses or populations;
- program-neutral, by avoiding reliance on service labels, funding categories, or job titles;
- consistent with federal occupational frameworks, by deferring to SOC definitions as the authoritative reference; and
- suitable as a foundation for future direct support service standards, which may further specify quality requirements without redefining occupations.

4.17.2 Personal Care Aides (SOC 31-1122)

SOC Definition
Provide personalized assistance to individuals with disabilities or illness who require help with personal care and activities of daily living support (e.g., feeding, bathing, dressing, grooming, toileting, and ambulation). May also provide help with tasks such as preparing meals, doing light housekeeping, and doing laundry. Work is performed in various settings depending on the needs of the care recipient and may include locations such as their home, place of work, out in the community, or at a daytime nonresidential facility.

Illustrative examples: Blind Escort, Elderly Companion, Geriatric Personal Care Aide

Notes:

1. **Occupational status under this Standard.**
   Personal Care Aides are treated as an inherently caregiving occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) follows directly from the SOC-defined occupational functions and does not depend on job title, program label, or funding source.
2. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes the type of work performed, not employment arrangements, service models, or regulatory classifications. The illustrative examples provided in the SOC reflect direct, person-facing caregiving contexts.
3. **Service-model neutrality.**
   Work associated with this occupation may be delivered through agency-directed, participant-directed, consumer-directed, or hybrid arrangements. Variations in service delivery models do not affect occupational classification under this Standard.
4. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. Such blended practice is recognized under this Standard without redefining or merging occupational categories.
5. **Regulatory and scope limits.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, create clinical authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.17.3 Home Health Aides (SOC 31-1121)

SOC Definition
Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication. Work is performed under the direction of offsite or intermittent onsite licensed nursing staff. Provide assistance with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities.

Illustrative examples: Home Health Attendant, Home Hospice Aide

Notes:

1. **Occupational status under this Standard.**
   Home Health Aides are treated as an inherently caregiving occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) follows directly from the SOC-defined occupational functions and does not depend on job title, program label, or funding source.
2. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes the type of work performed, not employment arrangements, service models, or regulatory classifications. Illustrative SOC examples (e.g., Home Health Attendant, Home Hospice Aide) reflect direct, person-facing caregiving contexts.
3. **Clinical direction and supervision context.**
   Work associated with this occupation is commonly performed under the direction or delegation of licensed nursing staff, as required by applicable laws, regulations, and program rules. This supervisory context informs howwork is carried out but does not alter the occupational classification as caregiving under this Standard.
4. **Service-model neutrality.**
   Work associated with this occupation may be delivered through agency-directed, participant-directed, consumer-directed, or hybrid arrangements, subject to applicable legal and regulatory requirements. Variations in service delivery models do not affect occupational classification under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. Such blended practice is recognized under this Standard without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, create clinical or medical authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.17.4 Nursing Assistants (SOC 31-1131)

SOC Definition
Perform duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility. May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants.

Excludes “Home Health Aides” (31-1121), “Personal Care Aides” (31-1122), “Orderlies” (31-1132), and “Psychiatric Aides” (31-1133).

Illustrative examples: Certified Nurse Aide, Certified Nursing Assistant, Nursing Care Attendant

Notes:

1. **Occupational status under this Standard.**
   Nursing Assistants are treated as an inherently caregiving occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) follows directly from the SOC-defined occupational functions and does not depend on job title, program label, or funding source.
2. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes the type of work performed, not credentialing status, employment arrangement, or service classification. Illustrative SOC examples (e.g., Certified Nursing Assistant) reflect direct, person-facing caregiving roles.
3. **Setting and delegation context.**
   Work associated with this occupation is commonly performed in healthcare, residential, or institutional settings and is typically carried out under delegation, supervision, or direction of licensed clinical staff, as required by applicable laws and regulations. This context informs how work is performed but does not alter the occupational classification as caregiving under this Standard.
4. **Service-model neutrality.**
   Work associated with this occupation may be delivered through different organizational or service arrangements, subject to applicable legal and regulatory requirements. Variations in organizational structure do not affect occupational classification under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. Such blended practice is recognized under this Standard without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, confer independent clinical authority, or override applicable licensing, supervision, delegation, regulatory, or program requirements, all of which remain controlling.

4.17.5 Orderlies (SOC 31-1132)

SOC Definition
Transport patients to areas such as operating rooms or x-ray rooms. Maintain patient areas by cleaning rooms and equipment. May assist nursing staff with routine tasks. Transport patients to areas such as operating rooms or x-ray rooms using wheelchairs, stretchers, or moveable beds. May maintain stocks of supplies or clean and transport equipment.

Excludes “Nursing Assistants” (31-1131). Psychiatric orderlies are included in “Psychiatric Aides” (31-1133).

Illustrative examples: Hospital Orderly, Medical Orderly, Surgical Orderly

Notes:

1. **Role-dependent occupational status under this Standard.**
   Orderlies are treated as a role-dependent occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) applies only when and to the extent that the work performed involves direct, person-facing physical or health-related support consistent with Clause 4.16.
2. **Distinction between direct support and facility support functions.**
   When work performed under this occupation is limited to transport, equipment handling, room or area maintenance, supply management, or other non-client-facing assistance, and does not involve direct supportive interaction with the person, it is treated as an Adjacent / Support role, not caregiving, for purposes of this Standard.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes the type of work performed, not a specific job title, employer designation, service category, or funding model. Illustrative SOC examples may encompass both caregiving and non-caregiving role contexts.
4. **Setting and supervision context.**
   Work associated with this occupation typically occurs in institutional, clinical, or facility-based care environments and is commonly performed under organizational policies and clinical supervision. The care setting and supervisory structure do not, by themselves, determine caregiving status under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. In such cases, caregiving classification applies only to the direct support functions actually performed, and blended practice is recognized without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of any work performed under this occupation within the AMSI caregiver umbrella does not expand scope of practice, create clinical authority, or override applicable licensing, supervision, delegation, regulatory, or program requirements, all of which remain controlling.

4.17.6 Psychiatric Aides (SOC 31-1133)

SOC Definition
Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies.

Illustrative examples: Mental Health Orderly, Psychiatric Nursing Aide, Psychiatric Technician Assistant

Notes:

1. **Occupational status under this Standard.**
   Psychiatric Aides are treated as an inherently caregiving occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) follows directly from the SOC-defined occupational functions and does not depend on job title, program label, or funding source.
2. **Nature of caregiving support.**
   Work associated with this occupation constitutes direct, person-facing caregiving, with a primary emphasis on behavioral, emotional, and participation-focused support provided in structured care environments, consistent with Clause 4.16.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes the type of work performed, not employment arrangements, service models, or clinical authority. Illustrative SOC examples reflect direct caregiving roles within mental-health and related support contexts.
4. **Setting and supervision context.**
   Work associated with this occupation typically occurs in mental-health, residential, or institutional settings and is performed under organizational policies and clinical supervision, as required by applicable laws and regulations. The care setting and supervisory structure do not alter the occupational classification as caregiving under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. Such blended practice is recognized under this Standard without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, confer clinical, diagnostic, or therapeutic authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.18 Community, Residential, and Child-Focused Caregiving Occupations

Includes occupations providing non-clinical support enabling developmental, social, daily-living, or community participation needs, including support in group-living settings.

4.18.1 Social and Human Service Assistants (SOC 21-1093)

SOC Definition
Assist other social and human service providers in providing client services in a wide variety of fields, such as psychology, rehabilitation, or social work, including support for families. May assist clients in identifying and obtaining available benefits and social and community services. May assist social workers with developing, organizing, and conducting programs to prevent and resolve problems relevant to substance abuse, human relationships, rehabilitation, or dependent care.

Excludes “Rehabilitation Counselors” (21-1015), “Psychiatric Technicians” (29-2053), “Personal Care Aides” (31-1122), and “Eligibility Interviewers, Government Programs” (43-4061).

Illustrative examples: Case Work Aide, Family Service Assistant, Human Services Worker

Notes:

1. **Role-dependent occupational status under this Standard.**
   Social and Human Service Assistants are treated as a role-dependent occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) applies only when and to the extent that the work performed involves direct, person-facing support enabling daily living, development, participation, or community inclusion, consistent with Clause 4.17.
2. **Distinction between direct support and service-system functions.**
   When work performed under this occupation is primarily focused on coordination, referral, documentation, eligibility determination, program administration, or system navigation—and does not involve direct supportive interaction with the person—it is treated as an Adjacent / Interface role, not caregiving, for purposes of this Standard.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes an occupation based on the nature of work performed, not a specific job title, employer designation, funding model, or service category. Illustrative SOC examples may encompass both caregiving and non-caregiving role contexts.
4. **Context and setting variability.**
   Work associated with this occupation may occur across home, community, residential, educational, employment, or child- and family-service settings, subject to applicable laws, regulations, and program rules. The service context does not, by itself, determine caregiving status under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. In such cases, caregiving classification applies only to the direct support functions actually performed, and blended practice is recognized without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of any work performed under this occupation within the AMSI caregiver umbrella does not expand scope of practice, confer clinical, counseling, or professional authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.18.2 Community Health Workers (SOC 21-1094)

SOC Definition
Promote health within a community by assisting individuals to adopt healthy behaviors. Serve as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies. Act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health. May deliver health-related preventive services such as blood pressure, glaucoma, and hearing screenings. May collect data to help identify community health needs.

Excludes “Health Education Specialists” (21-1091).

Illustrative examples: Lay Health Advocate, Peer Health Promoter, Promotor(a)

Notes:

1. **Role-dependent occupational status under this Standard.**
   Community Health Workers are treated as a role-dependent occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) applies only when and to the extent that the work performed involves direct, person-facing support to individuals or families that enables participation, access, adherence, or daily functioning, consistent with Clause 4.17.
2. **Distinction between direct support and population- or system-focused functions.**
   When work performed under this occupation is primarily focused on outreach, education, advocacy, system navigation, data collection, screening, or community-level health promotion—and does not involve direct supportive interaction with a specific person—it is treated as an Adjacent / Interface role, not caregiving, for purposes of this Standard.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes an occupation based on the nature of work performed, not a specific job title, employer designation, funding model, or service category. Illustrative SOC examples may encompass both caregiving and non-caregiving role contexts.
4. **Context and setting variability.**
   Work associated with this occupation may occur across community, home, public-health, residential, or service-system contexts, and may be delivered through different organizational or program arrangements, subject to applicable laws, regulations, and program rules. The context alone does not determine caregiving status under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. In such cases, caregiving classification applies only to the direct, person-facing support functions actually performed, and blended practice is recognized without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of any work performed under this occupation within the AMSI caregiver umbrella does not expand scope of practice, confer clinical or public-health

authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.18.3 Childcare Workers (SOC 39-9011)

SOC Definition
Attend to children at schools, businesses, private households, and childcare institutions. Perform a variety of tasks, such as dressing, feeding, bathing, and overseeing play.

Excludes “Preschool Teachers, Except Special Education” (25-2011) and “Teaching Assistants, Preschool, Elementary, Middle, and Secondary School, Except Special Education” (25-9042).

Illustrative examples: Au Pair, Daycare Provider, Nanny

Notes:

1. **Occupational status under this Standard.**
   Childcare Workers are treated as an inherently caregiving occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) follows directly from the SOC-defined occupational functions and does not depend on job title, program label, or funding source.
2. **Nature of caregiving support.**
   Work associated with this occupation constitutes direct, person-facing caregiving, with a primary emphasis on developmental support, daily living assistance, supervision for safety, and facilitation of age-appropriate participation and play, consistent with Clause 4.17.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes an occupation based on the nature of work performed, not a specific job title, employer designation, funding model, or service category. Illustrative SOC examples reflect direct caregiving roles in child-focused settings.
4. **Setting and program context.**
   Work associated with this occupation may occur in home-based, community-based, educational, residential, or childcare program settings, subject to applicable laws, regulations, and program rules. The service setting does not alter the occupational classification as caregiving under this Standard.
5. **Blended and boundary cases.**
   In limited cases where work performed under this occupation is confined solely to custodial supervision, group management, or instructional activity delivery without individualized caregiving interaction, such functions may be treated as adjacent or support activities for classification purposes. This does not alter the inherent caregiving status of the occupation as defined.
6. **Regulatory and scope limits.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, confer educational, clinical, or therapeutic authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.18.4 Residential Advisors (SOC 39-9041)

SOC Definition
Coordinate activities in resident facilities in secondary school and college dormitories, group homes, or similar establishments. Order supplies and determine need for maintenance, repairs, and furnishings. May maintain household records and assign rooms. May assist residents with problem solving or refer them to counseling resources.

Illustrative examples: Dormitory Counselor, House Parent, Residence Life Coordinator

Notes:

1. **Role-dependent occupational status under this Standard.**
   Residential Advisors are treated as a role-dependent occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) applies only when and to the extent that the work performed involves direct, person-facing support to residents that enables daily living, participation, adjustment, or well-being, consistent with Clause 4.17.
2. **Distinction between caregiving and residential management functions.**
   When work performed under this occupation is limited to supervision of premises, enforcement of house rules, administrative oversight, security functions, scheduling, or facilities coordination—and does not involve direct supportive interaction with residents—it is treated as an Adjacent / Support role, not caregiving, for purposes of this Standard.
3. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes an occupation based on the nature of work performed, not a specific job title, employer designation, funding model, or service category. Illustrative SOC examples may encompass both caregiving and non-caregiving role contexts.
4. **Residential setting context.**
   Work associated with this occupation typically occurs in residential or congregate living settings, including group residences, dormitory-style housing, or supported living environments, subject to applicable laws, regulations, and program rules. The residential setting alone does not determine caregiving status under this Standard.
5. **Blended occupational practice.**
   Real-world jobs may combine work associated with this occupation with work from other SOC occupations. In such cases, caregiving classification applies only to the direct resident-support functions actually performed, and blended practice is recognized without redefining or merging occupational categories.
6. **Regulatory and scope limits.**
   Inclusion of any work performed under this occupation within the AMSI caregiver umbrella does not expand scope of practice, confer clinical, counseling, or custodial authority beyond applicable limits, or override licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.19 Professional and Counseling Occupations with Potential Caregiving Functions

Includes occupations classified as professional, counseling, or specialist roles whose work may, in some contexts, involve **direct, person-facing support** that enables independence, participation, well-being, or access to needed services. These occupations are **role-dependent** under this Standard: they are not always labeled as caregiving roles, and caregiving classification applies **only when** the work performed includes caregiving functions as defined in Clause 4.1 and interpreted through Clauses

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4.19.1 Rehabilitation Counselors (SOC 21-1015)

SOC Definition
Counsel individuals to maximize the independence and employability of persons coping with personal, social, and vocational difficulties that result from birth defects, illness, disease, accidents, aging, or the stress of daily life. Coordinate activities for residents of care and treatment facilities. Assess client needs and design and implement rehabilitation programs that may include personal and vocational counseling, training, and job placement.

Excludes “Occupational Therapists” (29-1122).

Illustrative examples: Psychosocial Rehabilitation Counselor, Veterans Rehabilitation Counselor, Vocational Rehabilitation Job Coach

Notes:

1. **Role-dependent occupational status under this Standard.**
   Rehabilitation Counselors are treated as a role-dependent occupation under this Standard. Inclusion under the AMSI umbrella term Caregiver (Clause 4.1) applies only when and to the extent that the work performed includes direct, person-facing support that enables participation, independence, employment, education, or community inclusion, consistent with Clause 4.19.
2. **Caregiving versus professional counseling functions.**
   When work performed under this occupation consists primarily of counseling, assessment, planning, case coordination, referral, documentation, or program oversight—and does not include direct supportive assistance to the person in real-world settings—it is treated as an Adjacent / Interface role, not caregiving, for purposes of this Standard.
3. **Examples of direct support functions.**
   Direct caregiving functions under this occupation may include on-site or in-community support, job coaching, skills practice, cueing, modeling, or real-time assistance that directly supports participation in work, education, or community life. Such functions are classified as caregiving only when personally delivered to the individual.
4. **Interpretive role of the SOC definition.**
   The SOC definition is authoritative for identifying this occupation and describes an occupation based on the nature of work performed, not a specific job title, credential, employer designation, funding model, or service category. Illustrative

SOC examples may encompass both direct-support and non-direct-support role contexts.

5. **Context and setting variability.**
   Work associated with this occupation may occur across vocational rehabilitation, employment, healthcare, education, or community settings, subject to applicable laws, regulations, and program rules. The service context alone does not determine caregiving status under this Standard.
6. **Regulatory and scope limits.**
   Inclusion of any work performed under this occupation within the AMSI caregiver umbrella does not expand scope of practice, confer clinical, counseling, diagnostic, or professional authority, or override applicable licensing, supervision, regulatory, or program requirements, all of which remain controlling.

4.19.1.1 Vocational Rehabilitation Job Coach

A **Vocational Rehabilitation Job Coach** is an occupation involving **direct, person-centered support to individuals with disabilities in real employment settings**, for the purpose of supporting **competitive integrated employment**.

The occupation is characterized by **in-situ assistance, observation, and adaptation** that support work participation and ongoing employment, and is defined by the **nature of the work performed**, not by job title, funding source, service model, employer designation, or program structure.

Notes:

1. **Relationship to SOC.**
   Vocational Rehabilitation Job Coach is an occupational role commonly performed within the SOC umbrella occupation Rehabilitation Counselors (SOC 21-1015). This clause provides an AMSI clarification and does not create a new SOC occupation.
2. **Role-dependent caregiving classification.**
   Vocational Rehabilitation Job Coaching is classified as caregiving work under this Standard only when the work performed includes direct, person-facing support delivered in real employment settings. When the work is limited to counseling, assessment, planning, referral, documentation, or program oversight without direct support, it is treated as Adjacent / Interface, consistent with Clause 4.19.1.
3. **Scope neutrality.**
   This definition is vocabulary-only. It does not prescribe service scope, quality requirements, methods, tools, documentation systems, program models, or employment arrangements.
4. **No expansion of controlling requirements.**
   Inclusion in this clause does not expand scope of practice or override applicable laws, regulations, licensure, supervision, or program requirements.

4.19.2 Healthcare Social Workers (SOC 21-1022)

SOC Definition
Provide individuals, families, and groups with the psychosocial support needed to cope with chronic, acute, or terminal illnesses. Services include advising family caregivers. Provide patients with information and counseling, and make referrals for other services. May also provide case and care management or interventions designed to promote health, prevent disease, and address barriers to access to healthcare.

Illustrative examples: Hospice Social Worker, Oncology Social Worker, Public Health Social Worker

Notes:

1. **Role classification under AMSI.**
   This SOC occupation is role-dependent in AMSI terms and is treated primarily as an Adjacent / Interface occupation. Inclusion under the AMSI umbrella term Caregiver, as defined in Clause 4.1, applies only when and to the extent that the work performed involves direct, person-facing support to the individual receiving services, consistent with Clause 4.16.
2. **Threshold for caregiving inclusion.**
   Inclusion under the AMSI Caregiver umbrella applies only when the work includes direct personal, behavioral, or participation-focused support to the person (for example, real-time assistance supporting coping, engagement, communication, or participation), rather than system-level, clinical, or coordination-focused functions.
3. **Adjacent / Interface functions.**
   When work performed under this occupation is primarily clinical, assessment-based, discharge-planning-focused, counseling-oriented, care-coordination-focused, referral-focused, or system-navigation-focused, and does not involve direct supportive interaction with the person, it is treated as an Adjacent / Interface role for purposes of this Standard.
4. **Interpretation of the SOC definition.**
   The SOC definition describes an occupation based on the nature of work performed, not a specific job title, employer designation, funding model, or service category. Illustrative SOC examples may encompass both direct-support and non-direct-support role contexts, depending on how the work is performed.
5. **Service settings.**
   Work performed under this occupation may occur across healthcare, hospital, outpatient, long-term care, hospice, or community health settings, subject to applicable laws, regulations, licensure, and program rules. The service setting does not alter the occupational classification.
6. **Scope-of-practice protection.**
   Inclusion of this occupation under the AMSI caregiver umbrella does not expand scope of practice, confer clinical, diagnostic, or therapeutic authority, or override applicable licensing, supervision, regulatory, or program requirements, which remain controlling at all times.

4.20 Blended Occupations, Time-Sharing, and Functional Scope

This Standard recognizes that real-world caregiving work is frequently **blended, dynamic, and context-dependent**, and therefore cannot always be represented by a single occupation, job title, or service category.

1. Blended work across occupations
A single job or service role may include **work functions drawn from multiple SOC occupations** identified in Section 3.
For example, an individual worker may perform personal support functions, coordination-related activities, and participation-support work within the same role.
This Standard recognizes such blended work **without redefining or merging SOC occupations**.

2. Time-sharing across occupations
When caregiving work spans multiple occupations, quality evaluation applies to the **work actually performed** (that is, the performance of occupational functions), regardless of how time is administratively coded or reported.
A job may therefore be associated with:

- a **dominant occupation**, or
- **multiple occupations**,

depending on the distribution of work functions over time.

3. Occupation versus job title
The SOC system classifies occupations based on the **nature of work performed**. Job titles used by employers, programs, or funding systems vary widely and are program-dependent.
In this Standard, **occupations provide the technical reference**, while job titles are treated as descriptive labels that do not fully define caregiving functions.

4. Functional scope and regulatory limits
Inclusion of an occupation or work function under the AMSI caregiver umbrella **does not expand scope of practice**, create clinical authority, or override applicable legal, regulatory, licensing, or program requirements.
Applicable laws, supervision rules, and program conditions remain controlling at all times.

5. Quality evaluation across blended work
AMSI **Quality Factors, Quality Indicators, and Quality Outcome Criteria** apply to:

- the **caregiving functions actually performed**, and
- the **results produced for the person supported**,
  regardless of whether those functions originate from one occupation or multiple occupations.

6. Purpose of this interpretive approach
This interpretive framework enables a **single, coherent quality language** to be applied across:

- different occupations,
- different service models, and
- different regulatory environments,
  while preserving the integrity of existing occupational classifications and legal boundaries.

4.21 Service Quality Verification

Service quality verification

Process of evaluating evidence in order to determine whether a service conforms to defined Quality Outcome Criteria within a specified scope and time period.

Service quality verification may be performed by:

- the service provider (first-party),
- the service recipient or representative (second-party), or
- an independent party (third-party).

Verification procedures are defined in SCM1.

4.22 Claim Statement

Claim statement

Documented statement describing the result of service quality verification within a defined scope and evaluation period.

A claim statement shall:

- identify the applicable Service Core standard;
- define the scope of the evaluated service;
- define the evaluation period;
- identify the issuing party type;
- describe the conformity determination.

Claim statement requirements are defined in SCM1.

4.23 First-Party Claim

First-party claim

Quality claim issued by the service provider or worker based on self-verification of service quality.

First-party claims are not independent certification.

Requirements for first-party claims are defined in SCM1.

4.24 Second-Party Claim

Second-party claim

Quality claim issued by the service recipient or authorized representative based on their experience of the service.

Second-party claims represent structured statements of service experience.

Requirements for second-party claims are defined in SCM1.

4.25 Third-Party Certification

Third-party certification

Quality claim issued by a party independent of service delivery and service receipt, based on service quality verification conducted in accordance with SCM1.

Third-party certification requires:

- independence from service provision;
- impartial evaluation;
- documented evidence;
- bounded claim statements.

4.26 Independence

Independence

Condition in which the party performing service quality verification is free from relationships that could influence objectivity of conformity determinations.

Independence requirements for certification are defined in SCM1.

4.27 Quality Object

The defined object, system, service, process, condition, arrangement, or relationship whose quality is being determined.
Notes:
1. Within AMSI, the Quality Object is commonly a support service or a defined service interaction, not the person receiving support.
2. The Quality Object determines what work, results, boundaries, evidence, and claim scope are relevant.

4.28 Support Service Quality Object

A defined support service, service interaction, service episode, service period, service arrangement, or service function whose service quality state is being determined.
Notes:
1. This is the AMSI-specific form of the WQI term Quality Object.
2. The person receiving support is not standardized by AMSI; the service provided to the person is the object of quality determination.

4.29 Service Boundary

The stated limit of the support service quality interpretation, including what service, period, setting, role, work, result, responsibility, and evidence are included or excluded.
Notes:
1. A service boundary may be functional, temporal, relational, occupational, setting-based, responsibility-based, evidence-based, or claim-based.
2. A service claim should not imply quality outside the declared service boundary.

4.30 Boundary Transparency

The explicit identification of what is included and excluded in a service quality determination or Quality Claim Statement.
Notes:
1. Boundary transparency helps prevent a narrow observation, record, visit, task, or period from being presented as proof of broader service quality.

2. Boundary transparency is especially important where support is shared across family caregivers, paid workers, agencies, consumer-directed programs, schools, employers, or clinical providers.

4.31 Service Quality State

The interpreted condition of a support service in relation to the work performed, results produced, service boundary, context, Quality Factors, Indicators, Quality Outcome Criteria, and evidence.

Notes:

1. A service quality state may be satisfactory, not satisfactory, partially satisfactory, uncertain, insufficiently evidenced, limited to a declared boundary, or valid only for a stated period or context.
2. A service quality state should not be overstated where evidence is incomplete, indirect, outdated, or limited.

4.32 Quality Determination

The structured process of identifying or evaluating the quality state of a Quality Object.

Notes:

1. In AMSI, Quality Determination may include defining the service, identifying work performed and results produced, establishing boundaries, applying Quality Factors and Indicators, interpreting Quality Outcome Criteria, reviewing evidence, and issuing a bounded Quality Claim Statement.
2. Quality Determination is broader than task completion review, documentation review, compliance review, billing review, inspection, audit, or certification.

4.33 Evidence Sufficiency

The degree to which available evidence is adequate, relevant, traceable, current, and bounded enough to support a service quality determination or Quality Claim Statement.

Notes:

1. Evidence sufficiency depends on the significance of the service condition, risk involved, vulnerability of the person, visibility limits, context, and breadth of the claim.
2. Insufficient evidence should result in a limited, uncertain, or insufficiently evidenced claim rather than an overstated quality claim.

4.34 Core Standard

A published AMSI standard that defines the stable quality architecture for a defined support service or class of services, including Core Quality Factors, Core Indicators, evidence principles, and rules for bounded Quality Claims.

Notes:

1. A Core Standard is not a program manual, payer rule, task list, staffing model, or documentation system.
2. A Core Standard stabilizes service quality logic so that Context Guides can interpret it in real service contexts.

4.35 Context Guide

A document that explains how Core Quality Factors and Core Indicators are interpreted and applied within a defined service context, setting, function, population-related support need, or work situation.

Notes:

1. Context Guides do not introduce new Core Quality Factors or Core Indicators.
2. Context Guides may support context-specific Quality Outcome Criteria, evidence themes, service-boundary interpretation, critical service conditions, and Quality Claim boundaries.

4.36 Context-Specific Interpretation
The application of stable AMSI vocabulary, Core Quality Factors, Core Indicators, evidence principles, and claim logic to a defined support service context.
Notes:
1. Context-specific interpretation preserves the Core structure while adapting meaning to real service conditions.
2. It should not be used to fragment quality by diagnosis, payer, provider model, employment model, family relationship, program label, or documentation system.

4.37 Critical Service Condition
A condition whose absence, failure, degradation, unresolved uncertainty, or loss of visibility may compromise essential support function, safety, dignity, health stability, autonomy, participation, continuity, or the credibility of a Quality Claim Statement.
Notes:
1. Critical service conditions are not limited to a fixed list of tasks.
2. A condition becomes critical because of its effect on the person, the service result, risk exposure, continuity, evidence sufficiency, or claim validity.

4.38 Quality Claim Boundary
The declared limit of a Quality Claim Statement, including the service object, service period, setting, role scope, included and excluded work/results, evidence basis, assumptions, limitations, unresolved conditions, and validity period.
Notes:
1. A claim boundary protects against overstatement and makes the meaning of the claim transparent.
2. A Quality Claim Statement should not imply service quality beyond its declared boundary or evidence basis.

4.39 Absence of Reported Concern or Observed Failure
A condition in which no complaint, incident, visible problem, reported concern, or known nonconformity has been observed or recorded within a given period or evidence set.
Notes:
1. Absence of reported concern or observed failure shall not by itself be interpreted as proof of satisfactory service quality.
2. It may be relevant evidence only when interpreted with evidence sufficiency, observation opportunity, communication barriers, vulnerability, context, critical service conditions, and claim boundaries.

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5 Scope, Applicability, and Exclusions

5.1 Scope

This Standard establishes a **foundational vocabulary and occupational reference framework** for describing caregiving and support work and for discussing quality of such work in a consistent, neutral manner.

The scope of this Standard includes:

- definition of core terms used to describe caregiving, occupation, job, work, results, services, and quality;

- alignment of caregiving functions with nationally recognized occupations defined in the U.S. Standard Occupational Classification (SOC) system; and
- interpretive guidance for applying this vocabulary to real-world caregiving roles, including blended and time-shared occupational work.

This Standard is intended to support **shared understanding and communication** across programs, organizations, occupations, and regulatory environments.

This Standard **does not** establish service requirements, performance thresholds, quality criteria, or compliance obligations.

5.2 Applicability

This Standard is applicable to:

- paid caregiving and support roles whose functions align with the definition of *Caregiver* in Clause 4.1;
- occupations identified in Section 4.16 when caregiving or participation-enabling functions are actually performed;
- services delivered across diverse settings, including homes, community settings, workplaces, residential facilities, and institutional environments; and
- multiple service and employment models, including agency-directed, participant-directed, consumer-directed, provider-employed, and hybrid arrangements.

This Standard may be used by:

- service providers and support organizations;
- caregiving workers and workforce-development entities;
- program designers and administrators;
- researchers and policy analysts; and
- standards developers and quality-assurance bodies.

Use of this Standard is **voluntary**. Reference to or adoption of this Standard does not imply certification, accreditation, or regulatory approval unless explicitly stated by an external authority.

5.3 Relationship to Laws, Regulations, and Other Standards

This Standard is designed to be **compatible with existing laws, regulations, and standards**, including federal, state, and local requirements governing caregiving and support services.

This Standard:

- does not supersede or replace applicable legal or regulatory requirements;
- does not modify scope-of-practice, licensing, supervision, or credentialing rules;
- does not redefine occupational classifications established by the SOC system; and
- may be used alongside clinical, programmatic, regulatory, or contractual standards without conflict.

Where differences exist between this Standard and applicable laws or regulations, **the latter take precedence**.

5.4 Exclusions

This Standard explicitly excludes:

- establishment of minimum service levels, staffing ratios, or performance thresholds;
- definition of clinical standards of care or medical decision-making requirements;
- creation or expansion of professional licensure, certification, or credentialing schemes;
- specification of funding eligibility, reimbursement rules, or payment models; and
- evaluation, auditing, scoring, enforcement, or conformity-assessment mechanisms.

This Standard does not determine whether a particular service, provider, or worker is compliant with any program, regulation, or contractual requirement.

5.5 Intended Use and Limitations

This Standard is intended as a **foundational reference** to support:

- consistent terminology across caregiving and support systems;
- clearer communication about caregiving work, services, and results; and
- development of quality service standards, indicators, and evaluation frameworks.

This Standard **does not, by itself, define or assure service quality**. Evaluation of quality requires additional criteria, indicators, and evidence appropriate to specific services, populations, and contexts, which are outside the scope of this document.

Annex A (informative)

Regulatory and Program Sources Informing Caregiver-Related Terminology

A.1 Purpose

This Annex identifies selected **federal and state statutes, regulations, and programs** that inform the use of caregiving-related terms and roles in the United States.

These sources:

- illustrate how caregiving and support functions are described across legal and programmatic systems;
- provide contextual background for the vocabulary used in this Standard; and

- demonstrate that caregiving-related roles and concepts already exist in multiple statutory and regulatory forms.

This Annex is **informative only**.
It does **not** establish requirements, modify definitions, or create obligations under this Standard.

Inclusion of federally applicable statutes, regulations, or judicial decisions in this Annex reflects contextual relevance and does not make them normative for the application of this Standard.

A.2 Federal Sources (Informative Context)

The following federal statutes, regulations, and programs include terminology relevant to caregiving and support services:

- **Social Security Act §1905(a)** — Definitions of home health services, personal care services, and related supports.
- **42 CFR Part 440** — Medicaid service definitions, including:
  - §440.167 — Personal Care Services
  - §440.181 — Home and Community-Based Services (HCBS)
  - §440.182 — Community First Choice
- **42 CFR Part 441 (Subparts G, I, J)** — HCBS waivers and self-directed service models.
- **34 CFR Part 361** — Vocational Rehabilitation Services, including employment and participation supports.
- **29 CFR Part 552** — Domestic Service Employment (Fair Labor Standards Act context).
- **38 CFR Part 71** — Program of Comprehensive Assistance for Family Caregivers (U.S. Department of Veterans Affairs).
- **Americans with Disabilities Act (ADA)** and *Olmstead v. L.C.* — Principles of community integration and participation.
- **45 CFR Parts 160 and 164** — Privacy and information-handling requirements relevant to caregiving contexts.

These sources demonstrate the diversity of legal and programmatic contexts in which caregiving functions are defined and regulated.

A.3 State Sources (Illustrative Example)

State laws and regulations further define caregiving roles and service categories. The following New York State sources are provided **solely as illustrative examples**:

- **18 NYCRR §505.14** — Personal Care Services.
- **18 NYCRR §505.28** — Consumer Directed Personal Assistance Program (CDPAP).
- **10 NYCRR Parts 700–770** — Home care services and training requirements.
- **14 NYCRR Parts 624, 625, and 633** — OPWDD rights, incident management, and habilitation services.
- **ACCES-VR program definitions** — Supported employment and job coaching services.

Other states maintain comparable but non-identical frameworks. This Standard is designed to remain applicable across jurisdictions without reliance on any single state system.

A.4 Interpretation and Use

1. The sources listed in this Annex **inform** the terminology used in this Standard but do not control its definitions.
2. The definition of **Caregiver** in Clause 3.1 remains the authoritative definition for this Standard.
3. Differences among federal and state programs illustrate the need for a **neutral, occupation-based vocabulary** applicable across systems.
4. Future informative annexes may provide additional jurisdictional or program-specific examples.

Annex B (informative)

SOC Reference Framework for Caregiving and Adjacent Occupations

This annex is **informative** and does not contain requirements.

B.1 Purpose, Scope, and Role of This Annex

This annex provides an **illustrative, non-exhaustive reference framework** for applying the term **"caregiver"** as defined in Clause **4.16** of this Standard, using the U.S. Standard Occupational Classification (SOC) system as a common occupational reference structure.

This annex identifies:

- **occupations whose core occupational functions inherently involve caregiving**, and are therefore treated as caregiving occupations for purposes of this Standard; and
- **occupations that function as adjacent or interface roles**, which commonly interact with caregiving services but are **not treated as caregiving occupations by default**, unless the role context is explicitly limited to direct support to the person.

The SOC occupation lists in this annex are **illustrative and informational**, and are intended to support **consistent interpretation and application** of AMSI's foundational vocabulary across services, settings, populations, and regulatory environments.

B.2 Evolution of the SOC and Functional Interpretation

The U.S. Standard Occupational Classification (SOC) system is periodically revised, and **new occupations may be created, modified, redefined, or reclassified over time**. As the SOC evolves, additional occupations may emerge whose functional characteristics align with caregiving or adjacent/interface roles as defined in this Standard.

Accordingly:

1. **Absence from Annex B does not preclude inclusion.**
   An occupation not explicitly listed in this annex may still be treated as a caregiving or adjacent/interface occupation when the **actual work performed meets the functional criteria defined in Clauses 3.1 and 4.16–4.18**, regardless of SOC listing date, job title, employer designation, or funding model.
2. **Classification is function-based, not list-based.**
   Occupational treatment under this Standard is determined by the **nature of work performed**, not by enumeration in this annex or by reference to a specific SOC edition.
3. **New or revised SOC occupations.**
   Occupations added or substantively revised in future SOC editions may be interpreted under this Standard by applying the same functional criteria used throughout Clauses 4.16–4.18, without requiring prior amendment of this annex.
4. **Authoritative interpretation.**
   In cases of ambiguity or dispute, the **definitions, functional criteria, and interpretive clauses of this Standard take precedence** over the illustrative SOC listings in this annex.

B.3 Relationship to Service-Specific Standards and Evolving Practice

This annex supports **consistent vocabulary alignment** while allowing flexibility for:

- service-specific standards;
- jurisdictional requirements;
- credentialing and licensing regimes; and
- evolving models of practice.

Inclusion of an occupation in this annex **does not define scope of practice, credentialing requirements, service authority, or regulatory status**, all of which remain governed by applicable laws, regulations, and service-specific standards.

B.4 Caregiving Occupations (SOC Reference Set)

Occupations listed in this section are treated as **caregiving occupations for purposes of this Standard** because their **core occupational functions inherently involve direct support to the person**, as defined in Clauses 4.16 and 4.17.

Caregiving work typically includes one or more of the following:

- assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs);
- direct health-related assistance within an authorized scope;
- behavioral or emotional support; and
- participation-, community-, or work-related support.

The occupations listed below are **illustrative**, not exhaustive, and are interpreted in accordance with the functional criteria of this Standard.

Illustrative SOC Occupations Commonly Involved in Caregiving Work (including role-dependent cases)

SOC Code	SOC Occupation Title	Notes
31-1122	Personal Care Aides	Direct ADL/IADL and participation-focused support
31-1131	Nursing Assistants	Direct health-related support within authorized scope
31-9092	Medical Assistants	Direct personal or health-related support **when role context is client-facing**
21-1093	Social and Human Service Assistants	**Role-dependent**; caregiving only when direct personal or participation-focused support is provided
39-9041	Residential Advisors	Direct residential, daily-living, and participation support
31-2011	Occupational Therapy Assistants	Direct therapeutic support under professional supervision
31-2012	Occupational Therapy Aides	Direct support functions **when client-facing**
31-2021	Physical Therapist Assistants	Direct therapeutic support under professional supervision
31-2022	Physical Therapist Aides	Direct support functions **when client-facing**

NOTE:

Inclusion in this table **does not imply uniform scope of practice, credentialing**

requirements, clinical authority, or service authorization. Such requirements are defined by applicable laws, regulations, licensing regimes, and service-specific standards. Inclusion reflects **functional caregiving characteristics**, not regulatory status or professional classification.

B.5 Adjacent / Interface Occupations (SOC Reference Set)

Occupations listed in this section are **not treated as "caregiver" occupations under this Standard by default**.

These occupations commonly:

- support clinicians, systems, or institutions;
- perform professional, technical, administrative, clinical, or coordination functions; or
- interface with caregiving services **without providing primary direct support to the person**.

Such occupations **may be treated as caregiving only when** the **actual role context is explicitly limited to direct, person-facing support**, consistent with the functional criteria in Clauses 4.16–4.18.

Illustrative Adjacent / Interface SOC Occupations

SOC Code	SOC Occupation Title	Rationale
21-1015	Rehabilitation Counselors	Professional counseling and planning; caregiving only in direct, in-situ support contexts
21-1021	Child, Family, and School Social Workers	Casework, assessment, and system-coordination roles
21-1022	Healthcare Social Workers	Clinical coordination, discharge planning, and counseling functions
21-1023	Mental Health and Substance Abuse Social Workers	Clinical and therapeutic professional focus
21-1091	Health Education Specialists	Education, outreach, and prevention functions
29-2052	Pharmacy Technicians	Medication system and dispensing support
29-2072	Medical Records Specialists	Records and health-information management

29-2042	Emergency Medical Technicians (EMTs)	Emergency response and episodic medical intervention
29-2043	Paramedics	Emergency and advanced pre-hospital medical intervention
29-9091	Athletic Trainers	Clinical, rehabilitative, and performance-support roles

B.5 Relationship to AMSI Standards

This annex supports AMSI caregiving service standards by:

- providing a stable occupational reference baseline;
- enabling consistent quality factor, indicator, and criterion development; and
- supporting conformity assessment without reliance on program-specific terminology.

Updates or expansions to this annex may be issued as practice evolves, without altering the normative definitions in Section 4.

Annex C (informative) - Alignment Notes with WQI and AMSI Core Standards

C.1 Alignment with WQI Foundational Vocabulary

This edition aligns AMSI vocabulary with WQI terms including Quality Object, Quality State, Quality Determination, Evidence, Evidence Sufficiency, Core Standard, Context Guide, and Quality Claim. In AMSI, these terms are interpreted through support services, work performed, results produced, and service boundaries.

C.2 Alignment with PCA1 and VRJ1

PCA1 and VRJ1 demonstrate that AMSI Service Core standards should define invariant Quality Factors and Indicators while Context Guides and application materials interpret Quality Outcome Criteria, evidence themes, service boundaries, critical service conditions, and claim boundaries for specific contexts.

C.3 Evidence and Absence of Reported Concern

Absence of a complaint, incident, or observed problem does not by itself prove satisfactory service quality. Evidence must be interpreted in relation to observation opportunity, communication barriers, service context, vulnerability, critical service conditions, and the declared claim boundary.

C.4 Controlled Growth of VOC1

This edition does not turn VOC1 into a Service Core standard or a verification methodology. It adds only vocabulary terms needed to align AMSI with WQI and with the first AMSI Service Core standards.

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