



Personal Care Aide

AMSI CONTEXT GUIDE PCA1

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Support Service Standard - Core
(Informative)

SUPPORT SERVICE QUALITY INITIATIVE

Foreword (Informative)

Personal care support may help a person wash, dress, eat, move, use the bathroom, maintain personal hygiene, participate in household or community life, and carry out other authorized daily-life activities. The work may be described as a set of tasks, but quality depends on whether the required support functions and results are realized under the actual conditions of the service.

This Context Guide applies AMSI SSC1 to Personal Care Aide support. It keeps the eight invariant SSC1 Core Quality Factors and thirty-two Core Quality Indicators unchanged. It establishes PCA-specific requirements and Quality Outcome Criteria where additional service-context specificity is useful and identifies how the applicable Reference Layer completes object-, program-, professional-, contractual-, and jurisdiction-specific requirements.

A Context Guide does not reinterpret the Core. It clarifies and applies the Core for a defined service context. Where SSC1 itself establishes a sufficient Quality Outcome Criterion, that Core criterion remains applicable and need not be restated merely because PCA1 is used. Where PCA-specific clarification is needed, PCA1 states the additional requirement or Quality Outcome Criterion. The applicable Reference Layer supplies external requirements, values, methods, authorizations, limits, and acceptance conditions that cannot responsibly be made universal.

Appendix A — Bathing Support remains the single developed activity-specific Appendix and provides a representative example of narrower PCA1 application. Additional activity-specific appendices may be developed as needed or upon request using the same methodology, without creating separate Core Factors, Indicators, or independent standards.

This Guide is voluntary, non-regulatory, disability- and diagnosis-neutral. It does not establish service eligibility, funding rules, staffing ratios, clinical authority, occupational licensing, mandatory procedures, or certification requirements.

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1 Scope and Purpose

1.1 Scope

This Context Guide applies AMSI Support Service Standard - Core (SSC1) to Personal Care Aide support services. PCA support may include authorized assistance with activities of daily living, personal care, mobility, hygiene, eating and drinking, dressing, toileting, household or community participation, observation, communication, and related daily-life support.

The Guide may be applied to one interaction, visit, shift, episode, Service Period, recurring Support Service Arrangement, or another sufficiently defined PCA Support Service Quality Object. It is jurisdiction-neutral at the Guide level; the applicable jurisdiction, program, authorization, and other external requirements are made explicit through the Reference Layer.

1.2 Purpose

The purpose of PCA1 is to establish the PCA-specific requirements and Quality Outcome Criteria needed to apply SSC1 and to identify the types of Reference Layer sources needed for an actual PCA determination.

The Guide asks: What PCA requirements and expected outcomes apply under each SSC1 Core Quality Indicator when the Quality Object is a Personal Care Aide support service?

PCA1 keeps the SSC1 Core unchanged. It does not create a separate PCA Core or make a Context Guide mandatory where direct Core application is sufficient.

1.3 Relationship to SSC1

SSC1 establishes the common Support Service Core requirements, eight Core Quality Factors, and thirty-two Core Quality Indicators. PCA1 applies those same Factors and Indicators to Personal Care Aide support. It does not rename, replace, omit, or redefine them. PCA1 shall be applied consistently with the current controlled edition of SSC1. If a provision of PCA1 conflicts with SSC1, SSC1 governs.

1.4 Governing Concepts and Reference Sources

WQI_VOC1 and AMSI VOC1 provide the governing concepts and applied support-service vocabulary. WQI_EQC1 — Evidence Quality Standard — Core governs a separate determination where Evidence Quality itself is treated as a Quality Object. WQI_QCC1 — Quality Claim Standard — Core governs a separate determination where the Quality of a Quality Claim itself is treated as a Quality Object. AMSI ORF1 provides the occupational reference used to distinguish Occupation, Support Role, Functional

Scope, blended practice, and related responsibilities. Applicable laws, regulations, program rules, service authorizations, contracts, professional or clinical direction, employer requirements, equipment instructions, organizational requirements, and other justified sources form the applicable Reference Layer according to their methodological role.

1.5 Intended Use

This Guide is intended for Persons Receiving Support and authorized representatives, Personal Care Aides and other Support Workers, provider organizations, supervisors, program administrators, payers and commissioning parties, evaluators, researchers, standards developers, regulators, advocates, and other parties examining PCA support-service quality. Use of this Guide by itself does not constitute certification, licensing approval, reimbursement authorization, clinical approval, or regulatory acceptance.

1.6 What This Guide Does Not Do

PCA1 is not a care plan, clinical protocol, staffing model, training curriculum, funding rule, reimbursement schedule, licensing standard, accreditation requirement, or certification scheme. It does not prescribe one universal technique for bathing, mobility, meals, transfers, hygiene, toileting, or other PCA activities, and it does not authorize a worker to act outside the applicable Support Role and Functional Scope.

1.7 How to Use This Guide

PCA1 is intended to be applied as a traceable determination method rather than as a task checklist. A practical application proceeds by defining the PCA Support Service Quality Object; identifying the applicable SSC1 and PCA1 requirements; establishing the Applicable Basis and Reference Layer; identifying the applicable Quality Outcome Criteria; collecting and evaluating Evidence; making Evidence-Supported Findings; making Quality Factor Determinations; reviewing applicable Critical Service Conditions and non-compensability; performing a Synthesis of Material Findings; and establishing what Conclusion, if any, the Findings support concerning the actual Support Service Quality State. Where a Positive, Conditionally Positive, or Negative Conclusion is not responsibly supportable, a Refusal to Express a Conclusion may be appropriate. A subsequent Quality Claim is a distinct attributable communication based on applicable Findings and, where appropriate to its Intended Function or required by the Applicable Basis, a Conclusion or Refusal. Where the Quality of that Claim is itself determined, WQI_QCC1 applies to the Claim as a separate Quality Object.

Three layers should remain distinct throughout application:

- **SSC1 Core** — establishes the invariant quality dimensions and requirements that must remain visible in every application.
- **PCA1 Context Guide** — applies those invariant Core requirements to Personal Care Aide Support Work by establishing PCA-specific requirements and Quality Outcome Criteria where additional service-context specificity is needed.
- **Reference Layer** — supplies the person-, service-, program-, jurisdiction-, professional-, contractual-, equipment-, and object-specific authorizations, rules, methods, limits, instructions, thresholds, responsibilities, and acceptance conditions needed for the actual determination.

Quality Outcome Criteria are applied to the extent relevant to the declared PCA Support Service Quality Object, Service Period, actual conditions, and applicable Reference Layer. An illustrative example or condition that does not arise in the declared application is not, by its absence alone, a deficiency.

For navigation, each Factor section follows a recurring logic: Core Factor and Indicator → PCA1 Context-Specific Requirement → PCA Quality Outcome Criteria → Reference Layer Completion → Evidence Considerations. The detailed Indicator text remains necessary for determination even though Indicators are intentionally omitted from the Table of Contents.

2 PCA Support Service Quality Object and Function Realization

2.1 The PCA Support Service in Simple Terms

A PCA service is not only a list of completed personal-care tasks. It is a bounded support service in which authorized Support Work, the actual Support Results, the person's participation and autonomy, the service conditions, and the relevant Boundaries and Interfaces are examined together.

2.2 What Is PCA Support Expected to Help Realize?

The applicable Support Intended Function(s) and Support Intended Result(s) shall be declared for the PCA Support Service Quality Object. Depending on the authorized service and actual needs, these may include maintaining daily-life functioning, bodily integrity, personal hygiene, safe movement, eating or drinking, dressing, toileting, personal choice, autonomy, participation, and continuity of ordinary life with the level and form of assistance actually required.

A generic PCA label does not by itself establish the Support Intended Function, Support Intended Result, required assistance level, or authorized method for a particular determination.

2.3 Work, Result, and Service

PCA Support Work is what is actually performed. Support Result is the actual condition, effect, or state occurring in material relation to that work. The Support Service is the bounded whole in which work and result are examined together. Completion of a task does not by itself demonstrate realization of the required support result or a favorable Support Service Quality State.

2.4 Describing the Quality Object

Before quality is determined, the PCA Support Service Quality Object shall be sufficiently described. The description should identify, as applicable:

- the Person Receiving Support and included Support Worker(s);
- the applicable Support Intended Function(s), Support Intended Result(s), Support Work, and expected Support Results;
- the Service Period, Support Service Arrangement, setting, and relevant conditions;
- authorized roles, responsibilities, Boundaries, and Interfaces;
- material equipment, technology, transportation, and environmental conditions;
- the Applicable Basis and Reference Layer;
- known uncertainty, unresolved conditions, and material exclusions; and
- the intended scope of any Quality Claim.

Relationship to SSC1 Figure 1. The architecture of the Support Service Quality Object is illustrated in SSC1 Figure 1 — Support Service Quality Object Architecture (Informative). PCA1 applies that Core architecture to Personal Care Aide support; it does not create a separate Quality Object model. The applicable PCA Support Service Quality Object shall be defined from the actual service, Service Period, Boundaries, Interfaces, Intended Functions and Intended Results, Applicable Basis, Reference Layer, Evidence needs, and other material conditions.

2.5 Structural Checkpoints

No.	Checkpoint	PCA application
1	Quality Object	Declared PCA Support Service Quality Object and purpose of determination.
2	Function	Applicable Support Intended Functions and Intended Results are sufficiently clear.
3	People and roles	Person Receiving Support, Support Workers, authorized roles, and responsibility interfaces are identified.
4	Service Period	The period or episode is bounded.
5	Conditions	Material physical, health-related, environmental, social, organizational, and technological conditions are visible.
6	Boundaries and Interfaces	Relevant internal and external boundaries and interfaces are identified.
7	Applicable Basis / Reference Layer	Applicable requirements, authorizations, instructions, and external sources are identified.
8	Evidence	Available Evidence and known limitations are identified.
9	Critical conditions	Potential Critical Service Conditions and non-substitutable failures are visible.
10	Claim boundary	Any claim is bounded to object, period, context, Evidence, and uncertainty.

2.6 PCA Failure-Mode Families

PCA-specific Failure Modes may include unrecognized hazards; ineffective or misaligned assistance; over-support or under-support; disrespect, coercion, or loss of privacy; failure to recognize or respond to material change; poor integration with the service environment or Interfaces; inaccurate, stale, lost, or inappropriately disclosed information; and practice outside authorized Functional Scope.

2.7 Critical Service Conditions and Non-Substitutability

A condition may be critical when failure can materially defeat Function Realization or create serious harm and cannot responsibly be compensated by favorable findings elsewhere. Whether a condition is critical depends on the declared PCA Support Service Quality Object and applicable Reference Layer. A

favorable finding under another Factor or Indicator shall not be used to average away a Critical Service Condition.

3 Boundaries, Interfaces, Responsibilities, and Reference Layer

3.1 PCA Boundaries and Interfaces

Relevant Interfaces may include the Person Receiving Support–Support Worker interaction; worker-to-worker handoff; family or authorized representative; provider supervision; healthcare or therapy direction; equipment and technology; transportation; household or residential setting; community setting; payer or commissioning arrangement; and other parties whose actions or information materially affect Function Realization.

3.2 Responsibilities

PCA quality may depend on responsibilities distributed among the person, authorized representative, Support Worker, provider, supervisor, family or household members, healthcare or therapy professionals, payer or program, equipment suppliers, transportation providers, and other parties. Important responsibility boundaries, decision authority, information paths, and escalation routes shall remain clear where they affect Function Realization or Evidence.

3.3 Reference Layer

The PCA context operates within requirements and knowledge from multiple sources. The applicable Reference Layer shall be identified and kept traceable for the declared PCA Support Service Quality Object, jurisdiction, program, Service Period, setting, and conditions. Relevant source types may include:

- laws, regulations, program rules, and payer or commissioning requirements;
- service authorizations, person-directed plans, contracts, and provider requirements;
- professional or clinical direction applicable to authorized support;
- rights, privacy, consent, abuse/neglect prevention, and incident requirements;
- occupational, employer, supervision, and Functional Scope requirements;
- equipment instructions, environmental or emergency procedures, and other justified technical sources; and
- other current sources needed to establish applicable requirements, methods, limits, or acceptance conditions.

Compliance with an external requirement is important where applicable, but compliance alone does not establish the Support Service Quality State.

The Applicable Basis and the Reference Layer are related but distinct. The Applicable Basis is the governing basis against which the declared determination is made. The Reference Layer identifies and supplies the external and context-specific sources needed to establish applicable authorizations, requirements, methods, limits, thresholds, instructions, responsibilities, and acceptance conditions. A Reference Layer source contributes to the Applicable Basis only to the extent that its authority, applicability, and relevance to the declared PCA Support Service Quality Object are established.

3.4 Reference Layer Organization

For application of PCA1, the Reference Layer may be maintained through separate Factor-Specific Reference Layer documents, one consolidated PCA1 Reference Layer document containing clearly

separated Factor- and jurisdiction/program-specific sections, or a controlled combination of these formats. Each applicable section shall identify current sources and connect them to the declared PCA Support Service Quality Object, applicable PCA1 requirement or Quality Outcome Criterion, Evidence, and determination. Factor-by-factor and jurisdiction-by-jurisdiction traceability shall remain explicit.

3.5 Quality Claim Boundary

A PCA Support Service Quality Claim shall not say more than the applicable Evidence-Supported Findings support. A Claim concerning one activity, one visit, one worker, one record, or one favorable result does not automatically establish the Quality State of a broader recurring PCA arrangement. A Claim may communicate specific applicable Findings without an overall Conclusion concerning the original PCA Support Service Quality Object where that is sufficient for the Claim's Intended Function and Applicable Basis. Where the Quality of the Claim itself is determined, WQI_QCC1 applies to the Claim as a separate Quality Object.

4 PCA1 Requirements, Quality Outcome Criteria, and Reference Layer Application

4.1 General

The eight SSC1 Core Quality Factors and thirty-two Core Quality Indicators remain unchanged. PCA1 applies them by establishing PCA-specific requirements and Quality Outcome Criteria where additional context specificity is useful and by identifying the Reference Layer and Evidence considerations needed for actual application.

The application sequence is: SSC1 Core Quality Factor → SSC1 Core Quality Indicator → applicable PCA1 Context-Specific Quality Outcome Criterion (or SSC1 criterion where already sufficient) → applicable Reference Layer → Evidence → Evidence-Supported Finding → Quality Factor Determination → Critical-Condition and Non-Compensability Review → Synthesis of Material Findings → Conclusion or Refusal, where applicable → subsequent Support Service Quality Claim, where made. The Support Service Quality State is the actual Quality-relevant condition being examined and is not created by this sequence.

Where PCA1 states an applicable Quality Outcome Criterion, that criterion provides the context-specific basis for evaluating the corresponding SSC1 Core Indicator. Illustrative examples contained within a criterion help explain its application but do not independently create universal PCA requirements, authorizations, methods, limits, or acceptance conditions. Those context-dependent particulars remain subject to the applicable Reference Layer.

SSC1 establishes the common requirements and what shall be examined. PCA1 states PCA-specific requirements and expected outcomes where clarification is needed. The Reference Layer supplies object-, program-, professional-, contractual-, and jurisdiction-specific requirements, authorizations, methods, limits, and acceptance conditions. Evidence supports findings; it does not replace the applicable Criterion.

4.2 Factor 1 — Protection from Foreseeable Harm

Purpose of the Factor

To ensure that foreseeable harm conditions relevant to the declared support service are identified, addressed within role and boundary limits, and not allowed to undermine realization of the applicable Support Intended Functions and Support Intended Results.

Core role: Preserves protection from foreseeable physical, psychological, dignity-related, environmental, occupational, interaction, and other service-related harm as a non-substitutable condition of support-service quality.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- service authorization and person-specific protective instructions;
- applicable health, safety, infection-control, equipment, and emergency requirements;
- rights, abuse/neglect prevention, and incident-reporting requirements;
- setting-specific hazard and emergency procedures;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 1.1 — Identification of Foreseeable Harm Conditions

SSC1 Core Requirement

Foreseeable harm conditions relevant to the declared Support Service Quality Object shall be identified sufficiently for role-appropriate examination and action.

PCA1 Context-Specific Requirement

For PCA support, foreseeable harm conditions shall be identified in relation to the actual personal-care and daily-life support included in the declared PCA Support Service Quality Object. Identification shall consider the person's support needs and participation, the activities being supported, the setting and environment, equipment or assistive items, relevant instructions and information, transitions and Interfaces, and material changes that may affect the conditions under which support is provided.

Hazard identification shall remain within the PCA Support Role and Functional Scope. The PCA is not required to make a clinical, diagnostic, technical, or other reserved determination merely because a condition may affect support. Where a material condition cannot be adequately understood or addressed within the authorized role, the need for clarification, assistance, escalation, or other appropriate action shall remain visible.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- Foreseeable harm conditions associated with the PCA activities actually included in the service are identified.
- Relevant person-related conditions that can materially affect safe support are recognized to the extent necessary for the authorized PCA role.
- Environmental conditions that may create or increase foreseeable harm during support are identified.
- Equipment, assistive-item, and other support-related conditions that may create or increase foreseeable harm are identified where applicable.
- Foreseeable harm conditions associated with transitions between activities, positions, locations, workers, service periods, or other relevant Interfaces are identified where applicable.
- Current instructions and support-relevant information are considered where they are necessary to recognize foreseeable harm conditions.
- Material changes in the person's support needs, participation, response, environment, equipment, instructions, or other service circumstances are recognized when they may create a new hazard or materially change an existing one.
- Hazard identification reflects the actual PCA activity and circumstances rather than assuming that all PCA activities or all Persons Receiving Support present the same harm conditions.
- Conditions that cannot be adequately understood, resolved, or evaluated within the PCA Support Role and Functional Scope are identified for appropriate assistance, clarification, escalation, referral, or transfer of responsibility.
- Material unidentified, uncertain, contradictory, or insufficiently understood harm conditions remain visible as limitations and are not treated as satisfactorily identified or controlled.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, professional/clinical-, equipment-, provider-, and jurisdiction-specific requirements needed to complete application of these criteria. Depending on the declared PCA Support Service Quality Object, these may include service authorizations and person-specific instructions; applicable health and safety direction; infection-control requirements; equipment or assistive-device instructions; environmental and emergency procedures; incident and escalation requirements; Functional Scope limitations; and other applicable requirements, methods, limits, thresholds, or acceptance conditions.

The Reference Layer does not replace the PCA1 Quality Outcome Criteria. It provides the external specificity necessary to apply them to the actual service.

Evidence Considerations

Evidence may include direct observation of the support activity and environment; reports from the Person Receiving Support or authorized representative; Support Worker observations and accounts; current service plans, authorizations, and support instructions; relevant equipment or environmental information; contemporaneous service records; communication and handoff records; incident, near-miss, assistance-seeking, or escalation records; and other Evidence applicable to the declared Quality Object and Service Period.

Evidence shall be sufficient to determine whether foreseeable harm conditions relevant to the actual PCA support were appropriately identified; the existence of a plan, instruction, checklist, or other record alone does not establish that relevant harm conditions were recognized during actual Support Work.

Indicator 1.2 — Role-Appropriate Control or Mitigation of Identified Harm Conditions

SSC1 Core Requirement

Support Work shall use role-appropriate measures to control, reduce, mitigate, communicate, or escalate identified foreseeable harm conditions within the applicable Support Role, Functional Scope, Boundaries, and Interfaces.

PCA1 Context-Specific Requirement

For PCA support, identified harm conditions shall be addressed through actions appropriate to the aide's authorized role and to the actual activity and circumstances. This may require adjustment of the support method, assistance level, pace, positioning, environment, equipment use, sequencing, or other conditions within the PCA's Functional Scope, or may require clarification, assistance seeking, escalation, or transfer of responsibility when the condition cannot be adequately controlled within that scope.

The presence of an identified hazard does not by itself establish inadequate PCA support. The quality question is whether the hazard is addressed appropriately and sufficiently within the PCA's role and the applicable service conditions.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- Identified harm conditions are addressed through role-appropriate control or mitigation before or during the affected support activity when action is reasonably required.
- The form and level of control or mitigation are proportionate to the identified condition and appropriate to the actual PCA activity and circumstances.
- Support methods, assistance level, pace, positioning, sequencing, environmental arrangements, or other controllable aspects of PCA work are adjusted where such adjustment is authorized and materially contributes to controlling or reducing identified harm.
- Equipment or assistive items are used, positioned, or adjusted within the PCA's authorized role and applicable instructions when they form part of the required harm-control arrangement.
- Protective measures are integrated into the support activity rather than applied in a manner that unnecessarily defeats the person's participation, dignity, autonomy, or applicable Intended Function.
- Control or mitigation remains responsive to material changes in the person's condition or response, the environment, equipment, instructions, or other circumstances affecting the identified harm condition.
- Where more than one worker, setting, activity, or other Interface is materially involved, responsibility for necessary harm-control action is sufficiently clear to avoid a material protective gap.
- An identified harm condition that cannot be adequately controlled or mitigated within the PCA Support Role or Functional Scope results in appropriate assistance seeking, clarification, escalation, referral, or transfer of responsibility rather than unauthorized practice or unsupported improvisation.

- Uncertainty about whether a material harm condition has been adequately controlled or mitigated remains visible and is addressed according to the applicable role and circumstances.
- A hazard is not treated as satisfactorily controlled solely because no injury or other adverse event occurred during the observed activity or Service Period.

Reference Layer Completion

The applicable Reference Layer shall provide the person-, activity-, program-, professional/clinical-, equipment-, provider-, and jurisdiction-specific requirements needed to determine what control or mitigation is authorized and sufficient in the actual PCA service. These may include authorized assistance levels and methods; person-specific protective instructions; transfer, positioning, hygiene, infection-control, meal-support, mobility, or other applicable directions; equipment instructions; environmental and emergency procedures; supervision and escalation requirements; Functional Scope limitations; and applicable methods, limits, thresholds, or acceptance conditions.

The Reference Layer supplies this external specificity but does not replace the PCA1 requirement that identified harm conditions receive an appropriate response.

Evidence Considerations

Evidence may include observation of how identified hazards were addressed during Support Work; the Person Receiving Support's or authorized representative's account; support plans and person-specific instructions; records of adjustments made during support; equipment and environmental information; worker communications and handoffs; assistance-seeking or supervisory communication; incident and near-miss records; and other Evidence relevant to the declared Quality Object and Service Period.

Evidence should support determination of both what harm condition was identified and what was done in response. The absence of an adverse event, by itself, is not sufficient Evidence that control or mitigation was appropriate.

Indicator 1.3 — Prevention of Avoidable Harm Within the Support Service Boundary

SSC1 Core Requirement

Support Work and Support Results shall avoid preventable injury, distress, indignity, loss, disruption, or other foreseeable harm attributable within the declared Support Service Boundary.

PCA1 Context-Specific Requirement

For PCA support, the manner in which authorized assistance is provided shall not itself create or materially increase avoidable harm. PCA work shall be performed so that the support method, assistance level, positioning, pace, sequencing, equipment or assistive-item use, environmental interaction, hygiene practices, communication, and other controllable aspects of the service do not introduce avoidable harmful conditions.

Prevention is bounded by the declared PCA Support Service Quality Object and the PCA's Functional Scope. A PCA is not responsible for eliminating every risk affecting the person. The quality question is whether avoidable harm within the PCA service boundary was prevented to the extent reasonably required and possible within the authorized support role.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- PCA Support Work does not create or materially increase foreseeable and avoidable harm through the manner in which authorized assistance is provided.
- The level and form of assistance do not expose the person to avoidable harm through material under-support, over-assistance, inappropriate physical assistance, or another support mismatch.
- Positioning, movement, pace, sequencing, and other controllable aspects of support do not introduce avoidable harmful conditions where they are relevant to the activity.
- Equipment, assistive items, household items, or other materials used during PCA support are not used in a manner that creates avoidable harm within the PCA's authorized role.
- PCA interaction with the physical environment does not create or leave avoidable hazardous conditions attributable to the Support Work.
- Hygiene, cleanliness, infection-control, food-handling, or other applicable protective practices within the PCA role do not create avoidable exposure to harm.
- Support does not create avoidable psychological, dignity-related, privacy-related, or interaction-related harm through unnecessary exposure, inappropriate handling, coercive or disrespectful interaction, or other materially harmful support practices.
- Transitions between PCA activities, positions, locations, workers, or other relevant Interfaces do not create an avoidable gap or new harm condition attributable to the organization or performance of Support Work.
- Material changes occurring during support are addressed sufficiently to prevent continuation of a support method that has become foreseeably harmful or inappropriate.
- Where prevention of a material harm condition exceeds the PCA's Functional Scope or available authority, the PCA does not substitute unauthorized action for appropriate assistance seeking, clarification, escalation, referral, or transfer of responsibility.
- The absence of injury, complaint, incident, or other observed adverse result is not by itself treated as Evidence that avoidable harm was adequately prevented.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, professional/clinical-, equipment-, provider-, and jurisdiction-specific requirements necessary to determine what constitutes preventable harm and what preventive conditions apply to the actual PCA service. These may include authorized assistance methods and levels; person-specific support and protective instructions; mobility, transfer, positioning, hygiene, infection-control, meal-support, skin-protection, equipment, environmental, privacy, emergency, and other applicable requirements; Functional Scope restrictions; supervision and escalation arrangements; and applicable limits, methods, thresholds, or acceptance conditions.

The Reference Layer provides the external specificity necessary to apply the criteria but does not convert every adverse condition affecting the person into a condition attributable to PCA Support Work.

Evidence Considerations

Evidence may include direct observation of Support Work and its immediate conditions; the Person Receiving Support's or authorized representative's account; service plans and support instructions; information concerning assistance methods, positioning, equipment, environment, hygiene, or other relevant service conditions; contemporaneous service records; worker and supervisor communications;

complaints, incidents, near misses, corrective actions, or escalation records; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit distinction, where reasonably possible, between harm or risk arising from the person's underlying circumstances and avoidable harm created, materially increased, or left unaddressed by PCA Support Work within its declared boundary.

Indicator 1.4 — Maintenance of Protective Conditions During Support

SSC1 Core Requirement

Protective conditions and role-appropriate controls necessary to limit foreseeable harm shall be maintained throughout the relevant Support Work, Service Period, and material changes in conditions.

PCA1 Context-Specific Requirement

For PCA support, protective conditions established before or during an activity shall remain effective for as long as they are materially required. Protection shall not be treated as a one-time preparation step. The PCA shall remain responsive to changes in the person's participation or response, support activity, environment, equipment or assistive items, instructions, transitions, and other circumstances that may affect continued protection.

Where a protective condition can no longer be maintained within the PCA Support Role or Functional Scope, the change shall be recognized and addressed through appropriate adjustment, assistance seeking, clarification, escalation, referral, or transfer of responsibility.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- Protective conditions required for an included PCA activity are established when needed and remain effective throughout the period in which they are materially required.
- Protective conditions remain appropriate to the person's actual support needs, participation, and response rather than being assumed adequate solely because they were appropriate at the beginning of the activity or Service Period.
- Positioning, assistance level, pace, sequencing, environmental arrangements, equipment or assistive-item use, and other protective aspects of Support Work remain appropriate as the activity progresses.
- Hygiene, infection-control, food-handling, privacy, environmental, and other applicable protective conditions are maintained throughout the portions of Support Work for which they are required.
- Protective conditions are maintained through material transitions, including changes in activity, position, location, equipment, worker, or other relevant Interface where loss of continuity could create foreseeable harm.
- Temporary interruption, distraction, competing task, or change in circumstances does not result in an unrecognized material loss of required protection.
- Changes in the person's ability, participation, response, fatigue, discomfort, behavior relevant to the support activity, or other observable circumstances are recognized when they materially affect the continued adequacy of protective conditions.
- Changes in the environment, equipment, instructions, available assistance, or other service conditions are recognized when they materially affect the continued adequacy of protection.

- A protective measure that has become ineffective, inappropriate, unavailable, or inconsistent with current applicable direction is not continued merely because it was previously used.
- Where required protective conditions cannot be maintained within the PCA's authorized role, available resources, or Functional Scope, appropriate assistance seeking, clarification, escalation, referral, or transfer of responsibility occurs without an avoidable protective gap.
- Completion of the activity without an observed adverse event is not by itself treated as Evidence that required protective conditions were maintained throughout the relevant Support Service period.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, professional/clinical-, equipment-, provider-, and jurisdiction-specific requirements needed to determine which protective conditions must be established, how long they must remain effective, and when adjustment or escalation is required. These may include person-specific support and protective instructions; authorized assistance levels; mobility, transfer, positioning, hygiene, infection-control, meal-support, skin-protection, privacy, equipment, environmental, and emergency requirements; supervision and escalation arrangements; Functional Scope limitations; and applicable methods, limits, thresholds, or acceptance conditions.

The Reference Layer supplies the applicable specificity. It does not replace the PCA1 requirement for continued effectiveness of required protective conditions during actual Support Work.

Evidence Considerations

Evidence may include direct observation across the relevant activity or Service Period; the Person Receiving Support's or authorized representative's account; service plans and person-specific instructions; records concerning changes in support conditions; equipment and environmental information; handoff and communication records; assistance-seeking or escalation records; incident and near-miss information; and other Evidence appropriate to the declared Quality Object.

Evidence should be capable of showing not merely that a protective condition existed at one point, but whether it remained materially effective for the relevant duration, transitions, and Interfaces.

4.3 Factor 2 — Support Effectiveness in Function Realization

Purpose of the Factor

To ensure that Support Work is aligned with what the service is required to realize and contributes effectively to the applicable Support Intended Results rather than treating activity completion as sufficient.

Core role: Connects performed support work to required function realization and actual support results.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- authorized service plan, care direction, and stated support outcomes;
- program or payer requirements defining authorized PCA functions;
- person-directed instructions and relevant professional direction;
- equipment instructions and other sources governing effective support realization;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 2.1 — Alignment of Support Work with Applicable Intended Function(s)

SSC1 Core Requirement

Support Work shall be aligned with the applicable Support Intended Function(s), actual Support Needs, Service Context, Applicable Basis, and relevant requirements of the declared Support Service Quality Object.

PCA1 Context-Specific Requirement

For PCA support, the work performed shall correspond to the actual function or functions for which support is required and authorized within the declared PCA Support Service Quality Object. PCA activity shall be directed toward enabling, assisting, maintaining, or otherwise supporting the person's applicable daily-life function rather than treating completion of a task, performance of an authorized activity, or presence of the aide as sufficient by itself.

Alignment shall consider what the person is seeking or expected to do, what part of that function requires support, what the person can appropriately perform or participate in, and what PCA assistance is authorized and relevant. The applicable Intended Function may differ among activities, persons, settings, Service Periods, and changing circumstances.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- the applicable Intended Function or Functions are sufficiently identified to guide the PCA Support Work;
- the PCA activities performed have a material and understandable relationship to the applicable Intended Function rather than being performed merely because they are customary PCA tasks;
- support is directed to the person's actual functional need within the included activity rather than assuming that the same form of assistance is appropriate for every person receiving the same general type of PCA service;
- the part of the applicable function that the person can appropriately perform or participate in is distinguished from the part for which PCA assistance is required;
- setup, cueing, supervision or standby assistance, hands-on assistance, environmental support, or another authorized form of PCA assistance is used in relation to the function it is intended to support;

- PCA Support Work does not unnecessarily substitute aide performance for the person’s own functional participation where such participation is reasonably possible, appropriate, and consistent with the Applicable Basis;
- PCA Support Work does not leave a material functional need unsupported merely because another portion of the activity can be performed by the person independently;
- where several PCA activities contribute to the same Intended Function, their relationship is sufficiently coherent to support that function rather than operating as disconnected task completion;
- where one PCA activity contributes to more than one applicable Intended Function, the materially relevant functions are recognized to the extent necessary for appropriate Support Work;
- material changes in the person’s ability, participation, response, circumstances, environment, or applicable direction are recognized when they affect alignment between the Support Work and the Intended Function;
- activities or assistance outside the applicable PCA Intended Function, authorization, Support Role, or Functional Scope are not treated as required merely because they might be beneficial to the person; and
- uncertainty or insufficient information concerning the applicable Intended Function remains visible and results in appropriate clarification or other role-appropriate action rather than unsupported assumptions about what the PCA service is intended to accomplish.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific information necessary to establish the applicable Intended Function and determine the authorized relationship between that function and PCA Support Work.

These sources may include service authorizations; person-directed or service plans; functional assessments where applicable; authorized assistance levels; person-specific instructions and preferences; applicable professional or clinical direction; program and payer requirements; Functional Scope requirements; and other sources defining what function is to be supported, what assistance is authorized, and relevant limitations or conditions.

The Reference Layer supplies the applicable specificity but does not replace the PCA1 quality question of whether the Support Work actually aligns with the applicable Intended Function.

Evidence Considerations

Evidence may include observation of the person performing or participating in the relevant activity; observation of PCA Support Work; the Person Receiving Support’s or authorized representative’s account; service plans, authorizations, functional information, and person-specific instructions; records describing the assistance actually provided; worker and supervisor communications; information concerning changes in functional ability or participation; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit comparison between the function that was to be supported and the Support Work actually provided. Documentation that an authorized PCA task was completed does not by itself establish that the work was aligned with the applicable Intended Function.

Indicator 2.2 — Effective Contribution to Applicable Intended Result(s)

SSC1 Core Requirement

Evidence shall support that Support Work contributes effectively and materially to the applicable Support Intended Result(s), without assuming exclusive causation or treating a favorable result alone as proof of satisfactory Support Work.

PCA1 Context-Specific Requirement

For PCA support, authorized assistance shall contribute meaningfully to the applicable result or results expected from the supported function. Completion of an activity, performance of an assigned PCA task, or documentation that assistance occurred shall not by itself establish effective contribution.

Effectiveness shall be considered in relation to the person's actual support needs, participation, applicable Intended Function, authorized support arrangement, circumstances of the activity, and the result that the support is intended to help realize. PCA effectiveness does not require the aide to independently produce a result that depends materially on the person, other workers, healthcare or other services, environmental conditions, or factors outside the PCA Support Service Boundary.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- the applicable Intended Result or Results are sufficiently identified to permit evaluation of the PCA contribution;
- the Support Work makes a material contribution to the applicable Intended Result rather than merely completing an activity or procedural step;
- the form, level, timing, and sequence of assistance support realization of the applicable result in relation to the person's actual needs and circumstances;
- the person's own participation and contribution to the Intended Result are supported where reasonably possible, appropriate, and consistent with the Applicable Basis;
- the result of Support Work is considered in relation to the applicable Intended Function rather than inferred solely from the amount, duration, or frequency of assistance provided;
- where several PCA activities contribute to one Intended Result, their combined contribution is sufficiently coherent to support realization of that result;
- where realization of an Intended Result depends on relevant Interfaces with other workers, services, equipment, settings, or arrangements, the PCA contribution does not create an avoidable gap or contradiction within those Interfaces;
- material indications that the support is not contributing effectively to the applicable Intended Result are recognized rather than obscured by completion of assigned tasks;
- where the applicable Intended Result is only partly realized, the PCA contribution and the material limitations affecting realization are distinguished to the extent supported by Evidence;
- a result that depends materially on conditions outside the PCA Support Service Boundary is not attributed wholly to PCA Support Work merely because the aide participated in the activity;
- an unfavorable result is not by itself treated as proof of ineffective PCA support where the Evidence shows that appropriate Support Work was provided and material causes of the result were outside the PCA Support Service Boundary; and

- a favorable result is not by itself treated as proof of effective PCA support where the Evidence does not establish a sufficient relationship between the Support Work and that result.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific information necessary to establish the applicable Intended Result(s) and relevant conditions for their realization.

These sources may include service authorizations; person-directed or service plans; functional assessments where applicable; person-specific goals, instructions, and preferences; authorized assistance levels; professional or clinical direction applicable to the support; program and payer requirements; provider requirements; and other sources identifying expected results, applicable conditions, limitations, methods, or acceptance conditions.

The Reference Layer may define the expected result more specifically, but it does not replace the PCA1 quality question of whether the Support Work effectively contributed to realization of that result.

Evidence Considerations

Evidence may include direct observation of Support Work and the resulting activity state; the Person Receiving Support's or authorized representative's account; service plans, authorizations, goals, and person-specific instructions; records of assistance actually provided; information concerning the person's participation and response; relevant communications across workers or other Interfaces; records of changes, difficulties, incomplete results, or corrective action; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should support a reasonable relationship between the Support Work provided and the applicable Intended Result. Neither task completion nor the result viewed in isolation is sufficient to establish that relationship.

Indicator 2.3 — Maintenance of Support Effectiveness Over the Service Period

SSC1 Core Requirement

Support effectiveness shall remain sufficiently stable and appropriate across the declared Service Period and relevant personal, environmental, organizational, occupational, or other material conditions.

PCA1 Context-Specific Requirement

For PCA support, effectiveness shall be maintained across the declared Service Period rather than inferred from an isolated successful activity, interaction, or moment. The PCA shall remain responsive to conditions that materially affect whether the support continues to contribute to the applicable Intended Function(s) and Intended Result(s).

The relevant Service Period may be a single activity, visit, shift, episode, recurring service arrangement, or another declared period. What constitutes maintenance of effectiveness shall therefore be evaluated at the scale and duration of the declared PCA Support Service Quality Object.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- PCA Support Work remains materially aligned with the applicable Intended Function(s) throughout the relevant Service Period;
- Support Work continues to contribute effectively to the applicable Intended Result(s) for as long as that contribution is required within the declared Service Period;
- effectiveness is maintained across the material stages, activities, and transitions included in the PCA Support Service Quality Object rather than established from one favorable point in time;
- the form, level, timing, pace, sequencing, and other relevant characteristics of assistance remain appropriate as the Service Period progresses;
- changes in the person's ability, participation, response, fatigue, comfort, preferences where applicable, or other support-relevant circumstances are recognized when they materially affect continued effectiveness;
- changes in the environment, equipment, available assistance, instructions, schedule, or other service conditions are recognized when they materially affect continued effectiveness;
- where several PCA activities occur during the Service Period, effectiveness in one activity does not obscure material ineffectiveness in another activity relevant to the declared Quality Object;
- where continuity across workers, shifts, settings, or other Interfaces is material to realization of the applicable function or result, the PCA contribution does not create an avoidable break in that continuity;
- temporary difficulty, interruption, or variation does not automatically establish loss of effectiveness where the applicable function and result continue to be adequately supported;
- repeated, sustained, or materially consequential deterioration in effectiveness is recognized rather than being obscured by isolated successful task completion;
- where continued effectiveness can no longer be maintained through action within the PCA Support Role and Functional Scope, appropriate clarification, assistance seeking, escalation, referral, or transfer of responsibility occurs; and
- uncertainty concerning whether effectiveness was maintained over the declared Service Period remains visible as a limitation rather than being replaced by an unsupported conclusion based on isolated observations or records.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific requirements necessary to determine the expected duration, frequency, continuity, and conditions of effective PCA support.

These may include authorized service periods and schedules; person-specific plans and instructions; expected assistance levels; applicable goals and Intended Results; professional or clinical direction relevant to changes during support; continuity and handoff requirements; supervision and escalation arrangements; program and payer requirements; and other applicable methods, limits, thresholds, or acceptance conditions.

The Reference Layer may establish specific conditions for continued service effectiveness but does not replace the PCA1 requirement that effectiveness be considered across the relevant Service Period.

Evidence Considerations

Evidence may include observation across relevant portions of the Service Period; the Person Receiving Support's or authorized representative's account; service plans, authorizations, schedules, and person-specific instructions; records showing assistance provided at different points in the Service Period; information concerning changes in the person's participation or response; handoff and continuity records; worker and supervisor communications; records of recurring difficulties, interruptions, adjustments, escalation, or corrective action; and other Evidence appropriate to the declared Quality Object.

Evidence should have sufficient temporal coverage to support the determination being made. Evidence from one successful activity or favorable moment shall not by itself establish maintenance of effectiveness across a broader visit, shift, episode, or recurring Support Service Arrangement.

Indicator 2.4 — Adaptation of Support Work When Conditions Affect Function Realization

SSC1 Core Requirement

Support Work shall be appropriately adapted when material changes in needs, abilities, requirements, conditions, realization pathways, or service circumstances affect Function Realization.

PCA1 Context-Specific Requirement

For PCA support, the manner, level, timing, pace, sequencing, or other controllable characteristics of assistance shall be adapted when observable changes in the person, activity, environment, equipment, instructions, or other service circumstances materially affect realization of the applicable Intended Function(s) or Intended Result(s).

Adaptation shall remain within the PCA's authorized Support Role and Functional Scope. It does not authorize the PCA to independently change a service plan, make a clinical or diagnostic determination, prescribe equipment, or undertake another reserved activity. Where effective adaptation requires action beyond the PCA's authority or capability, appropriate clarification, assistance seeking, escalation, referral, or transfer of responsibility shall occur.

PCA Quality Outcome Criteria

For the declared PCA Support Service Quality Object:

- material changes or conditions affecting realization of the applicable Intended Function(s) or Intended Result(s) are recognized when they become relevant to the Support Work;
- the form or level of PCA assistance is adjusted when the person's actual ability, need, or participation materially changes and such adjustment is permitted within the Applicable Basis;
- pace, timing, sequencing, cueing, positioning, setup, hands-on assistance, or other controllable characteristics of Support Work are adapted where appropriate to preserve or restore effective support;
- changes in the person's observable response, fatigue, comfort, tolerance, participation, or other support-relevant circumstances result in appropriate adaptation where they materially affect function realization;
- changes in the physical environment, setting, equipment or assistive items, available assistance, schedule, or other service conditions result in appropriate adaptation where they materially affect function realization;

- new, revised, or clarified support-relevant instructions are incorporated into subsequent Support Work to the extent applicable to the PCA role;
- adaptation preserves the applicable Intended Function and Intended Result rather than changing the purpose of the service merely to make task completion easier;
- adaptation does not unnecessarily reduce the person's participation, choice, or use of retained abilities where these remain appropriate and consistent with the Applicable Basis;
- adaptation does not create material inconsistency with protective conditions, dignity, autonomy, Functional Scope, or other applicable PCA1 requirements;
- where several activities or Interfaces are affected by the same material change, adaptation is sufficiently coherent across the affected Support Work rather than limited to one isolated task;
- an ineffective support method is not continued merely because it was previously authorized, routinely used, or successful under earlier conditions when role-appropriate adjustment is permitted and materially required;
- where the needed adaptation exceeds the PCA's authority, Functional Scope, available information, competence, or resources, the limitation is recognized and appropriate clarification, assistance seeking, escalation, referral, or transfer of responsibility occurs; and
- uncertainty concerning the reason for a material change does not require the PCA to make an unauthorized clinical or other reserved determination; however, the observable effect of that change on Support Work is not ignored merely because its underlying cause is unknown.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific requirements necessary to determine what adaptations are authorized, required, limited, or prohibited.

These may include service plans and authorizations; authorized assistance levels; person-specific instructions and preferences; applicable professional or clinical direction; equipment instructions; supervision and escalation arrangements; provider procedures; Functional Scope limitations; program and payer requirements; and applicable methods, limits, thresholds, or acceptance conditions.

The Reference Layer establishes the applicable boundaries and specificity for adaptation. It does not replace the PCA1 quality requirement that Support Work remain responsive when material conditions affect Function Realization.

Evidence Considerations

Evidence may include observation of Support Work before and after a material change; the Person Receiving Support's or authorized representative's account; service plans, authorizations, and person-specific instructions; records of adjustments made during support; information concerning changes in ability, participation, response, environment, equipment, or instructions; communications with supervisors or other relevant parties; assistance-seeking and escalation records; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit determination of what materially changed, how that change affected Function Realization, and whether the PCA response was appropriate within the applicable role and circumstances. A change in support method alone does not establish appropriate adaptation, and

continued use of the same method does not establish failure where the Evidence shows that adaptation was not materially required.

4.4 Factor 3 — Functional Participation and Appropriate Support Balance

Purpose of the Factor

To ensure that support is matched to actual functional need while preserving participation, capability, and appropriate independence rather than unnecessarily substituting for the person.

Core role: Maintains an appropriate relationship between the person's abilities and participation and the level, form, timing, and intensity of support.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- authorized assistance levels and person-directed support instructions;
- functional assessments or other applicable information describing abilities and support needs;
- program requirements governing independence, participation, and permissible assistance;
- adaptive equipment or mobility-related instructions where applicable;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 3.1 — Identification of Functions, Activities, or Participation Requiring Support

SSC1 Core Requirement

The functions, activities, participation, interactions, or circumstances for which support is required shall be sufficiently identified and understood.

PCA1 Context-Specific Requirement

For PCA support, the functions, activities, steps, or forms of participation requiring assistance shall be sufficiently distinguished from those the person can perform independently or with a different form or level of support.

Identification shall reflect the person's actual abilities, support needs, participation, applicable Intended Function(s), authorized service arrangement, and circumstances of the activity. It shall not be based solely on the general name of the PCA service, a diagnosis, disability category, customary routine, or an assumption that authorization for an activity means that every part of that activity requires aide performance.

The identification of support need shall remain within the PCA Support Role and Functional Scope and shall rely on the Applicable Basis where assessment or determination is reserved to another authorized party.

PCA Quality Outcome Criteria

- the functions and activities included within the authorized PCA support arrangement are sufficiently identified to determine where support is required;
- within an included activity, material steps or components the person can perform independently are distinguished from those requiring PCA support;
- the person's ability to participate with setup, cueing, standby assistance, supervision, hands-on assistance, or another authorized form of support is distinguished where that difference materially affects the support required;
- support need reflects the person's actual functional ability and circumstances rather than being inferred solely from diagnosis, disability, age, service category, or another general characteristic;
- support need is identified in relation to the actual activity and setting where differences in environment, equipment, timing, or circumstances materially affect the person's ability to perform or participate;
- the person's preferences and chosen manner of participation are considered where they are relevant and consistent with the Applicable Basis, without treating preference alone as evidence of either functional ability or support need;
- retained abilities and meaningful opportunities for participation remain visible rather than being obscured by routine aide performance of the whole activity;
- material support needs are not left unidentified merely because the person can perform another portion of the same activity independently;
- where several functions or activities are interdependent, support needs at their material transitions or Interfaces are identified where necessary for effective PCA support;
- changes in the person's ability, participation, response, environment, equipment, or other circumstances are recognized when they materially affect which functions, activities, or steps require support;
- where available information concerning support need is incomplete, inconsistent, outdated, or unclear, the uncertainty is recognized and appropriate clarification or other role-appropriate action occurs rather than unsupported assumption; and
- the PCA does not independently make a clinical, diagnostic, eligibility, or other reserved assessment merely to determine support need, but appropriately applies and communicates observable information relevant to the Support Work within the PCA Functional Scope.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific information necessary to determine which functions, activities, or forms of participation require PCA support and the authorized basis for that support.

These sources may include service authorizations; person-directed or service plans; applicable functional assessments; authorized assistance levels; person-specific instructions and preferences; professional or clinical direction where applicable; program and payer requirements; Functional Scope

requirements; provider procedures; and other sources establishing the included functions, activities, support needs, limitations, and applicable conditions.

The Reference Layer supplies the applicable support-needs basis but does not replace the PCA1 quality requirement to distinguish where support is actually required within the declared PCA Support Service Quality Object.

Evidence Considerations

Evidence may include observation of the person's performance and participation in relevant activities; observation of PCA Support Work; the Person Receiving Support's or authorized representative's account; service plans, authorizations, functional assessments, and person-specific instructions; records describing the form and level of assistance provided; information concerning changes in ability or participation; worker and supervisor communications; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should be sufficient to distinguish, at the required Methodological Resolution, among what the person performs independently, where participation is possible with support, and where PCA assistance is required. The fact that an aide performed an activity does not by itself establish that the person required that level of assistance.

Indicator 3.2 — Support Level and Form Matched to Ability, Need, and Context

SSC1 Core Requirement

The amount, timing, intensity, visibility, form, and method of support shall be appropriately matched to actual ability, Support Needs, applicable Intended Functions, and Service Context.

PCA1 Context-Specific Requirement

For PCA support, the level and form of assistance shall correspond to what the person actually requires to perform or participate in the applicable function or activity under the relevant circumstances. PCA support may involve setup, preparation, cueing, prompting, standby or supervisory assistance, hands-on assistance, or another authorized form of support, depending on the Applicable Basis and the person's actual needs.

Support shall provide sufficient assistance to address identified need without unnecessarily replacing abilities or participation that the person can appropriately exercise. Neither under-support nor unnecessary over-assistance constitutes an appropriate match merely because the activity is eventually completed.

PCA Quality Outcome Criteria

- the level of PCA assistance corresponds to the person's identified support need for the applicable function, activity, or material step;
- the form of assistance is appropriate to the person's actual ability, need, participation, and circumstances rather than selected solely from routine practice or worker convenience;
- setup, preparation, cueing, prompting, standby or supervisory assistance, hands-on assistance, or another authorized form of support is used at the level appropriate to the identified need;
- support is sufficient to address material need and does not leave the person without assistance required for effective and appropriate participation or Function Realization;

- support does not unnecessarily replace actions, decisions, abilities, or participation that the person can appropriately perform or exercise;
- assistance is not increased merely because full aide performance would be faster, easier, more convenient, or more familiar where a lower level of support appropriately meets the identified need;
- assistance is not reduced merely to promote independence where the person requires a greater level or different form of support for effective, safe, or appropriate participation;
- the support level and form take account of material activity-specific and environmental conditions, including setting, equipment or assistive items, available space, timing, and other circumstances that affect how support can appropriately be provided;
- relevant person-specific preferences and customary approaches are incorporated where appropriate and consistent with the Applicable Basis, while preference does not justify a level or form of support that is materially insufficient, unauthorized, or otherwise inconsistent with applicable requirements;
- where different steps of the same activity require different levels or forms of assistance, support is sufficiently differentiated rather than applying one uniform level to the entire activity;
- where support need differs across activities, settings, times, or other material circumstances, the level and form of assistance reflect those differences;
- the selected level and form of support remain consistent with applicable protective conditions, dignity, autonomy, Functional Scope, and other PCA1 requirements;
- uncertainty concerning the appropriate level or form of assistance is recognized and addressed through applicable instructions, clarification, assistance seeking, supervision, or other role-appropriate action rather than unsupported assumption; and
- the fact that an activity was completed does not by itself establish that the level and form of support were appropriately matched to the person's ability, need, and context.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific information necessary to determine the authorized and appropriate level and form of PCA assistance.

These sources may include service authorizations; person-directed or service plans; applicable functional assessments; authorized assistance levels; person-specific instructions and preferences; professional or clinical direction where applicable; equipment or assistive-item instructions; provider requirements; Functional Scope limitations; program and payer requirements; and other applicable methods, conditions, limits, or acceptance requirements.

The Reference Layer provides the applicable specificity concerning how much and what form of assistance is authorized or required. It does not replace the PCA1 quality determination of whether the support actually provided was appropriately matched to the person's ability, need, and context.

Evidence Considerations

Evidence may include direct observation of the person's performance and participation and of PCA Support Work; the Person Receiving Support's or authorized representative's account; service plans, authorizations, functional assessments, and person-specific instructions; records identifying the assistance actually provided; relevant equipment and environmental information; communications

concerning assistance needs; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit comparison among the person's identified ability and need, the applicable context, and the actual level and form of PCA assistance provided. Neither the authorized maximum level of assistance nor successful completion of the activity by itself demonstrates that the actual support was appropriately matched.

Indicator 3.3 — Adjustment of Support Level and Method Over Time

SSC1 Core Requirement

Support shall be increased, reduced, faded, modified, or otherwise adapted when abilities, needs, conditions, or demands materially change.

PCA1 Context-Specific Requirement

For PCA support, the level or method of assistance shall not be treated as permanently fixed merely because it was previously appropriate, authorized, routinely provided, or successfully used. Observable changes in the person's ability, support need, participation, response, or relevant circumstances shall be recognized when they materially affect the support required.

Role-appropriate adjustments may include changes in setup, cueing, prompting, standby assistance, hands-on assistance, pace, sequencing, positioning, environmental arrangement, or another controllable aspect of PCA Support Work. Adjustment shall remain within the PCA Support Role, Functional Scope, and Applicable Basis. Where a material change requires reassessment, authorization, clinical direction, equipment modification, or another action outside the PCA's authority, the PCA shall seek appropriate clarification, assistance, escalation, referral, or transfer of responsibility rather than independently making the reserved determination.

PCA Quality Outcome Criteria

- material changes in the person's ability, support need, or participation are recognized when they affect the level or method of PCA assistance required;
- material changes in the person's observable response, fatigue, comfort, tolerance, or other support-relevant condition are recognized when they affect the continued appropriateness of the support level or method;
- changes in the activity, setting, environment, equipment or assistive items, available assistance, instructions, or other relevant circumstances are recognized when they materially affect how PCA support should be provided;
- the level of assistance is increased, reduced, or otherwise adjusted within the Applicable Basis when the person's actual support need materially changes;
- the method of assistance is adjusted when a different authorized approach is materially better suited to the person's current ability, need, participation, or context;
- adjustment preserves appropriate support for retained abilities and participation rather than automatically increasing aide performance in response to every difficulty or change;
- support is not maintained at an insufficient level merely because a lower level of assistance was previously appropriate;

- support is not maintained at an unnecessarily high level merely because greater assistance was previously required;
- temporary or minor variation is distinguished, to the extent supported by Evidence and the Applicable Basis, from a material change requiring alteration of the ongoing support level or method;
- adjustments made during one activity or Service Period are communicated or carried forward where continuity is materially necessary and where such communication is authorized and within the PCA role;
- repeated need for temporary adjustment, recurring difficulty, or sustained change is not treated indefinitely as an isolated event when it materially indicates that the established support arrangement may require clarification or review;
- adjustment of support remains consistent with protective conditions, applicable Intended Function(s) and Intended Result(s), dignity, autonomy, Functional Scope, and other PCA1 requirements;
- where an appropriate adjustment cannot be made within the PCA's authority, available information, competence, or resources, the limitation results in appropriate clarification, assistance seeking, escalation, referral, or transfer of responsibility; and
- uncertainty concerning whether a material change requires a different authorized level or method of support remains visible rather than being resolved through unsupported worker assumption.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific requirements necessary to determine when and how the PCA support level or method may be adjusted.

These sources may include service authorizations; person-directed or service plans; applicable functional assessments; authorized assistance levels; person-specific instructions and preferences; professional or clinical direction; equipment instructions; reassessment and change-reporting requirements; supervision and escalation arrangements; provider procedures; Functional Scope limitations; program and payer requirements; and applicable methods, limits, thresholds, or acceptance conditions.

The Reference Layer determines the applicable authority and limits for adjustment. It does not replace the PCA1 requirement to recognize and respond appropriately when the established level or method of support no longer matches material service conditions.

Evidence Considerations

Evidence may include observation of the person and Support Work over time; the Person Receiving Support's or authorized representative's account; service plans, authorizations, functional assessments, and person-specific instructions; records showing changes in assistance level or method; information concerning changes in ability, participation, response, environment, equipment, or other circumstances; communications and handoffs; reassessment, assistance-seeking, supervisory, or escalation records; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit comparison among the previously applicable support level or method, the material change that occurred, and the PCA response to that change. A difference in support from one

occasion to another does not by itself establish inappropriate inconsistency, just as repeated use of the same method does not by itself establish appropriate continuity.

Indicator 3.4 — Avoidance of Unnecessary Substitution, Over-Support, or Under-Support

SSC1 Core Requirement

Support shall avoid unnecessary substitution for functions the Person Receiving Support can appropriately perform and shall avoid both over-support and under-support relative to actual need and context.

PCA1 Context-Specific Requirement

For PCA support, assistance shall be sufficient to address the person's actual support needs while preserving, to the extent appropriate, the person's ability and opportunity to perform, participate in, direct, choose, or otherwise contribute to the supported activity.

The appropriate balance does not require maximum independence in every activity and does not justify withholding needed assistance. Nor does authorization for PCA assistance justify unnecessary substitution of aide performance for abilities or participation the person can appropriately exercise. The balance shall reflect the person's actual ability and need, applicable Intended Function(s) and Intended Result(s), preferences and choices where applicable, protective conditions, Functional Scope, and the Applicable Basis.

PCA Quality Outcome Criteria

- PCA assistance is sufficient to address identified support needs without leaving the person materially under-supported;
- assistance does not unnecessarily replace functions, actions, choices, decisions, or participation that the person can appropriately exercise;
- the person is provided a meaningful opportunity to perform or participate in applicable portions of the supported activity where such participation is reasonably possible and appropriate;
- the level and form of support recognize that participation may include directing the activity, making choices, communicating preferences, performing selected steps, using adaptive approaches, or otherwise contributing without independently completing the whole activity;
- PCA Support Work does not treat speed, worker convenience, routine, or easier task completion as sufficient reason to replace appropriate person participation;
- promotion of independence or participation does not result in withholding, delaying, or reducing assistance that is materially required for effective, safe, dignified, or appropriate support;
- the support balance reflects differences among activities and material steps rather than assuming that one level of independence or assistance is appropriate throughout the PCA service;
- the support balance reflects material changes in the person's ability, need, participation, response, fatigue, environment, or other circumstances;
- person preferences and choices concerning participation and assistance are respected where applicable and consistent with the Applicable Basis, without assuming that either maximum assistance or maximum independence necessarily represents the person's preferred or appropriate support arrangement;
- protective conditions are maintained while supporting independent functioning or participation, and safety is not used without sufficient basis to eliminate appropriate participation;

- support does not create avoidable dependency by routinely performing functions the person can appropriately perform or participate in, while existing dependency or substantial support need is not treated as a quality failure merely because extensive assistance is required;
- where the person's preferred balance of assistance and participation differs materially from available instructions, authorization, protective requirements, or other Applicable Basis, the difference is recognized and addressed through appropriate clarification or other role-appropriate action rather than resolved unilaterally by the PCA;
- where determination or modification of the appropriate support balance requires reassessment, clinical judgment, authorization, or another decision outside the PCA Functional Scope, appropriate assistance seeking, clarification, escalation, referral, or transfer of responsibility occurs; and
- the quality of the support balance is determined from the relationship among the person's actual ability, need, participation, applicable requirements, and assistance provided—not simply from how much or how little assistance the PCA provided.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific information necessary to determine the appropriate balance between PCA assistance and independent functioning or participation.

These sources may include service authorizations; person-directed or service plans; applicable functional assessments; authorized assistance levels; person-specific goals, choices, preferences, and instructions; applicable professional or clinical direction; equipment or adaptive-item instructions; rights and person-centered requirements; Functional Scope limitations; provider requirements; and program or payer requirements.

The Reference Layer may establish important boundaries for the support balance, but it does not establish that more independence or more assistance is inherently better. The quality question remains whether the balance is appropriate for the declared PCA Support Service Quality Object.

Evidence Considerations

Evidence may include observation of the person's performance and participation and of PCA Support Work; the Person Receiving Support's or authorized representative's account; service plans, authorizations, functional assessments, goals, preferences, and person-specific instructions; records concerning assistance actually provided; information about changes in ability or participation; worker and supervisor communications; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit evaluation of both sides of the balance: whether required assistance was provided and whether appropriate independent functioning or participation was preserved. Neither extensive PCA assistance nor extensive independent performance, viewed alone, establishes an appropriate support balance.

4.5 Factor 4 — Respect for Personhood, Role, Dignity, and Autonomy

Purpose of the Factor

To ensure that Function Realization does not occur by compromising the person's dignity, privacy, integrity, rights, choices, autonomy, or applicable social and functional roles.

Core role: Preserves the person as a participant and rights-bearing individual within the support relationship, not merely as the recipient of completed tasks.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- rights, privacy, consent, autonomy, and nondiscrimination requirements;
- person-directed preferences, routines, and authorized representative arrangements;
- applicable confidentiality and dignity protections;
- program or provider requirements governing respectful support practice;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 4.1 — Respect for Dignity, Privacy, and Personal Integrity

SSC1 Core Requirement

Support Work shall preserve dignity, privacy, bodily and personal integrity, and respectful treatment within the declared context.

PCA1 Context-Specific Requirement

For PCA support, assistance shall be provided in a manner that preserves the person's dignity and personal integrity across personal-care, daily-life, household, mobility, meal-related, and other authorized PCA activities.

Because PCA work may involve the person's body, clothing, hygiene, toileting, eating, mobility, private living space, personal belongings, or other intimate aspects of daily life, the manner of assistance is itself a material quality condition. Necessary hands-on or intimate assistance does not inherently diminish dignity; however, the support shall avoid unnecessary exposure, demeaning or infantilizing treatment, disrespectful communication, rough or impersonal handling, disregard of personal boundaries, or other avoidable intrusion inconsistent with the person's role and the Applicable Basis.

PCA Quality Outcome Criteria

- the person is treated with respect throughout PCA Support Work regardless of the extent or type of assistance required;
- the manner of assistance recognizes the person as an adult or otherwise according to the person's applicable life role and does not unnecessarily infantilize, demean, ridicule, patronize, or depersonalize the person;

- communication, tone, language, physical interaction, and other worker conduct are consistent with the person's dignity and personal integrity;
- hands-on assistance is provided in a manner that respects the person's body, comfort, personal boundaries, and applicable preferences;
- exposure of the person's body during bathing, dressing, toileting, grooming, transfer, or other personal assistance is limited to what is reasonably necessary for the support being provided;
- personal-care activities are organized, where reasonably possible, to reduce unnecessary exposure, embarrassment, discomfort, or intrusion;
- the person's clothing, grooming, appearance, personal belongings, and living or personal space are handled with appropriate respect during PCA Support Work;
- assistance with eating, drinking, toileting, hygiene, dressing, mobility, or other activities does not become unnecessarily mechanical, rushed, coercive, or impersonal merely because the activity is routine or frequently performed;
- the person's need for extensive assistance, additional time, repetition, cueing, or another support method does not result in disrespectful treatment or diminished regard for personal dignity;
- disagreement, refusal, difficulty, slow participation, communication differences, or behavior relevant to the support activity does not justify humiliating, threatening, punitive, retaliatory, or otherwise degrading treatment;
- necessary discussion of the person's support needs or personal information occurs with appropriate regard for dignity and is not unnecessarily conducted in a manner that exposes sensitive information to persons not materially involved;
- where support occurs in the presence of family members, coworkers, members of the public, other service recipients, or other parties, the manner of assistance remains appropriately respectful of the person's dignity and personal role in that setting;
- cultural, personal, and other relevant preferences concerning modesty, interaction, grooming, clothing, food, routines, or personal assistance are respected where applicable and consistent with the Applicable Basis;
- protective requirements or necessary hands-on assistance are implemented in a manner that avoids unnecessary restriction or intrusion where a less intrusive authorized method can adequately meet the support need;
- worker efficiency, convenience, time pressure, or routine practice does not by itself justify materially disrespectful or unnecessarily intrusive support; and
- completion of the required PCA activity does not establish acceptable quality where the manner in which the activity was performed materially compromised the person's dignity or personal integrity.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, contractual-, professional/clinical-, and jurisdiction-specific requirements necessary to determine applicable expectations concerning dignity, privacy, personal boundaries, bodily assistance, communication, cultural or personal preferences, rights, and conduct during PCA Support Work.

These sources may include person-directed or service plans; person-specific preferences and instructions; service authorizations; applicable rights and privacy requirements; consent or representative arrangements; provider codes of conduct and procedures; professional or clinical

direction where applicable; Functional Scope requirements; and other applicable requirements governing respectful personal assistance.

The Reference Layer supplies applicable specificity and limitations but does not replace the PCA1 requirement that the manner of Support Work itself preserve dignity and personal integrity.

Evidence Considerations

Evidence may include direct observation of PCA Support Work and worker-person interaction; the Person Receiving Support's account and, where applicable, the authorized representative's account; person-specific preferences and instructions; service records; complaints, concerns, compliments, or incident information; relevant worker and supervisor communications; observations concerning privacy and the support environment; and other Evidence appropriate to the declared Quality Object and Service Period.

Because dignity and personal integrity may be affected by how assistance is performed rather than whether the task was completed, Evidence should address the actual manner of interaction and assistance. Absence of a complaint does not by itself establish that dignity and personal integrity were adequately respected.

Indicator 4.2 — Respect for Choice, Consent, Preferences, Rights, and Autonomy

SSC1 Core Requirement

Support Work shall respect applicable choice, consent, preferences, rights, autonomy, and supported decision-making requirements within the person's circumstances and lawful boundaries.

PCA1 Context-Specific Requirement

For PCA support, the person shall have meaningful opportunity to express and exercise applicable choices, preferences, and direction concerning how authorized assistance is provided. This may include the timing, sequence, pace, manner, routine, positioning, clothing, grooming, meals, personal belongings, environmental arrangements, communication, participation, and other aspects of PCA Support Work where choice or preference is materially applicable.

Respect for choice does not require the PCA to perform unauthorized, unsafe, clinically reserved, or otherwise impermissible actions. Where a person's expressed choice or preference cannot be followed because of a material limitation in the Applicable Basis, the PCA shall not simply substitute the worker's own preference. The difference shall be recognized and addressed through explanation, clarification, assistance seeking, escalation, or other role-appropriate action as applicable.

PCA Quality Outcome Criteria

- the person is provided a meaningful opportunity to express applicable choices, preferences, and direction concerning PCA Support Work;
- expressed choices and preferences are recognized and incorporated into the support where they are materially relevant and consistent with the Applicable Basis;
- the person's preferred routine, sequence, pace, or manner of receiving assistance is respected where a different approach is not materially required;

- choices concerning clothing, grooming, meals, personal belongings, activities, environmental arrangements, and other daily-life matters remain with the person to the extent applicable rather than being unnecessarily assumed by the PCA;
- the person has an appropriate role in directing hands-on or intimate assistance, including communicating comfort, positioning, pace, sequence, or other relevant preferences where applicable;
- communication differences do not by themselves eliminate the person's opportunity to express choice or preference, and applicable communication methods are used where reasonably available within the PCA role;
- the PCA distinguishes the person's choice or preference from the worker's own preference, convenience, routine, values, or judgment;
- worker convenience, speed, habit, or personal preference does not unnecessarily override an applicable person choice;
- repeated PCA routines do not become fixed practices that unnecessarily displace current person choice or direction;
- a person's request for assistance does not by itself justify taking control of other aspects of the activity that the person can appropriately choose, direct, or perform;
- refusal, hesitation, changed preference, or withdrawal of cooperation is recognized when materially relevant to the Support Work and is addressed according to the Applicable Basis rather than automatically overridden or ignored;
- where an expressed choice materially conflicts with an applicable protective requirement, authorization, instruction, Functional Scope limitation, or other Applicable Basis, the conflict is recognized and addressed through appropriate clarification, communication, assistance seeking, escalation, referral, or transfer of responsibility;
- the PCA does not use coercion, threat, humiliation, retaliation, deception, or unnecessary pressure merely to obtain compliance with the worker's preferred manner of completing an activity;
- involvement of an authorized representative or other decision-maker is respected where applicable without unnecessarily eliminating choices and preferences the Person Receiving Support can appropriately exercise;
- material changes in the person's expressed preferences or direction are recognized rather than assuming that a previously stated preference remains permanently applicable; and
- completion of the PCA activity does not by itself establish conformity where materially applicable person choice, preference, or direction was unnecessarily disregarded.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, contractual-, and jurisdiction-specific requirements necessary to determine the scope and application of choice, preference, direction, consent, representation, and applicable limitations within the actual PCA service.

These sources may include person-directed or service plans; person-specific preferences and instructions; service authorizations; applicable consent and representative arrangements; rights requirements; communication information; professional or clinical direction where applicable; protective requirements; provider procedures; Functional Scope limitations; and other applicable

requirements concerning person direction and decision-making.

The Reference Layer supplies the applicable authority, limitations, and specificity. It does not replace the PCA1 quality requirement that applicable person choice, preference, and direction be meaningfully respected during actual Support Work.

Evidence Considerations

Evidence may include direct observation of PCA Support Work and interaction; the Person Receiving Support's account and, where applicable, the authorized representative's account; person-specific preferences and instructions; service plans and authorizations; communication information; records concerning choices, refusals, changed preferences, or requested approaches; worker and supervisor communications; complaints, concerns, or incident information; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit evaluation of whether the person had a meaningful opportunity to express and exercise applicable choice, not merely whether the worker could identify a documented preference. A written preference or person-centered plan does not by itself establish that the person's choices and direction were respected during actual PCA Support Work.

Indicator 4.3 — Respect for Applicable Personal, Social, Community, Household, Student, Worker, or Other Role

SSC1 Core Requirement

Support shall recognize and preserve the applicable role of the Person Receiving Support in the setting being examined and shall not unnecessarily displace that role.

PCA1 Context-Specific Requirement

For PCA support, the person receiving assistance shall remain the central participant in the Support Work. Personal-care and daily-life activities shall be provided in a manner that recognizes the person as an individual with preferences, choices, routines, abilities, communication, privacy, dignity, and an applicable role in directing or participating in the support.

The PCA shall not reduce the person to a task to be completed, a condition or disability, a service schedule, or a set of physical care needs. Efficient completion of authorized PCA activities remains relevant, but task completion shall not displace recognition of the person for whom and with whom the support is being provided.

Recognition of the person as the primary subject does not authorize the PCA to disregard applicable protective requirements, service authorization, Functional Scope, or other elements of the Applicable Basis.

PCA Quality Outcome Criteria

- Support Work is organized around the person receiving support rather than solely around completion of assigned PCA tasks;
- the person is addressed, interacted with, and assisted as an active participant in the Support Service to the extent appropriate to the person and circumstances;

- the person’s relevant preferences, choices, routines, communication, and manner of participation are recognized where applicable and consistent with the Applicable Basis;
- PCA Support Work recognizes the person’s retained abilities and does not define the person solely by disability, limitation, diagnosis, dependency, or need for assistance;
- the person is not treated as passive merely because substantial or hands-on assistance is required;
- communication concerning the support is directed to or includes the person to the extent appropriate rather than unnecessarily speaking about the person as though the person were absent;
- worker convenience, routine, schedule, or preferred task method does not unnecessarily displace materially relevant person-specific needs or participation;
- the person’s body, belongings, living space, workplace, community setting, and other personal environments encountered during PCA Support Work are treated with appropriate regard for the person’s role and interests in those environments;
- assistance with intimate or highly personal activities does not diminish recognition of the person as an individual entitled to appropriate dignity, privacy, choice, and participation;
- the presence of family members, representatives, supervisors, healthcare personnel, or other parties does not unnecessarily displace the person as the primary subject of the PCA Support Work;
- where another authorized person has a legitimate decision-making, communication, or representative role, that role is respected without unnecessarily excluding the Person Receiving Support from participation appropriate to the circumstances;
- person-specific preferences or choices that cannot be followed because of authorization, protective requirements, Functional Scope, or another Applicable Basis are not simply disregarded; the difference is recognized and addressed through appropriate explanation, clarification, communication, or escalation within the PCA role;
- differences in communication ability, cognitive ability, physical ability, language, behavior, or method of participation do not by themselves justify treating the person as lacking a meaningful role in the support; and
- completion of the assigned PCA activity does not by itself establish conformity where the manner of Support Work materially failed to recognize the person as the primary subject of that support.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, contractual-, professional/clinical-, and jurisdiction-specific requirements necessary to determine how the person’s role, preferences, choices, communication, privacy, representation, and participation apply to the actual PCA service.

These sources may include person-directed or service plans; service authorizations; person-specific preferences and instructions; communication information; applicable consent or representative arrangements; rights and privacy requirements; provider requirements; professional or clinical direction where applicable; Functional Scope limitations; and other applicable requirements concerning person-centered Support Work.

The Reference Layer supplies the applicable specificity and boundaries. It does not replace the PCA1 requirement that the person remain the primary subject of the Support Work.

Evidence Considerations

Evidence may include direct observation of interactions between the PCA and the Person Receiving Support; the person's or authorized representative's account; service plans, authorizations, preferences, and communication information; records concerning choices or requested support approaches; complaints, concerns, or compliments; worker and supervisor communications; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should address how the support was actually experienced and performed, not merely whether required PCA tasks were completed. Written statements describing a service as "person-centered" do not by themselves establish that the person was treated as the primary subject during actual Support Work.

Indicator 4.4 — Absence of Coercive, Demeaning, Infantilizing, Stigmatizing, or Unnecessarily Intrusive Practice

SSC1 Core Requirement

Support Work shall not use coercive, demeaning, infantilizing, stigmatizing, or unnecessarily intrusive practice except where a lawful and properly bounded requirement justifies a specific action and the action remains proportionate to that requirement.

PCA1 Context-Specific Requirement

For PCA support, Support Work shall be free from coercive, demeaning, infantilizing, stigmatizing, humiliating, unnecessarily controlling, or unnecessarily intrusive practice. Because PCA Support Work may involve intimate personal care and access to the person's body, home, belongings, private information, or daily routines, any intrusion or restrictive action shall remain authorized, necessary, proportionate, and bounded to the applicable support requirement. Privacy and personal boundaries shall be protected throughout authorized assistance.

PCA Quality Outcome Criteria

- Support Work does not use coercion, threats, humiliation, ridicule, retaliation, deception, punishment, or unnecessary pressure to obtain compliance;
- communication, tone, physical interaction, and worker conduct do not demean, infantilize, stigmatize, patronize, or depersonalize the person;
- any intrusion into bodily privacy, personal space, belongings, information, or ordinary activity is limited to what is authorized and reasonably necessary for the applicable support requirement;
- protective, emergency, monitoring, or other justified actions are proportionate to the applicable requirement and are not used as a general basis for unnecessary control or intrusion;
- physical contact is related to the authorized support need and is not unnecessarily intrusive in its nature, extent, or duration;
- access to bedrooms, bathrooms, closets, cabinets, storage areas, personal devices, documents, or other private spaces or belongings is limited to what is reasonably required for authorized PCA Support Work;
- the person's belongings are handled, moved, opened, used, or accessed only to the extent appropriate to the Support Work and Applicable Basis;

- personal information learned through PCA Support Work is not unnecessarily discussed, exposed, displayed, or shared with persons who do not have an applicable role in the support;
- conversations concerning personal-care needs, health-related instructions, functional limitations, preferences, or other sensitive matters are conducted with appropriate regard for who can hear or participate;
- support provided in workplaces, community locations, shared residences, or other settings where third parties may be present is arranged, to the extent reasonably possible, to avoid unnecessary disclosure or exposure of the person's private support needs;
- the presence of family members, visitors, coworkers, other service recipients, or other parties does not by itself eliminate the person's applicable privacy or personal boundaries;
- the PCA recognizes and responds appropriately to the person's expressed boundaries concerning space, touch, belongings, communication, or privacy where those boundaries are consistent with the Applicable Basis;
- worker familiarity with the person, long-term service relationships, or routine access to the person's home or personal life does not eliminate applicable privacy and boundary expectations;
- worker convenience, curiosity, personal interest, or routine practice does not justify access to information, spaces, belongings, or activities beyond what is materially relevant to authorized Support Work;
- where privacy or a requested personal boundary cannot be fully maintained because of a material support need, protective requirement, emergency, authorized monitoring, shared environment, or another applicable condition, the intrusion is limited to what is reasonably necessary under the circumstances;
- uncertainty concerning whether access, disclosure, physical contact, or another intrusion is authorized is addressed through clarification or other role-appropriate action rather than assuming unrestricted access; and
- completion of an authorized PCA activity does not establish conformity where the manner of providing it involved unnecessary intrusion into the person's privacy or personal boundaries.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, contractual-, professional/clinical-, and jurisdiction-specific requirements necessary to determine applicable privacy protections, personal boundaries, authorized access, confidentiality conditions, consent or representation arrangements, and permitted disclosures.

These sources may include person-directed or service plans; person-specific preferences and instructions; service authorizations; privacy and confidentiality requirements; consent and representative arrangements; provider policies; workplace or residential requirements where applicable; professional or clinical direction relevant to the support; Functional Scope limitations; and other applicable requirements concerning access to the person, information, spaces, belongings, or private activities.

The Reference Layer supplies applicable specificity and legal or programmatic boundaries. It does not replace the PCA1 quality requirement that privacy and personal boundaries be protected during actual Support Work.

Evidence Considerations

Evidence may include direct observation of PCA Support Work and the support environment; the Person Receiving Support's or authorized representative's account; person-specific privacy preferences and instructions; service plans and authorizations; information concerning the physical setting and presence of other persons; records of complaints, concerns, incidents, or privacy-related events; relevant worker and supervisor communications; and other Evidence appropriate to the declared Quality Object and Service Period.

Evidence should permit evaluation of both whether access or intrusion was materially necessary for the authorized support and whether it was appropriately limited and managed. The fact that the PCA was authorized to enter the person's home or provide intimate assistance does not by itself establish unrestricted authority over the person's space, body, belongings, or information.

4.6 Factor 5 — Recognition and Response to Material Change

Purpose of the Factor

To ensure that material changes affecting support are recognized, interpreted within role limits, responded to in a timely manner, and communicated or followed through where required.

Core role: Prevents support from remaining static when changes in the person, environment, service requirements, risks, or interfaces materially affect Function Realization.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- service-plan instructions for observation, reporting, and escalation;
- emergency and urgent-response requirements applicable to the setting;
- professional or clinical direction defining reportable changes where applicable;
- provider, payer, or program communication and follow-through requirements;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 5.1 — Identification of Material Change Relevant to Support

SSC1 Core Requirement

Material changes in needs, abilities, behavior, condition, environment, requirements, risks, resources, or Interfaces relevant to support shall be identified.

PCA1 Context-Specific Requirement

For PCA support, material changes that may affect the person's support needs, participation, protective conditions, applicable Intended Function(s), Intended Result(s), or the appropriate performance of authorized PCA activities shall be recognized when they become observable or otherwise known within the Support Work. Such changes may concern the person's functional ability, participation, communication, behavior relevant to support, observable physical condition or response, comfort, fatigue, routine, environment, equipment or assistive items, available assistance, instructions, or other circumstances materially affecting the service. Recognition of change does not require the PCA to diagnose its cause or make a clinical, technical, eligibility, or other reserved determination.

PCA Quality Outcome Criteria

- material changes in the person's observable functional ability are recognized when they may affect the support required;
- material changes in the person's participation, response, communication, comfort, fatigue, or behavior relevant to the supported activity are recognized when they may affect Support Work;
- observable changes in physical condition are recognized to the extent necessary for appropriate PCA action without requiring the aide to diagnose their underlying cause;
- changes in the person's usual performance, routine, or manner of completing an activity are recognized when the difference may materially affect the support required;
- changes in the environment, equipment or assistive items, available assistance, instructions, authorizations, schedules, or other service conditions are recognized when they materially affect PCA Support Work;
- information communicated by the Person Receiving Support, authorized representative, another worker, supervisor, or other applicable source is recognized when it identifies a material change relevant to the support;
- gradual or recurring changes are not overlooked solely because no single occurrence appears substantial when their cumulative pattern materially affects Support Work;
- a material difference is not dismissed merely because no injury, incident, complaint, or service failure has yet occurred;
- uncertainty concerning the cause of an observable change does not prevent recognition that the change itself may be materially relevant to Support Work; and
- where available information is insufficient to determine whether an observed change is materially relevant, the uncertainty remains visible and appropriate clarification or other role-appropriate action occurs rather than silently assuming that existing support conditions remain unchanged.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific requirements necessary to determine which changes are materially relevant to PCA Support Work and what observations, conditions, limits, thresholds, or change-reporting expectations apply. These may include service plans and authorizations; person-specific instructions and baseline functional information; professional or clinical direction applicable to the support; equipment instructions; provider observation and reporting requirements; emergency and escalation procedures; supervision arrangements; Functional Scope

limitations; program and payer requirements; and other applicable requirements concerning changes in the person or service conditions.

Evidence Considerations

Evidence may include direct observation of the person, activity, environment, equipment, and Support Work; the Person Receiving Support's or authorized representative's account; service plans, authorizations, and person-specific instructions; contemporaneous PCA records; information concerning previous support conditions where relevant to comparison; communications and handoffs; worker and supervisor observations; equipment or environmental information; incident or near-miss records; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit determination of what changed, whether the change was materially relevant to PCA Support Work, and whether it was recognized at an appropriate point in the Service Period.

Indicator 5.2 — Role-Appropriate Judgment Regarding the Significance of Material Change

SSC1 Core Requirement

The significance of an identified material change shall be considered using judgment appropriate to the Support Role, Functional Scope, available information, and Service Context.

PCA1 Context-Specific Requirement

For PCA support, an identified change shall be considered in relation to its observable significance for the person's support needs, participation, protective conditions, applicable Intended Function(s), Intended Result(s), and the affected PCA activity. The PCA shall distinguish, to the extent reasonably possible within the Support Role, between ordinary variation and a change sufficiently material to require adjustment, communication, clarification, assistance seeking, escalation, or other applicable action. This judgment shall remain within the PCA Functional Scope and shall not become an unauthorized clinical, diagnostic, technical, eligibility, or other reserved determination.

PCA Quality Outcome Criteria

- an identified change is considered in relation to the actual PCA activity, support need, Intended Function, Intended Result, protective conditions, and Service Period;
- ordinary or temporary variation is distinguished, to the extent reasonably possible, from a change that materially affects Support Work;
- the significance of a change is not inferred solely from diagnosis, disability, age, or another general characteristic of the person;
- observable effects on ability, participation, response, comfort, fatigue, communication, behavior relevant to support, or other service conditions are considered where materially relevant;
- changes affecting equipment, environment, available assistance, instructions, or other service conditions are considered for their practical effect on PCA Support Work;
- recurring or cumulative changes are considered as a pattern where that pattern materially affects support, even if individual occurrences appear limited;
- absence of injury, complaint, incident, or immediate service failure is not treated as proof that an identified change is insignificant;
- where available information supports only a limited judgment, the PCA does not convert uncertainty into an unsupported conclusion about the cause or seriousness of the change;

- where the significance of a change cannot be adequately determined within the PCA role, appropriate clarification, assistance seeking, supervision, or escalation occurs; and
- the significance judgment remains traceable to observable information and the Applicable Basis rather than worker assumption alone.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific requirements necessary to determine what changes require attention and what role-appropriate significance thresholds, reporting expectations, or decision limits apply. These may include service plans and authorizations; person-specific instructions and baseline information; professional or clinical direction; provider procedures; emergency and escalation requirements; Functional Scope limitations; program and payer requirements; and applicable methods, thresholds, or acceptance conditions.

Evidence Considerations

Evidence may include observation of the identified change and its effect on Support Work; the Person Receiving Support's or authorized representative's account; service plans, authorizations, baseline information, and person-specific instructions; contemporaneous records; worker and supervisor communications; recurring-change patterns; incident or near-miss information; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of why the change was treated as ordinary variation, materially significant, or uncertain within the PCA role.

Indicator 5.3 — Timely Role-Appropriate Response to Material Change

SSC1 Core Requirement

Material change shall receive a timely role-appropriate response, including adjustment, protective action, assistance seeking, escalation, referral, or transfer of responsibility where applicable.

PCA1 Context-Specific Requirement

For PCA support, a material change shall receive a response appropriate to its significance, the affected support activity, and the PCA's authorized role. The response may include adjustment of Support Work within existing authority, protective action, clarification of instructions, assistance seeking, escalation, interruption or deferral of an activity where applicable, referral, or transfer of responsibility. The PCA shall neither ignore a material change nor exceed the Support Role by independently making clinical, diagnostic, technical, eligibility, or other reserved determinations.

PCA Quality Outcome Criteria

- a material change receives a response proportionate to its relevance and significance for the actual Support Work;
- Support Work is adjusted within the PCA's existing authority where a material change makes the previous method, level, timing, pace, sequence, positioning, or other controllable aspect of assistance inappropriate;
- applicable protective conditions are reconsidered when the material change may affect their continued adequacy;
- a material change affecting the person's ability or support need results in role-appropriate response rather than automatic continuation, withdrawal, or increase of assistance;

- material changes affecting equipment, assistive items, environment, available assistance, or other service conditions are addressed to the extent reasonably possible within the PCA role;
- clarification is sought when existing instructions are insufficient, unclear, contradictory, or no longer adequate for the materially changed circumstances;
- assistance is sought when appropriate action cannot reasonably be completed by the PCA alone;
- escalation, referral, or transfer of responsibility occurs when the material change requires assessment, authorization, clinical or technical judgment, emergency response, or another action outside the PCA Functional Scope;
- where the changed condition materially affects whether an activity can appropriately continue, continuation, modification, interruption, or deferral is addressed according to the Applicable Basis rather than worker convenience;
- response occurs with sufficient timeliness to avoid an unnecessary period in which Support Work continues under materially inappropriate conditions;
- action taken in response to change does not create a new material harm condition, inappropriate support mismatch, or other avoidable quality problem; and
- where the appropriate response cannot be completed or its adequacy remains uncertain, the unresolved condition remains visible through appropriate communication, documentation, assistance seeking, escalation, or other applicable action.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, and jurisdiction-specific requirements necessary to determine the appropriate and timely response to material change. These may include service plans and authorizations; person-specific instructions; professional or clinical direction; authorized assistance levels; change-reporting requirements; equipment instructions; emergency procedures; supervisory and escalation arrangements; provider procedures; Functional Scope limitations; program and payer requirements; and applicable methods, limits, thresholds, or acceptance conditions.

Evidence Considerations

Evidence may include direct observation of Support Work following the material change; the Person Receiving Support's or authorized representative's account; service plans, authorizations, and person-specific instructions; contemporaneous records of the change and actions taken; worker and supervisor communications; assistance-seeking, clarification, escalation, referral, or emergency-response records; equipment or environmental information; handoff records; incident or near-miss information; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of the relationship among the material change, its significance, the response taken, and the timeliness of that response.

Indicator 5.4 — Appropriate Communication and Follow-Through After Material Change

SSC1 Core Requirement

Material change and the resulting response shall be communicated and followed through to the extent required for continuity, safety, Function Realization, and responsibility across relevant Interfaces.

PCA1 Context-Specific Requirement

For PCA support, a material change requiring action beyond the immediate Support Work shall be communicated or escalated to the appropriate person, role, service, or Interface, and shall remain visible for appropriate follow-through while it continues to affect support or remains materially unresolved. Communication shall be sufficiently timely, accurate, relevant, and understandable to support appropriate follow-up. The PCA shall communicate observable information and action taken within the PCA role without converting observation into an unsupported clinical, diagnostic, technical, or other reserved conclusion. Follow-through does not make the PCA responsible for actions assigned to another authorized person or service.

PCA Quality Outcome Criteria

- material changes requiring action beyond the PCA's immediate authority or capability are communicated to an appropriate person, role, service, or Interface;
- communication or escalation occurs with sufficient timeliness in relation to the significance and potential consequences of the material change;
- communication identifies the observable change, relevant circumstances, and actions already taken with sufficient specificity to support follow-up;
- observable facts, person-reported information, and worker interpretation are distinguished where that distinction is material;
- urgent or emergency conditions are not routed solely through ordinary nonurgent communication when the Applicable Basis requires a more immediate response;
- where an initial communication does not reach an appropriate recipient or does not produce required action, additional role-appropriate escalation occurs when materially necessary;
- a material change remains visible within subsequent PCA Support Work for as long as it continues to materially affect the service;
- initial communication, reporting, or escalation is not treated as establishing resolution where the underlying condition or its effect on Support Work remains materially unresolved;
- subsequent Support Work reflects applicable clarification, instruction, authorization, or other direction received in response to the material change;
- materially relevant continuation, improvement, worsening, recurrence, or other development results in further role-appropriate action where required;
- an unresolved change is not omitted from a materially relevant handoff, transition, or communication merely because it was previously reported;
- where more than one worker, shift, setting, activity, or service is materially affected, necessary information is communicated across the applicable Interface to avoid an avoidable continuity or protective gap;
- communication and follow-through respect applicable privacy, confidentiality, consent, representation, and information-sharing requirements;
- responsibility transferred to another authorized person or service is not confused with continuing PCA responsibility, while PCA responsibilities that remain after transfer continue to be performed appropriately;
- closure is based on sufficient applicable information or conditions rather than worker assumption, passage of time alone, or absence of an immediately observed adverse event; and

- where resolution cannot be established within the available Evidence or PCA role, the remaining uncertainty is preserved as a limitation rather than replaced by an unsupported conclusion of resolution.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, professional/clinical-, contractual-, equipment-, emergency-, and jurisdiction-specific requirements necessary to determine what material changes must be communicated, to whom, by what method and timeframe, and what follow-through, handoff, continued observation, escalation, or closure conditions apply. These may include service plans and authorizations; person-specific instructions; provider communication and reporting procedures; supervisory arrangements; professional or clinical direction; emergency and incident procedures; authorized representative and contact arrangements; privacy and confidentiality requirements; Functional Scope limitations; program and payer requirements; and applicable reporting thresholds, methods, timeframes, or other acceptance conditions.

Evidence Considerations

Evidence may include contemporaneous service or communication records; the Person Receiving Support's or authorized representative's account; worker, supervisor, or other recipient accounts; call, message, handoff, escalation, incident, or emergency-response records; service plans and communication instructions; subsequent instructions or authorizations; observations across later activities or Service Periods; records of recurring or changing conditions; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of the sequence from material change through communication, response, subsequent Support Work, and applicable resolution or continuing uncertainty.

4.7 Factor 6 — Support Integration with Service Conditions and Interfaces

Purpose of the Factor

To ensure that Support Work functions coherently within the actual service setting and across the human, organizational, environmental, technological, occupational, and inter-service Interfaces on which realization depends.

Core role: Examines whether otherwise appropriate support remains compatible with the conditions and interfaces of the real service context.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- home, residential, community, transportation, or other setting requirements;
- responsibility arrangements among the person, worker, provider, family, and other services;

- equipment, technology, transportation, and environmental requirements;
- interface-specific instructions needed for coordinated support;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 6.1 — Compatibility of Support Work with Material Service Conditions

SSC1 Core Requirement

Support Work shall be compatible with material environmental, organizational, occupational, technological, scheduling, household, community, workplace, or other service conditions relevant to the declared object.

PCA1 Context-Specific Requirement

For PCA support, authorized assistance shall be compatible with the material conditions under which the service is actually provided. These conditions may include the home, residential, community, workplace, scheduling, household, equipment, hygiene, environmental, organizational, and other circumstances that materially affect how support can appropriately be performed. Compatibility shall be considered in relation to the person's support needs, applicable Intended Function(s) and Intended Result(s), authorized activities and assistance level, protective conditions, and the PCA Support Role and Functional Scope. Where material service conditions are unavailable, unclear, contradictory, materially changed, or inconsistent with the support arrangement, the limitation shall remain visible and appropriate clarification, assistance seeking, communication, or escalation shall occur rather than unsupported worker substitution.

PCA Quality Outcome Criteria

- PCA Support Work is compatible with the material environmental, household, community, workplace, scheduling, organizational, and other service conditions relevant to the actual support;
- the manner of support reflects material person-specific and activity-specific conditions rather than assuming that an authorized PCA activity can be performed appropriately in the same way under all circumstances;
- applicable protective, hygiene, infection-control, mobility, meal-support, positioning, equipment, environmental, or other service conditions are incorporated into Support Work where relevant;
- equipment and assistive-item conditions are considered within the PCA role where their availability, condition, setup, or use materially affects the support;
- Support Work is compatible with the applicable Service Period, schedule, setting, and available assistance where those conditions materially affect Function Realization;
- person-specific preferences, choices, and routines are incorporated where applicable and consistent with governing service conditions;
- worker convenience, customary practice, or routine does not override a material service condition necessary for appropriate Support Work;
- where several material service conditions operate together, Support Work does not selectively address one while materially disregarding another relevant condition;

- material differences between expected service conditions and the circumstances actually encountered are recognized when they affect appropriate Support Work;
- where a material service condition changes, subsequent Support Work is adjusted within the PCA's authority when adjustment is required and permitted;
- the PCA does not knowingly use a support method that is materially incompatible with the actual setting, equipment, hygiene, environmental, organizational, or other applicable conditions;
- unclear, conflicting, unavailable, or apparently outdated service conditions result in appropriate clarification or other role-appropriate action where the uncertainty materially affects Support Work; and
- completion of an authorized PCA activity does not by itself establish conformity where the manner of Support Work was materially incompatible with conditions necessary for Function Realization.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, contractual-, payer-, setting-, and jurisdiction-specific requirements necessary to determine which service conditions are materially applicable and what compatibility requires in the actual PCA service. These sources may include service authorizations; person-directed or service plans; authorized activities and assistance levels; person-specific instructions and preferences; schedules and Service Period requirements; professional or clinical direction applicable to the support; equipment and assistive-item instructions; provider procedures; workplace, residential, community, or transportation requirements; Functional Scope limitations; program and payer requirements; and other applicable methods, limits, thresholds, or acceptance conditions. The Reference Layer supplies the specific service conditions. It does not replace the PCA1 quality requirement that actual Support Work be compatible with those conditions in practice.

Evidence Considerations

Evidence may include direct observation of PCA Support Work and the service setting; the Person Receiving Support's or authorized representative's account; current service plans, authorizations, schedules, and person-specific instructions; records of assistance actually provided; equipment and environmental information; worker and supervisor communications; clarification, handoff, or escalation records; records of changes in service conditions; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit comparison between the material service conditions and the Support Work actually performed. The existence of a plan, authorization, schedule, or procedure does not by itself establish compatibility in actual Support Work.

Indicator 6.2 — Effective Functioning Across Relevant Service Interfaces

SSC1 Core Requirement

Relevant Support Service Interfaces shall be sufficiently identified and Support Work shall function coherently across them without unaddressed gaps, conflicts, or responsibility ambiguity.

PCA1 Context-Specific Requirement

For PCA support, relevant Interfaces shall be recognized and Support Work shall function coherently where effectiveness, safety, continuity, or appropriateness materially depends on another person, worker, service, setting, activity, equipment arrangement, or transfer of responsibility. PCA support may interface with the Person Receiving Support, authorized representatives, family or household members,

other support workers, supervisors, healthcare or other professionals, transportation or community arrangements, workplaces or day settings, and other services applicable to the declared Quality Object. Coordination shall preserve the PCA's own Support Role and Functional Scope; it does not make the aide responsible for directing, supervising, or performing work assigned to another role.

PCA Quality Outcome Criteria

- Interfaces that materially affect PCA Support Work are sufficiently identified for appropriate coordination;
- the respective PCA responsibility and materially relevant responsibility of another person, role, or service are sufficiently distinguished to avoid an unaddressed gap, duplication, conflict, or responsibility ambiguity;
- necessary information is available across a relevant Interface at the point and time reasonably required for PCA Support Work;
- PCA Support Work is coordinated with applicable actions of other workers or services where independent performance would create a material discontinuity or conflict;
- transitions between workers, activities, locations, settings, or Service Periods preserve materially necessary continuity of support;
- transfer of responsibility is sufficiently clear where ambiguity could create an avoidable support or protective gap;
- the PCA does not assume that another person or service has accepted responsibility where that transfer has not been sufficiently established;
- the PCA does not unnecessarily duplicate or interfere with an activity that has appropriately transferred to another authorized role;
- materially relevant person-specific instructions, changes, protective conditions, or support arrangements are communicated across applicable Interfaces within authorized information-sharing boundaries;
- support provided by family members, authorized representatives, or other informal participants is considered where it materially affects the PCA service without automatically treating those persons as substitutes for authorized PCA responsibilities;
- where PCA support occurs across home, workplace, community, transportation, day-program, or other settings, relevant changes in setting and responsibility are recognized when they affect how support is to be provided;
- conflicting, incomplete, or inconsistent information received across Interfaces is not resolved solely through unsupported PCA assumption when the difference materially affects Support Work;
- a failure, delay, or uncertainty at another Interface that materially affects PCA Support Work results in appropriate clarification, communication, assistance seeking, escalation, or other role-appropriate action;
- coordination with another role does not cause the PCA to undertake clinical, technical, supervisory, or other reserved functions outside the PCA Functional Scope; and
- the presence of multiple workers, services, or responsible parties does not by itself establish effective Interface functioning where material gaps, duplication, conflicts, or unclear responsibility remain.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, professional/clinical-, contractual-, setting-, equipment-, transportation-, and jurisdiction-specific requirements necessary to determine the relevant Interfaces, responsibilities, communication arrangements, transitions, handoffs, information-sharing conditions, and escalation pathways. These sources may include service plans and authorizations; person-specific instructions; assignments of worker or service responsibility; provider procedures; professional or clinical direction; supervision and handoff arrangements; workplace, residential, transportation, or community-setting requirements; equipment instructions; consent and privacy requirements; Functional Scope limitations; and other applicable requirements governing coordination among persons, roles, services, and settings. The Reference Layer establishes the specific Interface arrangement. It does not replace the PCA1 quality requirement that Support Work function coherently across materially relevant Interfaces.

Evidence Considerations

Evidence may include direct observation of PCA Support Work and transitions; the Person Receiving Support's or authorized representative's account; service plans and assignments of responsibility; schedules and handoff information; worker, supervisor, professional, or other relevant communications; records of transfers, referrals, clarification, or escalation; equipment and setting information; incident or near-miss records involving an Interface; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what Interface materially affected PCA Support Work, how responsibilities and necessary information operated across that Interface, and whether unaddressed gaps, conflicts, or responsibility ambiguity remained.

Indicator 6.3 — Support of Required Context Participation and Interaction

SSC1 Core Requirement

Support shall enable or preserve the participation and interaction required by the applicable Support Intended Functions and Support Intended Results within the declared Service Context.

PCA1 Context-Specific Requirement

For PCA support, assistance shall enable or preserve the person's participation and interaction in the household, community, workplace, educational, social, or other applicable context where that participation or interaction forms part of the applicable Intended Function(s) or Intended Result(s). The PCA shall support the person's role in the actual setting without unnecessarily replacing, isolating, or displacing the person from participation that the support is intended to make possible. The form and level of assistance shall remain consistent with the person's actual ability and need, preferences and choices where applicable, protective conditions, Functional Scope, and the Applicable Basis.

PCA Quality Outcome Criteria

- PCA Support Work recognizes when participation or interaction in the actual service context forms part of the applicable Intended Function or Intended Result;
- assistance enables the person to enter, remain in, or appropriately engage with the applicable household, community, workplace, educational, social, or other context where support is required for that participation;
- the manner of assistance does not unnecessarily displace the person from activities, interactions, choices, or roles that the person can appropriately perform or exercise;

- support does not unnecessarily substitute worker interaction for the person’s own interaction with family members, coworkers, community members, service personnel, or other relevant persons;
- the person is provided meaningful opportunity to communicate, choose, direct, perform, or otherwise participate to the extent appropriate to the actual context and Applicable Basis;
- PCA presence and assistance are arranged, where reasonably possible, so that necessary support does not itself become an avoidable barrier to ordinary participation or interaction;
- support in public, workplace, community, shared-residence, or other social settings is provided with appropriate regard for dignity, privacy, personal boundaries, and the person’s role in that setting;
- the level and form of support are sufficient to address material support needs and are not reduced merely to make the PCA less visible where greater assistance is actually required;
- protective requirements are maintained while supporting participation and are not used without sufficient basis to eliminate participation that can appropriately occur;
- changes in the person’s ability, participation, response, setting, or other circumstances are recognized when they materially affect the support needed for continued participation or interaction;
- where context participation depends on another worker, service, transportation arrangement, equipment, or other Interface, PCA Support Work functions coherently with that Interface within the aide’s role;
- where participation cannot be supported as intended because of a material condition outside the PCA’s authority, the limitation is communicated or escalated as appropriate rather than concealed by mere task completion; and
- completion of the underlying PCA task does not by itself establish conformity where the manner of assistance unnecessarily displaced or prevented participation or interaction required by the applicable Intended Function or Intended Result.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, setting-, program-, provider-, professional/clinical-, contractual-, transportation-, and jurisdiction-specific requirements necessary to determine what participation or interaction is applicable, what assistance is authorized, and what conditions or limitations govern support in the actual context. These sources may include service plans and authorizations; person-specific goals, preferences, and instructions; workplace, educational, residential, community, or transportation requirements; authorized assistance levels; professional or clinical direction where applicable; communication and accessibility arrangements; provider procedures; Functional Scope limitations; and other applicable requirements, methods, limits, thresholds, or acceptance conditions. The Reference Layer supplies the context-specific participation requirements. It does not replace the PCA1 quality requirement that Support Work enable or preserve participation and interaction required by the applicable Intended Function(s) and Intended Result(s).

Evidence Considerations

Evidence may include direct observation of the person’s participation and interaction in the relevant context; observation of PCA Support Work; the Person Receiving Support’s or authorized representative’s account; service plans, goals, authorizations, and person-specific instructions; records describing assistance actually provided; information concerning the setting and relevant Interfaces; worker and supervisor communications; records of barriers, interruptions, adjustments, or escalation; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit

evaluation of whether PCA Support Work enabled or preserved the participation or interaction required by the applicable Intended Function or Intended Result, rather than relying solely on whether the underlying task was completed.

Indicator 6.4 — Avoidance of Support-Created Context or Interface Disruption

SSC1 Core Requirement

Support Work shall avoid creating unnecessary disruption, dependency, conflict, confusion, or other adverse effects at relevant service or participation Interfaces.

PCA1 Context-Specific Requirement

For PCA support, the manner in which assistance is provided shall not itself create avoidable barriers, contamination, isolation, conflict, confusion, workflow disruption, unnecessary dependency, or other material interference with the person's participation, the service context, or relevant Interfaces. PCA Support Work shall be organized so that necessary assistance fits the actual setting and relationships without creating adverse effects that are reasonably preventable within the PCA Support Role and Functional Scope. Where disruption arises from a condition outside the PCA's authority, the PCA is responsible only for role-appropriate prevention, mitigation, communication, clarification, or escalation, not for independently resolving organizational, clinical, contractual, technical, or other matters assigned to another role.

PCA Quality Outcome Criteria

- PCA Support Work does not create avoidable barriers to the person's applicable household, community, workplace, educational, social, or other participation;
- the manner of assistance does not unnecessarily isolate the person from relevant people, activities, or settings;
- Support Work does not create avoidable contamination, hygiene, environmental, or equipment conditions that materially interfere with the service context or another relevant Interface;
- worker actions, positioning, equipment placement, use of space, timing, or sequencing do not create avoidable workflow or access disruption where these conditions are materially relevant to the setting;
- PCA communication and interaction do not create unnecessary conflict, confusion, or role ambiguity with the person, family members, coworkers, other workers, professionals, or other relevant parties;
- the PCA does not unnecessarily assume or duplicate another role in a manner that creates dependency, conflict, or confusion about responsibility;
- material gaps in responsibility, information, resources, or support arrangements are recognized rather than silently absorbed into routine PCA Support Work;
- conflicting instructions or expectations materially affecting Support Work are recognized and not resolved solely according to worker preference or convenience;
- temporary action taken within the PCA role to manage a context or Interface problem does not become an unauthorized permanent expansion of PCA responsibility;
- where immediate circumstances require action before an Interface issue can be fully clarified, the PCA acts within applicable authority and protective requirements while preserving the unresolved condition for subsequent clarification or escalation;
- repeated context or Interface disruption is not indefinitely treated as isolated where recurrence materially affects Function Realization;

- the person is not unnecessarily required to compensate for coordination or workflow failures among workers or services where appropriate role-based action can address the problem;
- support-created disruption is prevented, reduced, or addressed where it materially affects Function Realization, participation, protection, dignity, or continuity;
- where a material context or Interface problem cannot be resolved within the PCA role, the unresolved limitation remains visible through appropriate communication, clarification, escalation, referral, or transfer of responsibility; and
- absence of an adverse event does not by itself establish that a material support-created context or Interface disruption was adequately prevented or addressed.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, setting-, program-, provider-, professional/clinical-, contractual-, equipment-, workplace-, residential-, community-, and jurisdiction-specific requirements necessary to determine what forms of disruption are materially relevant and what responsibilities, authority, communication pathways, resource arrangements, hygiene or environmental controls, and escalation procedures apply. These sources may include service plans and authorizations; person-specific instructions; assignments of responsibility; provider procedures; professional or clinical direction; equipment and supply arrangements; workplace or setting requirements; supervisory and escalation structures; privacy and information-sharing requirements; Functional Scope limitations; and other applicable methods, limits, thresholds, or acceptance conditions. The Reference Layer supplies the context-specific responsibility and control framework. It does not replace the PCA1 quality requirement that Support Work avoid creating unnecessary adverse effects at relevant service or participation Interfaces.

Evidence Considerations

Evidence may include direct observation of the affected Support Work and service context; the Person Receiving Support's or authorized representative's account; service plans, authorizations, assignments, and person-specific instructions; worker and supervisor communications; clarification, assistance-seeking, handoff, escalation, referral, or transfer records; information concerning unavailable services, equipment, resources, environmental or hygiene conditions; incident and near-miss records; records of recurring Interface difficulties; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit determination of what disruption or Interface condition existed, whether PCA Support Work created, increased, prevented, or addressed it, and how the condition affected Function Realization or participation.

4.8 Factor 7 — Continuity, Accuracy, and Protection of Support-Relevant Information

Purpose of the Factor

To ensure that information needed to guide support remains sufficiently accurate, current, relevant, available, continuous, and appropriately protected across workers, service periods, arrangements, and material changes.

Core role: Preserves information continuity as part of Function Realization while preventing records or documentation from being treated as substitutes for actual service quality.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- documentation, recordkeeping, handoff, and communication requirements;
- privacy, confidentiality, data-protection, and authorized-disclosure requirements;
- service-plan and provider requirements governing current support information;
- retention, correction, access, and traceability requirements where applicable;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 7.1 — Accuracy, Currency, and Relevance of Information Used to Guide Support

SSC1 Core Requirement

Information used to guide Support Work shall be sufficiently accurate, current, relevant, and applicable to the declared Support Service Quality Object.

PCA1 Context-Specific Requirement

For PCA support, information used to guide authorized assistance shall be sufficiently accurate, current, relevant, and applicable to the person, activity, setting, Service Period, and actual support circumstances. This may include information concerning support needs, assistance level, preferences and communication, protective conditions, equipment or assistive items, current instructions, service conditions, material changes, and relevant Interfaces. The PCA is not responsible for independently validating every record or determining clinical, technical, administrative, or legal correctness outside the Support Role. Where information is observably inconsistent with current circumstances, conflicts with other applicable information, appears materially outdated, incomplete, or irrelevant, the discrepancy shall remain visible and be addressed through clarification, communication, assistance seeking, escalation, or other role-appropriate action.

PCA Quality Outcome Criteria

- information used to guide PCA Support Work corresponds sufficiently to the person, activity, setting, and Service Period to which it is applied;
- information concerning support needs and authorized assistance level reflects the applicable current support arrangement;
- person-specific instructions, preferences, communication methods, protective conditions, and other material direction are current and relevant to the affected Support Work;
- equipment or assistive-item information corresponds to the item actually involved where that distinction is material;

- current revisions or replacements are distinguished from superseded information where materially necessary;
- person-specific information is not incorrectly transferred or generalized from another person, activity, setting, or support arrangement;
- observable inconsistencies between available information and actual circumstances result in appropriate clarification or other role-appropriate action;
- conflicting dates, instructions, assistance levels, responsibilities, or other material information are not silently reconciled through worker assumption;
- informal information is considered according to its relevance and authority and does not automatically replace applicable authorized information;
- information known to be superseded, withdrawn, incorrect, or no longer applicable is not knowingly relied upon as the basis for current Support Work;
- uncertainty concerning accuracy, currency, relevance, or applicability remains visible until sufficiently clarified; and
- a favorable support result does not by itself establish that the information used was adequate, just as discovery of an information discrepancy does not by itself establish deficient PCA performance where the aide responded appropriately within the authorized role.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, professional/clinical-, equipment-, contractual-, information-system-, and jurisdiction-specific requirements necessary to determine which support-relevant information is authoritative, current, relevant, applicable, controlled, revised, superseded, or otherwise valid for PCA Support Work. These sources may include current service plans and authorizations; person-specific instructions and preferences; applicable functional information; professional or clinical direction; equipment instructions; provider documentation and revision-control procedures; worker assignments and schedules; communication and handoff requirements; Functional Scope limitations; privacy and information-management requirements; program and payer requirements; and other applicable information-control conditions. The Reference Layer establishes the applicable source, status, and specificity of information. It does not replace the PCA1 quality requirement that information actually relied upon during Support Work be sufficiently accurate, current, relevant, and applicable.

Evidence Considerations

Evidence may include the information available and used by the PCA during the relevant Service Period; service plans, authorizations, instructions, revisions, and dates; the Person Receiving Support's or authorized representative's account; records of material changes; worker and supervisor communications; handoff information; clarification or escalation records; equipment information; documentation histories where relevant; and other Evidence appropriate to the declared Quality Object. Evidence should permit comparison among the information used, its applicable status at the relevant time, and the actual PCA Support Work. Later correction of a record does not by itself establish that the PCA knew or reasonably should have known it was inaccurate at the earlier time; conversely, formal presence of information in a current record does not establish that it accurately reflected the material circumstances encountered during Support Work.

Indicator 7.2 — Appropriate Transfer of Support-Relevant Information Across Workers, Periods, Arrangements, and Interfaces

SSC1 Core Requirement

Support-relevant information shall be transferred across workers, Service Periods, arrangements, and Interfaces to the extent necessary for safe, coherent, and effective Function Realization.

PCA1 Context-Specific Requirement

For PCA support, materially necessary support information shall be transferred across workers, Service Periods, arrangements, settings, handoffs, and other relevant Interfaces when continuity, protection, or effective Function Realization depends on it. Transfer does not require repetition of every detail. It requires that the appropriate receiving person or role obtain the information materially necessary for subsequent Support Work, in a sufficiently timely, understandable, and usable form, within applicable privacy and information-sharing boundaries. Where necessary information cannot be transferred, the limitation shall remain visible and appropriate clarification, communication, assistance seeking, or escalation shall occur.

PCA Quality Outcome Criteria

- materially necessary support information reaches the appropriate worker, role, or Interface when continuity depends on it;
- information concerning current support needs, applicable assistance level, person-specific instructions, protective conditions, preferences, communication, equipment, and unresolved material changes is transferred where relevant to subsequent Support Work;
- handoffs between workers or Service Periods preserve information necessary for safe, coherent, and effective support;
- transitions between home, workplace, community, transportation, day setting, or other applicable environments do not result in avoidable loss of information required for continuing support;
- information is transferred sufficiently early for the receiving party to use it when materially required;
- the transferred information remains associated with the correct person, activity, setting, and support circumstances;
- material facts are not omitted, distorted, exaggerated, or presented in a manner that materially changes their support meaning;
- observable worker information is distinguished from unsupported diagnosis or professional interpretation where that distinction matters;
- documentation does not substitute for a materially necessary direct or timely communication where circumstances require the information to reach another person promptly;
- informal verbal communication does not substitute for required controlled documentation where the Applicable Basis requires another method;
- information transfer is limited to what is necessary and authorized for the receiving role or Interface;
- failed, delayed, or uncertain transfer that materially affects Support Work results in appropriate follow-up, clarification, or escalation; and
- the existence of a handoff form, electronic record, or communication system does not by itself establish adequate transfer if the materially necessary information did not reach the appropriate party.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, professional/clinical-, contractual-, information-system-, and jurisdiction-specific requirements necessary to determine what support information must be transferred, to whom, by what method, at what time, and subject to what privacy, consent, documentation, or retention conditions. These sources may include service plans and authorizations; person-specific instructions; provider handoff and communication procedures; professional or clinical direction; worker assignments and schedules; incident and escalation procedures; privacy and information-sharing requirements; Functional Scope limitations; program and payer requirements; and other applicable transfer conditions. The Reference Layer supplies the specific transfer requirements. It does not replace the PCA1 quality requirement that materially necessary information actually reach the appropriate party without avoidable omission or distortion.

Evidence Considerations

Evidence may include direct observation of handoffs and transitions; the Person Receiving Support's or authorized representative's account; service plans, authorizations, instructions, and revisions; worker and supervisor communications; handoff records; records from consecutive activities or Service Periods; clarification or escalation records; information concerning equipment or environmental conditions; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what information was materially necessary, whether it reached the appropriate recipient at the relevant time, and whether it remained sufficiently accurate and usable for subsequent Support Work.

Indicator 7.3 — Continuity of Support Logic and Direction Across Material Changes

SSC1 Core Requirement

The rationale, direction, and material requirements guiding support shall remain sufficiently continuous and traceable when workers, arrangements, settings, needs, requirements, or other material conditions change.

PCA1 Context-Specific Requirement

For PCA support, the rationale, authorized direction, and person-specific support logic needed for safe, coherent, and effective assistance shall remain sufficiently continuous and traceable when workers, shifts, settings, arrangements, needs, instructions, equipment, or other material conditions change. Continuity does not require every worker or setting to use an identical method. It requires that material support requirements and the basis for changed direction do not become unintentionally lost, contradicted, or disconnected from subsequent Support Work.

PCA Quality Outcome Criteria

- authorized direction and person-specific support logic remain coherent across relevant workers, shifts, settings, and Service Periods;
- material changes recognized during one portion of Support Work remain traceable into subsequent Support Work where they continue to affect the service;
- revised or updated direction can be sufficiently distinguished from superseded direction where that distinction materially affects Support Work;
- the source or status of materially important direction is sufficiently identifiable where authority, applicability, or reliability depends on it;

- changes in assistance level, protective conditions, equipment use, communication, or other support requirements remain connected to the condition or authorized direction that supports the change;
- transitions do not reset support to a routine or default method where current person-specific conditions require a different approach;
- temporary, conditional, or setting-specific direction is not incorrectly treated as universally applicable;
- recurring or unresolved material changes remain visible across subsequent Support Work where follow-through is required;
- gaps, contradictions, or loss of traceability in material support logic are recognized and addressed through clarification, communication, assistance seeking, or escalation;
- continuity is maintained without unnecessary duplication or disclosure of information not materially required by the receiving role or Interface; and
- where complete continuity or traceability cannot be established, the limitation remains visible rather than being concealed through assumptions about what another worker, service, or Interface knew or did.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, program-, provider-, professional/clinical-, contractual-, information-system-, and jurisdiction-specific requirements necessary to determine what support direction must remain continuous, how changes are authorized or communicated, how superseded direction is distinguished, and what traceability is required across workers, arrangements, settings, and Service Periods. These sources may include service plans and authorizations; person-specific instructions; provider documentation and recordkeeping procedures; handoff and communication requirements; professional or clinical direction; incident and escalation procedures; worker assignments and schedules; privacy and information-sharing requirements; Functional Scope limitations; program and payer requirements; and applicable documentation, retention, timing, or traceability conditions.

Evidence Considerations

Evidence may include records from consecutive activities, shifts, or Service Periods; handoff and communication records; service plans, authorizations, instructions, and revisions; the Person Receiving Support's or authorized representative's account; PCA and supervisor records; records of material changes, clarification, escalation, referral, or transfer; documentation histories where relevant; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit reconstruction, at the Methodological Resolution required for the determination, of what materially relevant direction applied, how it changed or moved across the Support Work, and how it related to subsequent PCA action.

Indicator 7.4 — Protection from Information Loss, Distortion, Misuse, or Inappropriate Disclosure

SSC1 Core Requirement

Support-relevant information shall be protected, within applicable requirements and role boundaries, from material loss, distortion, misuse, unauthorized access, or inappropriate disclosure.

PCA1 Context-Specific Requirement

For PCA support, information concerning the Person Receiving Support shall be accessed, used, communicated, recorded, stored, and otherwise handled only to the extent materially necessary and authorized for appropriate Support Work. Because PCA support may occur in private homes, workplaces, community settings, transportation, shared environments, and other locations where personal information can be seen, heard, transmitted, or accessed by others, protection shall extend to the actual circumstances in which the aide performs the work. Information protection shall not prevent necessary and authorized communication required for safe, effective, and continuous support.

PCA Quality Outcome Criteria

- access to support-relevant information is limited to information reasonably necessary and authorized for the PCA Support Role;
- personal information obtained through PCA Support Work is used for applicable support purposes and not for unrelated unauthorized purposes;
- information is communicated only to persons, roles, or Interfaces authorized or otherwise permitted to receive it and is limited to what is materially necessary;
- conversations involving private or sensitive information are conducted with reasonable regard for who may hear them in the actual setting;
- written, electronic, photographic, audio, or other recorded information is handled in accordance with applicable authorization and information-protection requirements;
- documents, devices, screens, messages, notes, schedules, or other information sources are not unnecessarily exposed to unauthorized persons;
- person-specific information is not knowingly left in circumstances creating avoidable unauthorized access, loss, or disclosure;
- sensitive personal-care and daily-life information is handled with appropriate regard for privacy and dignity;
- familiarity with the person, family, household, or other workers does not by itself authorize disclosure;
- materially necessary information is not withheld from an authorized recipient merely in the name of privacy where withholding would conflict with the Applicable Basis or materially impair appropriate Support Work;
- handoffs and Interface communications preserve necessary information while avoiding unnecessary disclosure;
- information entered, copied, transmitted, or communicated by the PCA is not knowingly altered, exaggerated, omitted, or presented in a misleading manner;
- suspected loss, unauthorized disclosure, misdirection, inappropriate access, or other material information-handling problem is addressed through applicable reporting, assistance-seeking, or escalation arrangements; and
- protection is evaluated from actual handling practices, not merely from the existence of a privacy policy, confidentiality agreement, electronic system, or other administrative control.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, provider-, program-, contractual-, professional/clinical-, information-system-, and jurisdiction-specific requirements governing access,

consent, confidentiality, privacy, documentation, communication, storage, transmission, retention, correction, disclosure, incident reporting, and other handling of support-relevant information. These sources may include person-specific consent or authorization; service plans and agreements; provider privacy and documentation procedures; information-system requirements; professional or clinical communication requirements; applicable privacy and confidentiality law; mandatory reporting requirements; program and payer requirements; Functional Scope limitations; and other applicable information-handling conditions.

Evidence Considerations

Evidence may include direct observation of information handling during PCA Support Work; the Person Receiving Support's or authorized representative's account; communications and handoff records; documentation created or handled by the PCA; applicable access or transmission records where relevant and authorized; privacy or consent documentation; records of clarification, correction, disclosure, or information-related incidents; worker and supervisor accounts; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what information was accessed or handled, why it was needed, how it was used or communicated, who had access to it, and whether its handling was consistent with the applicable support purpose and information-protection conditions.

4.9 Factor 8 — Practice and Judgment Within Functional Scope

Purpose of the Factor

To ensure that Support Work remains within the authorized Support Role and Functional Scope and that conditions exceeding authority, competence, information, or safe independent action are appropriately escalated or transferred.

Core role: Preserves role integrity and prevents support-service quality from depending on unauthorized, reserved, or insufficiently supported practice.

PCA Context and Governing Terms

The authoritative SSC1 Factor purpose and Core Indicators govern. PCA1 applies them to authorized personal-care and daily-life support, the person's actual support needs and participation, the declared Service Period and setting, and the applicable role, responsibility, and information interfaces. PCA1 does not redefine the governing WQI or AMSI terms.

Factor-Specific Reference Layer

For this Factor, the PCA1 application shall identify current Reference Layer sources that materially govern or inform the declared PCA Support Service Quality Object, including as applicable:

- laws, regulations, program rules, and authorizations defining PCA role and scope;
- occupational or employer requirements and supervision arrangements;
- professional or clinical boundaries relevant to reserved activities;
- escalation, referral, emergency-assistance, and transfer-of-responsibility requirements;

The applicable sources shall remain traceable to the relevant Indicator, applicable Quality Outcome Criterion, Evidence, and determination.

PCA1 Requirements and Quality Outcome Criteria

Indicator 8.1 — Practice Within Authorized Support Role and Functional Scope

SSC1 Core Requirement

Support Work shall remain within the applicable authorized Support Role, Functional Scope, responsibilities, and declared service boundaries.

PCA1 Context-Specific Requirement

For PCA support, Support Work shall remain within the worker's authorized role, applicable responsibilities, and declared service boundaries. Authorization for a general activity does not by itself authorize every possible method, decision, intervention, or related task. The PCA shall distinguish work that falls within ordinary authorized personal-care and daily-life assistance from activities requiring another role, additional authorization, supervision, professional judgment, or other reserved authority. Person requests, family direction, customary practice, prior experience, or worker confidence do not independently expand Functional Scope.

PCA Quality Outcome Criteria

- PCA Support Work is limited to activities and responsibilities authorized for the worker and applicable service arrangement;
- the worker distinguishes authorization for an activity from authorization for every possible method or related action;
- person-specific instructions are followed only to the extent they are applicable and within the PCA Functional Scope;
- a task label, customary routine, informal request, or prior performance is not treated as independent authority for work outside Functional Scope;
- the Person Receiving Support's request is respected and addressed but does not by itself authorize work beyond the PCA role;
- family, representative, coworker, or other informal direction does not independently expand PCA authority;
- worker experience, training, familiarity, or confidence does not substitute for required authorization;
- equipment and assistive-item use remains within authorized PCA responsibilities and applicable instructions;
- support in home, workplace, community, transportation, or other settings remains within the same applicable role boundaries unless a valid basis establishes otherwise;
- where role authority is unclear, the limitation is recognized and clarification is sought rather than resolved through unsupported assumption;
- the PCA continues authorized Support Work that remains reasonably possible when another aspect of the situation falls outside Functional Scope; and
- task completion or a favorable outcome does not by itself establish conformity where the worker materially exceeded the authorized role or service boundary.

Reference Layer Completion

The applicable Reference Layer shall supply the jurisdiction-, program-, provider-, employer-, professional/clinical-, person-, equipment-, and activity-specific requirements defining PCA

authorization, Functional Scope, responsibilities, supervision conditions, service boundaries, and any delegated or otherwise permitted activities where applicable. These sources may include laws and regulations; program rules; occupational and employer requirements; service authorizations; person-specific plans and instructions; professional or clinical direction; supervision requirements; equipment instructions; emergency procedures; and other applicable role or responsibility conditions. The Reference Layer defines the specific boundary; PCA1 does not independently enlarge or narrow that boundary.

Evidence Considerations

Evidence may include direct observation of PCA Support Work; the Person Receiving Support's or authorized representative's account; service plans and authorizations; applicable role and Functional Scope requirements; professional or clinical instructions; worker and supervisor accounts; equipment information; communication, clarification, assistance-seeking, referral, or escalation records; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what action occurred, what authority applied, and whether the Support Work remained within the PCA's applicable role and declared service boundaries.

Indicator 8.2 — Appropriate Judgment Within Functional Scope

SSC1 Core Requirement

Decisions about support, adjustment, communication, privacy, risk, and escalation shall use judgment appropriate to the role, available information, and actual conditions.

PCA1 Context-Specific Requirement

For PCA support, the worker shall exercise role-appropriate judgment when deciding how authorized assistance is carried out within the established Support Role and Functional Scope. This includes judgment concerning timing, pace, sequencing, cueing, positioning, assistance level, observation, communication, privacy, ordinary environmental adjustments, and recognition of circumstances requiring clarification or escalation. Appropriate PCA judgment does not authorize independent clinical assessment, diagnosis, treatment, prescription, reassessment of an authorized service plan, or another reserved determination. Where available information or circumstances do not provide a sufficient basis for an appropriate PCA decision, the worker shall not replace the missing basis with unsupported assumption.

PCA Quality Outcome Criteria

- judgment is exercised where the authorized PCA role requires selection among appropriate ways of carrying out Support Work rather than relying solely on mechanical task completion;
- the manner and level of assistance reflect the person's actual support needs, abilities, participation, and applicable instructions;
- timing, pace, sequencing, cueing, prompting, standby assistance, positioning, setup, or hands-on assistance are adjusted within authorized limits where circumstances materially require it;
- observable information arising during Support Work is considered when deciding whether an ordinary adjustment remains appropriate;
- person preferences and direction are incorporated into role-appropriate decisions where consistent with the Applicable Basis;

- privacy and dignity considerations inform decisions about how and where personal assistance is provided;
- environmental circumstances are considered where ordinary adjustments within PCA authority can materially improve Support Work;
- worker convenience, habit, speed, personal preference, or customary routine does not substitute for judgment responsive to the actual person and circumstances;
- a previously successful method is not continued mechanically when observable conditions materially indicate that it is no longer appropriate;
- the PCA distinguishes an ordinary support adjustment within authorized discretion from a change requiring another person's assessment, authorization, or decision;
- materially conflicting instructions or conditions are not resolved through unsupported worker preference; and
- successful task completion does not by itself establish appropriate judgment where the manner of support materially conflicted with applicable needs, instructions, boundaries, or circumstances.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, activity-, program-, provider-, professional/clinical-, equipment-, employer-, and jurisdiction-specific conditions within which PCA judgment may appropriately operate. These sources may include service plans and authorizations; person-specific instructions and preferences; authorized assistance levels; professional or clinical direction; occupational and employer requirements; supervision arrangements; equipment or assistive-item instructions; protective and emergency requirements; escalation and referral procedures; Functional Scope limitations; and other applicable methods, limits, thresholds, or conditions.

Evidence Considerations

Evidence may include direct observation of PCA Support Work; the Person Receiving Support's or authorized representative's account; worker explanation of actions taken; current service plans, authorizations, and person-specific instructions; records of adjustments during Support Work; communication, clarification, or escalation records; information concerning the person's response and actual circumstances; equipment or environmental information; and other Evidence applicable to the declared Quality Object and Service Period. Evidence should permit evaluation of the circumstances encountered, the information reasonably available to the PCA, the decision or adjustment made, and whether that decision remained appropriate to the PCA role and Functional Scope.

Indicator 8.3 — Avoidance of Unauthorized or Reserved Practice

SSC1 Core Requirement

The Support Worker shall not assume decisions, duties, or responsibilities reserved to another authorized role, party, profession, employer function, clinical authority, legal authority, safety authority, regulatory authority, or other responsible entity.

PCA1 Context-Specific Requirement

For PCA support, the worker shall not assume decisions, duties, or responsibilities reserved to another authorized role, party, profession, employer function, clinical authority, legal authority, safety authority, regulatory authority, or other responsible entity. This applies even where the PCA has substantial experience with the person, has observed another professional perform an activity, or believes an

unauthorized action might be helpful. Avoidance of reserved practice does not require passivity: the PCA remains responsible for observation, communication, ordinary role-appropriate adjustment, assistance seeking, escalation, emergency action where authorized, and other Support Work that remains within scope.

PCA Quality Outcome Criteria

- the PCA does not independently diagnose a medical, psychological, functional, or other condition where diagnosis is reserved to an authorized professional;
- observable changes are described and communicated as appropriate without converting worker observation into unsupported clinical or diagnostic conclusions;
- the PCA does not independently prescribe, initiate, discontinue, or materially alter treatment, therapy, medication, diet, equipment, or another professionally directed intervention where such decisions are outside PCA authority;
- person-specific professional or clinical instructions are followed within the PCA role without being independently rewritten or materially reinterpreted;
- the PCA does not independently change an authorized assistance level, service plan, or other controlled support requirement where formal reassessment or authorization is required;
- ordinary PCA decisions concerning pace, cueing, setup, assistance, positioning, communication, privacy, or other authorized support are distinguished from reserved assessment or professional decision-making;
- equipment assistance remains within authorized PCA use and does not become unauthorized prescription, technical modification, repair, or professional fitting;
- meal-related support does not become independent diagnosis of swallowing conditions, prescription of diets or textures, or use of unauthorized clinical feeding methods;
- mobility support does not become independent clinical assessment, rehabilitation treatment, equipment prescription, or another reserved practice;
- personal-care assistance does not expand into unauthorized clinical treatment merely because the worker observes a condition during the activity;
- the PCA does not assume another role's reserved function merely because that person or service is unavailable;
- person, family, or informal requests do not independently authorize reserved practice;
- where the boundary is materially unclear, clarification is obtained before proceeding where circumstances reasonably permit; and
- refusal to undertake unauthorized practice does not result in abandonment where other role-appropriate protective, communicative, or assistance-seeking action remains available.

Reference Layer Completion

The applicable Reference Layer shall supply the jurisdiction-, program-, provider-, employer-, professional/clinical-, person-, equipment-, and activity-specific requirements defining PCA authorization, Functional Scope, reserved activities, supervision conditions, delegated or otherwise permitted activities where applicable, emergency authority, and required escalation or referral. PCA1 does not independently enlarge or narrow those established boundaries.

Evidence Considerations

Evidence may include direct observation of PCA Support Work; the Person Receiving Support's or authorized representative's account; service plans and authorizations; applicable role and Functional Scope requirements; professional or clinical instructions; worker and supervisor accounts; equipment information; communication, clarification, assistance-seeking, referral, or escalation records; incident records; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what action or judgment occurred, whether it was within the PCA's applicable authority, what information and instructions were available, and how the worker responded where the boundary of the role was reached.

Indicator 8.4 — Appropriate Assistance Seeking, Escalation, Referral, or Transfer of Responsibility

SSC1 Core Requirement

The Support Worker shall seek appropriate assistance, escalation, referral, or transfer of responsibility when conditions exceed role authority, competence, available information, or safe independent action.

PCA1 Context-Specific Requirement

For PCA support, the worker shall recognize when a condition affecting Support Work cannot be appropriately addressed through authorized PCA action alone and shall seek assistance, clarification, supervision, escalation, referral, emergency response, or transfer of responsibility as appropriate to the circumstances and Applicable Basis. Reaching the boundary of the PCA Support Role is not itself a failure of support quality. Quality depends on whether that boundary is recognized and whether the worker takes appropriate action rather than ignoring the condition, continuing unsupported practice, or independently undertaking a reserved function. Seeking assistance or transferring responsibility does not automatically end PCA responsibilities; Support Work that remains authorized and reasonably possible shall continue as appropriate until responsibility has been sufficiently transferred or another applicable direction governs.

PCA Quality Outcome Criteria

- conditions exceeding the PCA's authorized role, competence, available information, or capacity for safe independent action are recognized;
- assistance is sought when authorized Support Work cannot be appropriately performed without additional help;
- clarification is sought where materially necessary instructions, authorization, responsibilities, or service conditions are unclear, incomplete, conflicting, or insufficient;
- supervisory, professional, clinical, technical, or emergency assistance is sought through an appropriate pathway when the condition requires it;
- the urgency of assistance seeking or escalation is proportionate to the circumstances and is not unnecessarily delayed;
- assistance seeking is directed to a person, role, service, or pathway reasonably appropriate to the condition;
- information communicated is sufficient to explain the observable condition, its material effect on Support Work, and relevant actions already taken;
- PCA observation is distinguished from unsupported diagnosis or professional interpretation;

- unsuccessful initial attempts to obtain necessary assistance do not automatically end the response where the condition remains materially unresolved and another applicable pathway is available;
- where responsibility is transferred, the receiving person, role, or service is sufficiently identified and the transfer is sufficiently established;
- the PCA does not assume responsibility has transferred merely because another person was contacted, notified, or expected to respond;
- materially necessary information accompanies the transfer within applicable privacy and information-sharing boundaries;
- the person is not left without reasonably available and authorized PCA support solely because another role has become involved;
- the PCA does not continue an activity that should be interrupted, deferred, or transferred merely to complete a scheduled task;
- direction received following escalation is incorporated into subsequent PCA Support Work to the extent applicable and within the worker's authorized role; and
- the person's dignity, privacy, autonomy, preferences, communication needs, and participation are preserved to the extent reasonably possible during assistance seeking, escalation, referral, or transfer.

Reference Layer Completion

The applicable Reference Layer shall supply the person-, provider-, program-, employer-, professional/clinical-, emergency-, contractual-, equipment-, and jurisdiction-specific requirements governing assistance seeking, supervisory consultation, escalation, referral, emergency response, and transfer of responsibility. These sources may include service plans and authorizations; person-specific instructions; supervision arrangements; provider escalation procedures; professional or clinical direction; emergency plans and contact pathways; incident-reporting requirements; equipment or technical-support instructions; occupational and Functional Scope requirements; program and payer rules; and other applicable conditions identifying when, how, and to whom a matter shall be escalated or transferred.

Evidence Considerations

Evidence may include direct observation; the Person Receiving Support's or authorized representative's account; PCA and supervisor accounts; applicable service plans and instructions; communication and call records where relevant; clarification, assistance-seeking, escalation, referral, emergency-response, or transfer records; incident or near-miss information; subsequent directions received; records of follow-through; and other Evidence appropriate to the declared Quality Object and Service Period. Evidence should permit evaluation of what condition exceeded or approached the boundary of independent PCA action, what the worker knew at the relevant time, what assistance or escalation was available, what action was taken, whether it was timely and appropriately directed, and whether responsibility was sufficiently transferred or followed through.

5 Determination Architecture: Evidence, Findings, Critical Conditions, Synthesis, Conclusion, and Quality State

5.1 Determination Sequence

A PCA determination shall proceed from the declared PCA Support Service Quality Object and applicable requirements through Evidence-Supported Findings, Quality Factor Determinations, Critical-Condition and Non-Compensability Review, and one Synthesis of Material Findings. The synthesis establishes what Conclusion, if any, the Findings support concerning the actual Support Service Quality State. Activity completion, documentation, compliance, or absence of observed failure shall not be treated as automatic proof of a favorable Conclusion or favorable Quality State.

Attribution shall remain bounded to the declared PCA Support Service Quality Object and to the contribution of PCA Support Work to Function Realization. A person's overall outcome may also depend on the person, environment, equipment, provider organization, professional direction, other workers, other services, or other conditions outside PCA control. PCA1 therefore does not assign exclusive causation to the PCA merely because a favorable or unfavorable result occurred during the Service Period.

5.2 Evidence Principle

Evidence shall be relevant to the declared PCA Support Service Quality Object, Service Period, context, Factor, Indicator, and applicable Quality Outcome Criterion. Evidence shall be distinguished from Data, records, assertions, and assumptions that have not been shown to support the particular determination.

5.3 Evidence Quality

Evidence Quality shall remain methodologically distinct from the PCA Support Service Quality State. Evidence used in a PCA1 determination shall be adequate for the Finding it is intended to support and shall be evaluated in accordance with applicable Evidence Quality requirements. Where Evidence Quality itself is determined as a Quality Object, WQI_EQC1 — Evidence Quality Standard — Core applies. A favorable Evidence Quality determination does not by itself establish a favorable PCA Support Service Quality State, and the reverse is also true. Evidence limitations and unresolved contradictions shall remain visible.

5.4 Evidence-Supported Findings

Evidence shall be examined against the applicable Quality Outcome Criterion to produce an Evidence-Supported Finding. The Finding should state what the Evidence supports, what it does not support, and any material Uncertainty or unresolved condition. Findings concern what can be established about the actual PCA Support Service Quality State; the determination does not create that State.

5.5 Quality Factor Determination

Findings under the applicable Indicators are considered together to determine the state of the Factor for the declared PCA Support Service Quality Object. Quality Factor Determination is not arithmetic averaging and shall not conceal a Critical Service Condition or non-substitutable failure.

5.6 Critical-Condition and Non-Compensability Review

Before a Positive Conclusion concerning the Support Service Quality State is expressed, applicable Critical Service Conditions and non-substitutable failures shall be reviewed. PCA1 does not determine Quality by counting favorable Indicators, assigning an unsupported numerical score, or averaging materially different Findings. A failed or prohibited Critical Service Condition shall not be offset by favorable Findings elsewhere. An unresolved or insufficiently evidenced Critical Service Condition shall remain visible and may constrain the supportable Conclusion or subsequent Quality Claim; it does not, by itself, establish a Negative Conclusion.

5.7 Synthesis of Material Findings and Conclusion or Refusal

Applicable Evidence-Supported Findings and Quality Factor Determinations shall be considered together in one Synthesis of Material Findings. The synthesis shall preserve Materiality, Uncertainty, Contrary Evidence, unresolved conditions, Critical Service Conditions, non-compensability, Boundaries, Interfaces, Service Period, and the applicable Support Intended Functions and Support Intended Results. It shall establish what overall Conclusion, if any, is responsibly supported concerning the actual PCA Support Service Quality State. The substantive Conclusion forms are Positive, Conditionally Positive, and Negative. Where the available basis supports none of these responsibly, a Refusal to Express a Conclusion shall identify the material reason or reasons. A summary Conclusion shall not conceal materially different conditions within the declared Quality Object or Service Period.

5.8 Support Service Quality State, Determination, Conclusion, and Quality Claims

The Support Service Quality State is the actual Quality-relevant condition of the declared PCA Support Service Quality Object for the applicable Service Period and Context and exists independently of the determination. Quality Determination does not create that State; it determines what can responsibly be established about it. Where an overall Conclusion is supportable, the Synthesis of Material Findings establishes the supportable form: Positive, Conditionally Positive, or Negative. A Conditionally Positive Conclusion applies where the Findings support a Positive Conclusion subject to identified material condition(s) to be fulfilled in the future; Uncertainty alone does not justify it. A Negative Conclusion requires affirmative support in the applicable Findings for non-realization; insufficient Evidence, an Evidence gap, or Uncertainty alone does not establish a Negative Conclusion. Where none of those forms is responsibly supportable, Refusal to Express a Conclusion may be appropriate. A subsequent Quality Claim is distinct from both the Support Service Quality State and the Quality Determination concerning that State. A Claim may communicate specific applicable Findings without an overall Conclusion where that is sufficient for its Intended Function and Applicable Basis. Where appropriate to its Intended Function or required by the Applicable Basis, it may also communicate the supportable Conclusion or Refusal. Where the Quality of the Claim itself is determined, the Claim becomes a separate Quality Object and WQI_QCC1 applies.

5.9 Continued Validity

A PCA Quality Determination or subsequent Quality Claim may require review when material conditions change, including support needs, authorizations, worker role, service arrangement, environment, equipment, instructions, jurisdictional requirements, Evidence, or other conditions on which the applicable Findings or Claim depended. Continued validity of a Quality Claim depends on whether its

supportable meaning, scope, conditions, certainty, and material information remain appropriate to its Intended Function and Applicable Basis.

6 Determination Limits and Non-Prescriptive Application

6.1 Non-Prescriptive Application

PCA1 establishes quality requirements and expected outcomes without prescribing one universal support method. Different lawful and authorized methods may realize the same required outcome where the applicable Quality Outcome Criterion and Reference Layer are satisfied.

6.2 Context Dependence of Quality Outcome Criteria

Some Quality Outcome Criteria can be established directly by SSC1 or PCA1. Others require completion through person-specific, program-specific, professional, contractual, equipment-specific, or jurisdiction-specific Reference Layer sources. PCA1 shall not convert one local requirement into a universal PCA requirement.

6.3 Limits of Documentation and Compliance

A complete record does not by itself demonstrate that support was effective, safe, respectful, appropriately balanced, or within Functional Scope. Likewise, compliance with an applicable external requirement does not by itself establish the whole Support Service Quality State.

6.4 Limits of Isolated Results

One successful task, visit, interaction, or reported result does not by itself establish the quality of a broader Service Period or recurring Support Service Arrangement. The scale and period of the Evidence shall match the scale and period of the determination.

6.5 Traceability and Reproducibility of Determination

PCA1 does not assume that contextual Quality Determination can be reduced to mechanical scoring or that responsible evaluators will always express identical judgments. Methodological reproducibility is supported by making the declared PCA Support Service Quality Object, Service Period, Applicable Basis, Reference Layer, applicable Quality Outcome Criteria, Evidence basis, applicable Evidence Quality requirements, Uncertainty, Materiality, Critical Service Conditions, and reasoning traceable. Another qualified reviewer should be able to examine the same declared basis, follow how Evidence was related to the applicable criteria, identify the reasoning supporting each Finding and Quality Factor Determination, and understand the limits of what can be established about the Support Service Quality State. Any subsequent Quality Claim shall remain traceable to the applicable Findings and material limitations; where Claim Quality itself is determined, WQI_QCC1 applies.

6.6 Relationship to SSC1

PCA1 remains subordinate to SSC1. It clarifies and applies SSC1 for PCA support; it does not reinterpret, replace, supersede, or modify the Core Factors, Core Indicators, or other governing Core requirements.

7 Reference Layer for PCA1 Application

7.1 Purpose and Limits

This section identifies categories of external sources that may be needed to complete PCA1 application. It does not provide a universal jurisdiction-specific source list. The user shall identify the current applicable sources for the declared jurisdiction, program, provider arrangement, Service Period, and Quality Object.

7.2 Service Authorization, Program, and Payer Requirements

Sources defining authorized PCA services, covered functions, service limits, required plans, documentation, supervision, and other program conditions may complete applicable PCA1 requirements.

7.3 Rights, Privacy, Consent, and Protection Requirements

Applicable rights, privacy, consent, abuse/neglect prevention, incident, grievance, nondiscrimination, and related protections may complete Factors 1, 4, 7, and other affected requirements.

7.4 Professional and Clinical Direction

Where PCA support depends on professional or clinical direction, the applicable instructions and role boundaries form part of the Reference Layer without converting PCA1 into a clinical protocol.

7.5 Occupational Role, Functional Scope, and Employer Requirements

Applicable role definitions, employer procedures, supervision arrangements, reserved activities, and escalation requirements may complete Factor 8 and other role-dependent requirements.

7.6 Equipment, Environmental, and Emergency Sources

Manufacturer instructions, adaptive-equipment requirements, environmental procedures, emergency plans, infection-control sources, and other technical information may complete applicable Criteria.

7.7 Information, Documentation, and Confidentiality Sources

Recordkeeping, handoff, privacy, authorized disclosure, retention, correction, and information-security requirements may complete Factor 7 and related interface requirements.

7.8 Factor-Specific and Jurisdiction-Specific Traceability

Each applicable source shall be connected to the relevant PCA1 requirement or Quality Outcome Criterion and to the declared jurisdiction or program. A consolidated Reference Layer may be used if Factor and jurisdiction sections remain explicit.

7.9 Limits of Reference Layer Substitution

The Reference Layer supplies applicable external specificity; it does not replace the SSC1/PCA1 quality determination. Compliance, authorization, or procedural completion alone does not establish a favorable Support Service Quality State.

Appendix A (Informative) — Bathing Support

Appendix A is intentionally the single fully developed activity-level example in PCA1. Bathing Support is used to demonstrate how the occupational-level PCA1 requirements and Quality Outcome Criteria are applied to a narrower support activity without creating a separate Core or a complete catalog of PCA tasks. Other activity-specific appendices may be developed using the same method when additional contextual guidance is warranted.

This Appendix illustrates narrower activity-level application of PCA1 to bathing support. It does not create a separate Core or replace the applicable Reference Layer.

A.1 Scope and Intended Function

Bathing Support may include authorized preparation, entry, transfer, washing, rinsing, drying, dressing-related transition, hygiene assistance, equipment use, and other included work. The applicable Intended Function and Intended Result shall be declared for the person and Service Period.

A.2 Activity-Specific Requirements and Criteria

Indicator	SSC1 Core Indicator	Bathing application / outcome-criterion direction
1.1	Identification of Foreseeable Harm Conditions	Identify wet-surface, temperature, transfer, positioning, equipment, skin, exposure, hygiene, and other foreseeable bathing hazards.
1.2	Role-Appropriate Control or Mitigation of Identified Harm Conditions	Adjust the bathing area, pace, assistance, positioning, or authorized equipment use to control identified hazards.
1.3	Prevention of Avoidable Harm Within the Support Service Boundary	Avoid preventable falls, burns, skin injury, unsafe transfer, contamination, or other harm attributable to bathing support.
1.4	Maintenance of Protective Conditions During Support	Maintain protective conditions throughout entry, washing, rinsing, drying, transfer, and exit.
2.1	Alignment of Support Work with Applicable Intended Function(s)	Bathing assistance addresses the person's actual hygiene, bathing participation, and related daily-life function.
2.2	Effective Contribution to Applicable Intended Result(s)	Support contributes to effective bathing/hygiene results without treating completion of a bath as sufficient by itself.
2.3	Maintenance of Support Effectiveness Over the Service Period	Support remains effective through the bathing episode, including transitions before and after the bath or shower.
2.4	Adaptation of Support Work When Conditions Affect Function Realization	Adapt assistance when balance, fatigue, pain, temperature tolerance, skin condition, equipment, or environment changes.
3.1	Identification of Functions, Activities, or Participation Requiring Support	Distinguish bathing steps the person can perform from those requiring cueing, setup, standby, or hands-on help.

Indicator	SSC1 Core Indicator	Bathing application / outcome-criterion direction
3.2	Support Level and Form Matched to Ability, Need, and Context	Match assistance to actual bathing ability and need.
3.3	Adjustment of Support Level and Method Over Time	Adjust help as ability, confidence, endurance, or response changes during bathing.
3.4	Avoidance of Unnecessary Substitution, Over-Support, or Under-Support	Avoid unnecessary takeover of bathing while also avoiding insufficient assistance.
4.1	Respect for Dignity, Privacy, and Personal Integrity	Protect bodily privacy and dignity during undressing, washing, drying, and dressing.
4.2	Respect for Choice, Consent, Preferences, Rights, and Autonomy	Respect consent, bathing preferences, sequence, products, timing, and choices within the Applicable Basis.
4.3	Respect for Applicable Personal, Social, Community, Household, Student, Worker, or Other Role	Respect personal, cultural, household, and other values relevant to bathing.
4.4	Absence of Coercive, Demeaning, Infantilizing, Stigmatizing, or Unnecessarily Intrusive Practice	Avoid coercive, shaming, infantilizing, or unnecessarily intrusive bathing practices.
5.1	Identification of Material Change Relevant to Support	Notice material changes such as dizziness, weakness, pain, skin changes, distress, confusion, or unusual response.
5.2	Role-Appropriate Judgment Regarding the Significance of Material Change	Judge within scope whether the change requires adjustment, pause, communication, or assistance.
5.3	Timely Role-Appropriate Response to Material Change	Respond in time to preserve safety, dignity, and effective bathing support.
5.4	Appropriate Communication and Follow-Through After Material Change	Communicate and follow through when a bathing-related change requires another responsible party.
6.1	Compatibility of Support Work with Material Service Conditions	Ensure support is compatible with bathroom layout, surfaces, water, temperature, equipment, hygiene conditions, and available space.
6.2	Effective Functioning Across Relevant Service Interfaces	Coordinate relevant person, worker, equipment, household/provider, and healthcare-direction Interfaces.
6.3	Support of Required Context Participation and Interaction	Support the person's participation in bathing to the extent appropriate.
6.4	Avoidance of Support-Created Context or Interface Disruption	Avoid support-created contamination, unnecessary exposure, blocked access, equipment misuse, or disruption.
7.1	Accuracy, Currency, and Relevance of Information Used to Guide Support	Use current bathing-related information on assistance level, equipment, skin/hygiene concerns, preferences, and relevant direction.
7.2	Appropriate Transfer of Support-Relevant Information Across	Transfer material bathing information across workers or service periods when continuity depends on it.

Indicator	SSC1 Core Indicator	Bathing application / outcome-criterion direction
	Workers, Periods, Arrangements, and Interfaces	
7.3	Continuity of Support Logic and Direction Across Material Changes	Maintain coherent bathing support when workers, settings, equipment, or instructions change.
7.4	Protection from Information Loss, Distortion, Misuse, or Inappropriate Disclosure	Protect private bathing and health-related information from loss, distortion, misuse, or inappropriate disclosure.
8.1	Practice Within Authorized Support Role and Functional Scope	Perform only bathing support authorized within PCA Functional Scope.
8.2	Appropriate Judgment Within Functional Scope	Use appropriate judgment in pace, cueing, assistance, privacy, observation, and ordinary adjustments.
8.3	Avoidance of Unauthorized or Reserved Practice	Do not substitute PCA judgment for clinical assessment, treatment, equipment prescription, or other reserved practice.
8.4	Appropriate Assistance Seeking, Escalation, Referral, or Transfer of Responsibility	Seek assistance or escalate when bathing conditions exceed authorized scope or available capability.

A.2A Expanded Bathing Application

The following expanded bathing-specific application has been approved through Indicator 5.4. It is preserved here cumulatively while Appendix A is being completed. The concise mapping material is retained temporarily until final consolidation.

Indicator 1.1 — Identification of Foreseeable Harm Conditions

Bathing-specific application: Foreseeable harm conditions are identified in relation to the person, actual bathing activity, bathing environment, applicable equipment or assistive items, and transitions into, during, and out of the activity. Identification reflects actual circumstances rather than a uniform hazard set and remains within PCA Functional Scope.

Approved outcome-criterion coverage includes wet/slippery or unstable surfaces; water and temperature conditions; entry, exit and transfer routes; positioning, balance, reach and movement; equipment availability, placement, stability and apparent condition; observable skin or bodily conditions; hygiene and contamination conditions; privacy and exposure; observable fatigue, dizziness, discomfort or distress; environmental conditions; interruptions; transitions; changed conditions; and appropriate clarification or escalation where a condition cannot be evaluated within PCA scope. Absence of a prior incident does not establish absence of hazard.

Indicator 1.2 — Role-Appropriate Control or Mitigation of Identified Harm Conditions

Bathing-specific application: Identified harm conditions are controlled or mitigated through actions appropriate to the PCA role and actual bathing circumstances, including role-appropriate adjustment of environment, assistance level, pace, positioning, sequencing, setup, or authorized equipment use.

Conditions that cannot be adequately controlled within PCA Functional Scope require clarification, assistance, escalation, referral, or transfer rather than unsupported improvisation.

Approved outcome-criterion coverage includes control of wet or obstructed surfaces; temperature conditions; entry/exit and transfer assistance; positioning and balance; equipment setup and use; arrangement of necessary items; pace and sequencing; response to observable fatigue, dizziness, discomfort, pain expressions or distress; hygiene and infection-control conditions; privacy and bodily exposure; maintenance of protective arrangements; reconsideration when conditions change; interface clarity where more than one person participates; avoidance of unnecessary restriction of participation; and escalation when control exceeds PCA authority. No adverse event alone does not establish adequate control.

Indicator 1.3 — Prevention of Avoidable Harm Within the Support Service Boundary

Bathing-specific application: Authorized assistance does not create, introduce, materially increase, or leave unaddressed avoidable harm where prevention is reasonably within the PCA Support Role and Functional Scope. The quality question includes whether the Support Work itself becomes a source of harm.

Approved outcome-criterion coverage includes avoiding support-created slipping, falls, unstable movement, harmful transfer or positioning, insufficient or excessive assistance, rushed sequencing, inappropriate temperature exposure, rough handling, contamination, inappropriate equipment use or unauthorized modification, unnecessary bodily exposure, humiliation or coercion, unnecessary substitution for person participation, unsafe interruption, and continuation after material changes make the prior method inappropriate. Completion without injury does not by itself establish freedom from avoidable harm.

Indicator 1.4 — Maintenance of Protective Conditions During Support

Bathing-specific application: Protective conditions required for safe and appropriate assistance are maintained throughout the portions of the bathing activity for which they are materially necessary; protection is not a one-time preparation step.

Approved outcome-criterion coverage includes continuing wet-surface and temperature protections; required entry, transfer, positioning and exit assistance; equipment position and use; accessible necessary items; hygiene and infection-control protections; person-specific precautions; privacy and bodily exposure protections; response to changes in fatigue, comfort, stability, environment or equipment; continuity across transitions and handoffs; protection during interruption; avoidance of bypassing protections for convenience; and appropriate adjustment, interruption, deferral or escalation when protection can no longer be maintained within PCA scope.

Indicator 2.1 — Alignment of Support Work with Applicable Intended Function(s)

Bathing-specific application: Assistance aligns with the actual Support Intended Function(s) established for the person and Service Period rather than completion of a standardized bathing routine. Alignment concerns the form and level of support corresponding to the actual function being supported; it does not require maximizing independence or minimizing assistance.

Approved outcome-criterion coverage includes actual bathing/hygiene participation; preparation and setup; entry and exit; transfer and positioning; washing, rinsing and drying; dressing-related transitions

where applicable; authorized equipment use; distinction among independent performance, setup, cueing, prompting, standby, supervision and hands-on assistance; incorporation of person choice and direction; avoidance of worker-preferred routines; recognition that extensive assistance may be appropriate; and clarification when the applicable function or authorized assistance is uncertain.

Indicator 2.2 — Effective Contribution to Applicable Intended Result(s)

Bathing-specific application: Authorized assistance contributes effectively to realization of the applicable Support Intended Result(s). Completion of a bath, shower, wash, or individual task does not by itself establish an effective result.

Approved outcome-criterion coverage includes meaningful contribution to the declared result; distinction between task completion and result realization; effective washing, rinsing, drying, preparation, transfer and equipment use where applicable; sufficient but non-substitutive assistance; recognition of person participation; preservation of dignity, privacy and protective conditions; response when the current method is ineffective; distinction between PCA contribution and external dependencies; and recognition that neither a favorable nor unfavorable overall result alone proves the quality of PCA Support Work.

Indicator 2.3 — Maintenance of Support Effectiveness Over the Service Period

Bathing-specific application: Effectiveness is maintained throughout the applicable Service Period, not established solely by an appropriate start or eventual completion. The PCA remains attentive as surfaces, position, participation, fatigue, discomfort, equipment, environment, and required assistance change during bathing.

Approved outcome-criterion coverage includes continuity across preparation, entry, transfer, positioning, washing, rinsing, drying, dressing-related transition, equipment use and exit; adjustment of assistance across stages; response to fatigue, discomfort, dizziness, distress or reduced stability; continued availability of equipment; continuity after interruptions and across worker interfaces; preservation of person choice, dignity and privacy; and escalation where effectiveness cannot be maintained through authorized PCA action.

Indicator 2.4 — Adaptation of Support Work When Conditions Affect Function Realization

Bathing-specific application: The PCA adapts authorized Support Work when changes in the person, activity, environment, equipment, available assistance, or other material conditions affect realization of the applicable Intended Function or Intended Result. Adaptation does not authorize independent changes to clinical direction, equipment prescription, authorized service, or other requirements outside PCA Functional Scope.

Approved outcome-criterion coverage includes role-appropriate changes in assistance level, pace, sequencing and positioning; response to increased or decreased person participation; observable fatigue, dizziness, discomfort, distress or reduced stability; changes in preferences, environment, equipment, interruptions, or interfaces; preservation of protective conditions, dignity, privacy, choice and participation; avoidance of unsupported permanent changes; clarification where instructions conflict with actual circumstances; and escalation, interruption or deferral when effective adaptation exceeds PCA scope.

Indicator 3.1 — Identification of Functions, Activities, or Participation Requiring Support

Bathing-specific application: Functions, activities, or forms of participation requiring PCA assistance are sufficiently identified so that support is directed to actual support needs rather than applied uniformly to the entire bathing activity. Bathing is not treated as a single indivisible task.

Approved outcome-criterion coverage includes identifying needs for preparation, entry/exit, transfers, positioning, washing, rinsing, drying, dressing-related transitions, equipment setup and use; distinguishing cueing, prompting, setup, standby, physical assistance and other authorized support forms; considering initiation, sequencing, continuation and completion; communication of choices and need for assistance; privacy and personal-boundary needs; environmental and equipment effects; avoiding assumptions based on diagnosis, age, appearance or historical assistance; recognizing differences across stages and temporary changes; and seeking clarification or professional reassessment where a need exceeds PCA authority.

Indicator 3.2 — Support Level and Form Matched to Ability, Need, and Context

Bathing-specific application: The level and form of PCA assistance are matched to the person's applicable ability, identified support need, actual bathing activity, environment, and other material circumstances. Appropriate support may range from preparation, setup, cueing, prompting, or standby assistance to partial or extensive hands-on assistance, where authorized. No particular level of independence or worker involvement is inherently a higher-quality outcome.

Approved outcome-criterion coverage includes matching assistance to needs identified under 3.1; distinguishing setup, cueing, prompting, standby and hands-on support; matching entry/exit, transfer, positioning, washing, rinsing, drying, dressing-transition and equipment assistance separately where needed; avoiding both convenience-driven over-assistance and independence-driven under-assistance; respecting person choice, dignity, privacy and boundaries; considering environment and equipment; recognizing that assistance level may vary within the same bathing episode; responding to temporary or material changes without independently redefining the service; and seeking clarification where the appropriate level or form is unclear.

Indicator 3.3 — Adjustment of Support Level and Method Over Time

Bathing-specific application: The level and method of assistance are adjusted when material changes in the person's ability, support need, participation, response, environment, equipment, or other relevant circumstances affect what support is appropriate. Adjustment may occur within a single Service Period or across Service Periods and remains within PCA Functional Scope and the Applicable Basis.

Approved outcome-criterion coverage includes responding to increased or decreased ability and participation; adjusting cueing, prompting, standby, hands-on assistance, pace, sequencing, positioning and transfer support; considering fatigue, dizziness, discomfort, distress, instability and environmental or equipment changes; avoiding unsupported permanent changes based on temporary variation; communicating sustained or repeated changes that may require reassessment; preserving person preference and participation; and distinguishing authorized role-level adjustment from clinical assessment, equipment prescription, or other reserved determinations.

Indicator 3.4 — Avoidance of Unnecessary Substitution, Over-Support, or Under-Support

Bathing-specific application: The PCA avoids both unnecessary substitution or over-support and insufficient or under-support. The person is not unnecessarily displaced from bathing activities or

participation the person can appropriately perform, direct, or contribute to, and assistance is not withheld where required to realize the applicable Intended Function and Intended Result.

Approved outcome-criterion coverage includes preserving reasonable opportunities for person performance and participation; using less substitutive authorized support where sufficient while providing hands-on or extensive assistance where actually required; matching assistance separately across bathing stages; avoiding convenience-, speed-, habit-, schedule-, diagnosis-, or generalized-independence-driven support levels; protecting dignity, privacy and safety; recognizing changing ability and need; escalating repeated mismatches where reassessment may be required; and determining quality from the actual division of activity between the person and PCA rather than the percentage performed independently.

Factor 4 — Respect for Personhood, Role, Dignity, and Autonomy

Indicator 4.1 — Respect for Dignity, Privacy, and Personal Integrity

Bathing-specific application: The person's dignity, privacy, and personal integrity are respected throughout all stages of Bathing Support. Because bathing is an intimate personal-care activity, bodily exposure, physical contact, observation, communication, and handling of private information are limited to what is reasonably necessary for authorized support.

Approved outcome-criterion coverage includes respectful language and interaction; purposeful and limited physical contact; appropriate preparation before intimate assistance; minimized bodily exposure; use of available privacy measures; privacy through transfers, interruptions, dressing-related transitions and escalation; respect for cultural and personal preferences; protection of private space, belongings and bathing-related information; recognition of embarrassment, discomfort or distress; and the principle that absence of complaint does not establish that dignity, privacy, or personal integrity was protected.

Indicator 4.2 — Respect for Choice, Consent, Preferences, Rights, and Autonomy

Bathing-specific application: The person's applicable choices, consent, preferences, rights, and autonomy are respected in how authorized Bathing Support is provided. The need for physical assistance does not remove the person's directing role or the requirement to recognize consent, refusal, preference, and supported participation.

Approved outcome-criterion coverage includes meaningful opportunity to express choices and preferences; incorporation of current person direction concerning timing, sequence, bathing method, temperature, products, pace, positioning, assistance, privacy and presence of others; recognition of verbal and nonverbal consent, hesitation, refusal or withdrawal; avoidance of coercion or pressure; continued choice despite substantial physical assistance; distinction between person preference and worker or third-party preference; respectful handling of requests that conflict with applicable requirements; and ensuring that autonomy meaningfully influences actual Support Work within the Applicable Basis.

Indicator 4.3 — Respect for Applicable Personal, Social, Community, Household, Student, Worker, or Other Role

Bathing-specific application: Bathing Support respects the person's applicable personal, household, community, social, student, worker, or other role and does not reduce the person to a passive object of

care. The person remains the primary subject of Support Work even where extensive assistance is required.

Approved outcome-criterion coverage includes interacting directly with the person; preserving participation and direction; keeping worker routine, equipment, schedules, documentation and third-party preferences subordinate to the person's support purpose; recognizing how bathing timing, preparation, grooming, dressing and related transitions may affect the person's ordinary roles and activities; avoiding unnecessary worker control or displacement; and addressing conflicts between person direction, role participation and applicable requirements through explanation, clarification or escalation rather than arbitrary substitution.

Indicator 4.4 — Absence of Coercive, Demeaning, Infantilizing, Stigmatizing, or Unnecessarily Intrusive Practice

Bathing-specific application: Bathing Support is free from coercive, demeaning, infantilizing, stigmatizing, humiliating, unnecessarily controlling, or unnecessarily intrusive practice. The intimate nature of bathing does not justify treatment or intrusion that is unnecessary for authorized support, protective conditions, or another applicable requirement.

Approved outcome-criterion coverage includes avoidance of ridicule, disgust, impatience, threats, punishment, infantilizing language, unnecessary control, forced exposure, unnecessary observation or presence of others, and intrusive questioning or information sharing; non-coercive response to disagreement or refusal; purposeful physical contact only; appropriate preparation before touch, movement or uncovering; limitation of photography or recording to specifically authorized circumstances; dignified handling of interruptions, assistance seeking and emergencies; and evaluation of actual worker practice rather than assuming acceptability from task completion or absence of complaint.

Factor 5 — Recognition and Response to Material Change

Indicator 5.1 — Identification of Material Change Relevant to Support

Bathing-specific application: The PCA recognizes material changes in the person, bathing activity, environment, equipment, instructions, available assistance, or other relevant conditions when those changes may affect the safety, appropriateness, effectiveness, or continuity of Support Work. Recognition does not require diagnosis of cause or clinical significance.

Approved outcome-criterion coverage includes changes in ability, participation, assistance need, balance, stability, movement, endurance, fatigue, dizziness, discomfort, pain expressions, distress, skin or bodily condition, communication, preference, refusal, water and environmental conditions, equipment, supplies, instructions, other-person involvement, handoffs and interruptions; recognition of gradual or repeated changes; distinction between observable change and diagnosis; timely recognition; and keeping uncertainty visible where significance cannot be determined within PCA scope.

Indicator 5.2 — Role-Appropriate Judgment Regarding the Significance of Material Change

Bathing-specific application: A recognized change is considered in relation to its significance for actual Support Work. The PCA determines, within Functional Scope and available information, whether it materially affects Intended Function, Intended Result, protective conditions, support level or method, person-centered interaction, continuity, or another PCA1 requirement.

Approved outcome-criterion coverage includes relating change to the specific bathing activity and stage affected; considering effects on ability, participation, assistance level, protective conditions, environment, equipment, instructions and other-person involvement; distinguishing manageable role-level changes from those requiring clarification or escalation; considering likelihood and consequence without requiring formal professional risk assessment; considering cumulative or repeated changes; avoiding convenience- or schedule-driven minimization; and seeking clarification where significance cannot appropriately be determined within PCA authority, information or competence.

Indicator 5.3 — Timely Role-Appropriate Response to Material Change

Bathing-specific application: A material change affecting Support Work results in a timely and proportionate response within PCA Functional Scope. The response corresponds to the significance of the changed condition rather than automatically continuing the established routine or unnecessarily discontinuing support whenever any change occurs.

Approved outcome-criterion coverage includes authorized adjustment of assistance level, pace, sequence, positioning and environment; appropriate handling of changed equipment conditions; response to changed participation, privacy and dignity needs; pausing, interrupting or deferring affected activities where necessary; continuing unaffected authorized support where appropriate; seeking clarification or assistance from an appropriate source; escalation, referral, emergency response or transfer where conditions exceed PCA scope; maintaining the person in the most appropriate condition reasonably achievable during escalation; and reconsidering an initial response if it proves insufficient.

Indicator 5.4 — Appropriate Communication and Follow-Through After Material Change

Bathing-specific application: A material change requiring communication beyond the PCA's immediate role is communicated to the appropriate person, role, or service, and necessary follow-through within PCA Functional Scope occurs. Communication is not complete merely because information was mentioned, documented, or transmitted.

Approved outcome-criterion coverage includes timely communication appropriate to urgency; sufficient description of observable facts without unsupported diagnosis; communication of person, environment, equipment, instruction and recurring-pattern changes; privacy-limited information sharing; communication to a recipient capable of acting; further escalation when the initial contact cannot address the condition; keeping unresolved conditions visible; incorporating subsequent direction; clarifying ambiguous or conflicting direction; establishing rather than assuming transfer of responsibility; continuing authorized support where appropriate during transfer; required documentation and direct notification; and follow-through until applicable action is completed or responsibility is appropriately transferred.

Factor 6 — Support Integration with Service Conditions and Interfaces

Indicator 6.1 — Compatibility of Support Work with Material Service Conditions

Bathing-specific application: PCA Support Work is compatible with the actual conditions under which bathing assistance is provided. Compatibility does not require the PCA to redesign the environment, prescribe equipment, or independently establish requirements outside Functional Scope; it requires authorized Bathing Support to fit the applicable conditions and recognition when those conditions do not adequately support the intended work.

Approved outcome-criterion coverage includes actual bathroom layout, available space and surfaces, water and temperature conditions, drainage, lighting and ventilation where material; availability and placement of supplies and authorized equipment; compatibility of equipment use with instructions and PCA Functional Scope; fit between the environment and the person's actual assistance needs; privacy, hygiene and infection-control conditions; staffing and shared-assistance requirements; timing, interruptions and setting differences; reasonable authorized adjustment of correctable conditions; clarification or escalation where conditions remain materially incompatible; and the principle that prior task completion does not establish adequacy of service conditions.

Indicator 6.2 — Effective Functioning Across Relevant Service Interfaces

Bathing-specific application: Applicable Interfaces among the person, PCA, other workers or responsible persons, equipment, environment, provider arrangements, and applicable professional or service direction are sufficiently coordinated to support coherent and effective Function Realization. The PCA is responsible for recognizing and coordinating Interfaces materially affecting PCA Bathing Support within the worker's role, without silently bridging gaps through unsupported assumptions.

Approved outcome-criterion coverage includes coordination between the person's participation and PCA assistance; coordination across preparation, entry, transfer, positioning, washing, rinsing, drying, dressing-related transition and exit; clear roles where more than one worker participates; no unsupported conversion of shared assistance into single-worker performance; appropriate handoffs and information transfer; appropriate incorporation of family or informal supports without assumed responsibility; coherent use of professional, supervisory, service-plan and equipment direction; equipment and environment as Interfaces; privacy, hygiene and infection-control coordination; timely availability of support-relevant information; schedule and worker-substitution coordination; clarification of Interface conflicts; preservation of the person as the primary subject of support; and evaluation of whether Interfaces worked together rather than whether isolated tasks were completed.

Indicator 6.3 — Support of Required Context Participation and Interaction

Bathing-specific application: Where participation or interaction with the household, residential, community, workplace, educational, healthcare, or other applicable context forms part of the person's Intended Function or Intended Result, Bathing Support shall enable rather than unnecessarily displace that participation. Assistance shall fit the person's actual role, schedule, communication, privacy, preparation, and transition needs within the applicable context.

Approved outcome-criterion coverage includes preserving the person's participation and directing role during bathing; supporting bathing-related preparation and transitions needed for applicable household, community, work, educational, healthcare, or social participation; coordinating timing and assistance so that bathing does not unnecessarily isolate, delay, exclude, or displace the person from required interactions; enabling appropriate communication with workers or other responsible persons where needed; respecting privacy while allowing necessary interaction; avoiding unnecessary substitution for person actions or communication; adapting authorized support when the setting or participation context changes; and evaluating whether Bathing Support enabled the person's applicable context participation rather than merely whether the bathing task was completed.

Indicator 6.4 — Avoidance of Support-Created Context or Interface Disruption

Bathing-specific application: Bathing Support shall not itself create avoidable disruption to the person's applicable context or to Interfaces on which Function Realization depends. Worker actions, sequencing, communication, equipment use, environmental handling, information practices, or coordination shall not create unnecessary barriers, contamination, isolation, conflict, delay, loss of continuity, or interference with other required support or participation.

Approved outcome-criterion coverage includes avoiding support-created obstruction of shared spaces or required access; avoidable contamination or hygiene disruption; unnecessary interference with household, residential, workplace, educational, healthcare, transportation, or other applicable routines and Interfaces; unsupported changes to equipment or environmental arrangements; avoidable conflict among workers or responsible persons; handoff or communication practices that create gaps in support; unnecessary delay or interruption of the person's activities; leaving the person wet, exposed, unsupported, or otherwise inappropriately situated because of worker-created discontinuity; preserving dignity and privacy while resolving Interface problems; correcting or escalating disruption within PCA Functional Scope; and distinguishing disruption created by Support Work from pre-existing conditions outside PCA control.

Factor 7 — Continuity, Accuracy, and Protection of Support-Relevant Information

Indicator 7.1 — Accuracy, Currency, and Relevance of Information Used to Guide Support

Bathing-specific application: Information used to guide PCA Bathing Support is sufficiently accurate, current, relevant, and applicable to the declared PCA Support Service Quality Object. The PCA uses information appropriate to the actual Service Period rather than outdated documentation, unsupported assumptions, generalized knowledge, or customary practice when materially relevant information is available or required.

Approved outcome-criterion coverage includes current authorized assistance level and form; person-specific methods and instructions; equipment, protective, hygiene, privacy and preference information; distinction between current direction and historical information; authority and applicability of different sources; recognition and clarification of inconsistencies or gaps; avoidance of assumptions based on diagnosis, disability, age, appearance or experience with others; consideration of Factor 5 changes that may make prior information outdated; distinction between temporary adjustment and continuing revision; setting and equipment information; proportionate access to relevant rather than unnecessary private information; and appropriate clarification or escalation where materially relied-upon information is inaccurate, outdated, incomplete or inconsistent.

Indicator 7.2 — Appropriate Transfer of Support-Relevant Information Across Workers, Periods, Arrangements, and Interfaces

Bathing-specific application: Support-relevant information is transferred across workers, Service Periods, arrangements, and Interfaces to the extent necessary for safe, coherent, and effective Function Realization, while remaining consistent with applicable privacy, confidentiality, authorization, and access requirements.

Approved outcome-criterion coverage includes timely availability of materially necessary information to new, substitute or receiving workers; transfer of assistance levels, methods, equipment instructions, protective conditions, hygiene requirements, privacy preferences and person direction; carry-forward of

continuing material changes and unresolved conditions; distinction between temporary and continuing conditions; documentation supplemented by direct communication where needed and vice versa; accurate transfer without distortion; handoff information during interruptions and transfers of responsibility; relevance across settings; clarification of ambiguous shorthand or conflicting information; privacy protection in verbal, written and electronic transfer; reasonable follow-up when attempted transfer does not reach the appropriate recipient; and evaluation based on whether necessary information actually reached the appropriate person or Interface with sufficient accuracy, relevance, timeliness and protection.

Indicator 7.3 — Continuity of Support Logic and Direction Across Material Changes

Bathing-specific application: The rationale, direction, and material requirements guiding Bathing Support remain sufficiently continuous and traceable when workers, arrangements, settings, needs, requirements, equipment, or other material conditions change. Continuity does not require procedural sameness; appropriate methods may change while support logic remains coherent and traceable.

Approved outcome-criterion coverage includes preservation of underlying rationale across worker changes; no change in material support requirements solely because a different worker is assigned; distinction between permissible technique variation and material change; traceable changes in assistance level or method; temporary adjustments not silently becoming permanent; incorporation of actual ability, participation and current person direction; adaptation across settings without losing person-specific requirements; equipment changes linked to applicable instructions; incorporation of new authorized direction without silently erasing continuing requirements; clarification of conflicts; proportionate traceability of material changes; prevention of drift through repeated informal adjustments; continuity across Service Periods; carry-forward of Factor 5 changes and Factor 6 Interface resolutions; and escalation where a material change cannot be coherently incorporated within PCA Functional Scope.

Indicator 7.4 — Protection from Information Loss, Distortion, Misuse, or Inappropriate Disclosure

Bathing-specific application: Support-relevant bathing information is protected, within applicable requirements and role boundaries, from material loss, distortion, misuse, unauthorized access, or inappropriate disclosure. Because bathing is intimate personal care, information about the person's body, hygiene, assistance needs, abilities, preferences, observations and equipment may be especially sensitive.

Approved outcome-criterion coverage includes preservation of information needed for subsequent support; prevention of progressive distortion through informal retelling; distinction among person statements, worker observations, applicable instructions and worker interpretations; uncertainty identified as uncertainty; no exaggeration or minimization of dependency or independence; proportionate documentation of intimate information; role- and need-based access; no disclosure merely because another person is present or interested; purpose-limited sharing for coordination or escalation; privacy during verbal, written and electronic communication; no unauthorized photography, recording or transmission; no gossip or unrelated use; appropriate handling of required disclosures; no clinical conclusions merely because records are accessible; correction or clarification of materially inaccurate information through authorized processes; and the complementary principle that protection does not block legitimate information flow while continuity or safety does not justify unrestricted disclosure.

Factor 8 — Practice and Judgment Within Functional Scope

Indicator 8.1 — Practice Within Authorized Support Role and Functional Scope

Bathing-specific application: PCA Bathing Support remains within the applicable authorized Support Role, Functional Scope, responsibilities, and declared service boundaries. Proximity to intimate care, health-related observations, equipment, or professional decisions does not expand PCA authority, while role boundaries must not be interpreted so narrowly that legitimately authorized assistance is withheld.

Approved outcome-criterion coverage includes authorization for preparation, entry/exit, transfers, positioning, washing, rinsing, drying, hygiene, dressing-related transitions and equipment use; distinction between general occupational scope and person-specific authorization; no technical adjustment, repair, modification, prescription or suitability determination beyond scope; no expansion of scope by familiarity, prior practice, another worker's routine, or requests from the person or family; observation distinguished from diagnosis; no independent treatment, clinical transfer technique, equipment prescription or new restrictions; ordinary authorized adjustment distinguished from permanent service revision; intimate assistance limited to what is necessary and authorized; emergency action only within applicable emergency responsibilities; clarification when scope is uncertain; continuation of unaffected authorized support where appropriate; and recognition of recurring reliance on out-of-scope action as requiring responsible clarification or escalation.

Indicator 8.2 — Appropriate Judgment Within Functional Scope

Bathing-specific application: Decisions concerning support, adjustment, communication, privacy, risk, and escalation use judgment appropriate to the PCA role, available information, the Reference Layer, and actual conditions. Appropriate judgment means selecting among permissible actions within authorized PCA Functional Scope, not independent professional or clinical decision-making.

Approved outcome-criterion coverage includes judgment based on actual circumstances rather than habit or convenience; appropriate choice among authorized forms and levels of assistance; neither maximum assistance nor maximum independence as an automatic rule; role-appropriate adjustment of pace, sequence, positioning and environment; use of observable responses without diagnosis; distinction between manageable conditions and those requiring interruption or escalation; privacy and physical-contact judgments proportionate to support needs; respect for person preferences within applicable requirements; role-appropriate consideration of foreseeable consequences without performing reserved risk assessment; recognition of insufficient information; reconsideration when circumstances change; prevention of temporary decisions becoming permanent arrangements; preservation of dignity, privacy, choice and participation; and evaluation of the reasoning and support basis rather than merely the eventual outcome.

Indicator 8.3 — Avoidance of Unauthorized or Reserved Practice

Bathing-specific application: The PCA does not substitute PCA action or judgment for clinical assessment, diagnosis, treatment, prescription, professional reassessment, technical determination, equipment prescription or modification, or another function reserved to a different authorized role. Close observation during bathing may inform appropriate Support Work but does not convert the PCA role into a clinical, therapeutic, technical, or other reserved role.

Approved outcome-criterion coverage includes observation distinguished from clinical examination; observable skin, pain, dizziness, weakness, fatigue, instability or distress communicated without

unsupported diagnosis; ordinary hygiene distinguished from wound care or treatment; no independent initiation, discontinuation or alteration of prescribed treatment; authorized transfer and positioning methods rather than independently created clinical techniques; ordinary assistance adjustment distinguished from professional reassessment; no equipment prescription, modification or technical determination; no independent establishment or removal of precautions, restrictions or thresholds; no expansion of authority by requests, staffing shortages, informal routine or prior unauthorized practice; training distinguished from professional authority; emergency actions limited to applicable authorization; authorized support around a professional requirement distinguished from establishing or changing that requirement; and continued legitimate PCA support while avoiding reserved practice.

Indicator 8.4 — Appropriate Assistance Seeking, Escalation, Referral, or Transfer of Responsibility

Bathing-specific application: The PCA seeks appropriate assistance, clarification, supervision, escalation, referral, emergency response, or transfer of responsibility when a condition exceeds the worker's authority, competence, available information, or capacity for safe and appropriate independent action. Reaching the role boundary is not itself a quality failure; quality depends on recognizing the boundary and responding appropriately.

Approved outcome-criterion coverage includes recognition of conditions that cannot be addressed through PCA action alone; clarification of unclear or conflicting instructions; supervisory, professional, technical or emergency escalation as appropriate; timely and proportionate escalation to the proper recipient; communication of observable facts and person reports without unsupported diagnosis; further escalation where an initial request receives no response; transfer of responsibility sufficiently established rather than assumed from notification; necessary information accompanying transfer; continued authorized support and privacy/dignity while assistance is sought; interruption or deferral of affected activity where necessary; no role expansion because another responsible person is unavailable; recognition of recurring escalation patterns; incorporation and clarification of direction received; no assumption that transfer of one responsibility removes unrelated PCA duties; and evaluation based on timely, proportionate assistance seeking and continuity of support.

A.3 Reference Layer and Evidence

A.3.1 Reference Layer

The Reference Layer for Bathing Support provides the person-, service-, setting-, jurisdiction-, professional-, contractual-, equipment-, or object-specific basis necessary to apply PCA1 requirements and the bathing-specific Quality Outcome Criteria. It does not create additional Quality Factors or substitute external compliance for determination of the Support Service Quality State. It supplies the applicable details needed to determine what the PCA was authorized, required, limited, or expected to do under the actual circumstances.

Depending on the declared Bathing Support Quality Object, the applicable Reference Layer may include the person's authorized service/care/support plan; authorized PCA activities and role limits; person-specific bathing assistance and assistance level/form; entry/exit, transfer and positioning methods; bathing and assistive-equipment instructions; applicable professional direction; precautions, restrictions, limits or thresholds; bathing method, sequence, frequency or timing; water-temperature or environmental requirements where established; hygiene and infection-control requirements; product and supply instructions; person preferences concerning method, participation, pace, privacy and

presence of others; privacy/confidentiality/documentation requirements; provider procedures; staffing/shared-assistance requirements; handoff, reporting, escalation and emergency procedures; jurisdictional, program, payer and contractual requirements; setting-specific requirements; and other authoritative information necessary for the declared Quality Object.

This Appendix does not establish universal bathing procedures, transfer methods, water-temperature thresholds, equipment configurations, assistance levels, hygiene protocols, or other person-specific operating requirements where those matters properly belong in the Reference Layer. Where multiple sources apply, their authority and applicability are determined through the applicable service or governing arrangement; the PCA does not independently resolve material conflicts among authoritative sources beyond Functional Scope.

A.3.2 Evidence

Evidence used to evaluate Bathing Support shall be sufficient to determine whether the applicable PCA1 requirements and bathing-specific Quality Outcome Criteria were realized under the actual conditions of the declared Quality Object. Relevant evidence may include direct observation; the person's report, communication, direction or preference; authorized-service records; service/support/care plans; assistance-level and method records; professional direction; equipment instructions; evidence of the actual bathing environment; worker documentation; handoff and communication records; records of material changes and responses; clarification, consultation, escalation, referral, emergency or transfer records; incident records; records of interruptions or incomplete activities; worker-assignment information; evidence of required shared assistance; applicable training or competency records; provider records; and other contemporaneous evidence showing conditions, available information, Support Work and resulting outcomes.

Evidence is interpreted in relation to the specific Quality Factor and Indicator being evaluated. Documentation that a bath or shower was completed is not by itself sufficient evidence of quality, and absence of injury, complaint, incident report, or other adverse event does not by itself establish positive quality. Evidence should distinguish, where material, what the person did or communicated; what the PCA observed and did; what another person did; what applicable direction required; what conditions existed or changed; what information was available; what response or escalation occurred; and what Intended Result was realized.

A.3.3 Evidence-Supported Determination

Bathing Support is evaluated by relating the applicable Reference Layer, Evidence of actual Support Work, and the relevant PCA1 Quality Outcome Criteria. The determination sequence is: Applicable Basis → Actual Conditions and Support Work → Evidence → Evidence-Supported Finding → Quality Factor Determination → Critical-Condition and Non-Compensability Review → Synthesis of Material Findings → Conclusion or Refusal, where applicable → subsequent Quality Claim, where made. The actual Support Service Quality State is the condition being examined and is not created by the determination.

A favorable result does not independently establish conformity where Support Work failed to meet an applicable quality requirement. Conversely, an unfavorable result does not independently establish deficient Support Work where the evidence shows that the PCA acted appropriately within Functional Scope and the result depended materially on conditions outside the worker's control. The determination therefore addresses the quality of Support Work and its contribution to Function Realization under

applicable conditions, rather than reducing Bathing Support quality to task completion, worker compliance, or the occurrence or absence of an adverse event.

Architecture note: PCA1 retains one developed activity Appendix (Bathing Support) as the representative application example. Additional PCA activity appendices may be developed later using the same methodology without changing SSC1 or the PCA1 occupational-level requirements.

Additional Activity-Specific Appendices

Appendix A — Bathing Support provides a representative example of applying the PCA1 requirements and Quality Outcome Criteria to a specific area of Personal Care Aide Support Work.

Additional activity-specific appendices may be developed as needed or upon request using the same PCA1 methodology. Such appendices may address, for example:

Meal Preparation and Eating Support;

Mobility and Ambulation Support;

Toileting Support;

Dressing and Grooming Support;

Transfer and Positioning Support;

Household and Light Housekeeping Support;

Community and Daily-Life Participation Support; and

other activities falling within the applicable Personal Care Aide Support Role and Functional Scope.

Development of an additional activity-specific appendix does not modify the SSC1 Core Quality Factors or Indicators, the occupational-level PCA1 requirements, or the applicable Reference Layer. Each appendix provides only a narrower contextual application of the existing PCA1 quality architecture.

The list is illustrative and open. Additional appendices may be developed where a particular support activity, service arrangement, implementation need, or quality-determination problem warrants more detailed contextual guidance.

A.4 Application Completion Checkpoint

A completed PCA1 application should leave visible and traceable the declared PCA Support Service Quality Object; applicable Support Intended Functions and Support Intended Results; applicable SSC1/PCA1 requirements and Quality Outcome Criteria; Applicable Basis and Reference Layer; Evidence and applicable Evidence Quality requirements; Uncertainty and unresolved conditions; Evidence-Supported Findings; Quality Factor Determinations; applicable Critical Service Conditions and non-compensability review; the Synthesis of Material Findings; the supportable Conclusion or Refusal, where applicable; and what the completed determination establishes about the actual bounded Support Service Quality State. Any subsequent Quality Claim should remain traceable to the applicable Findings, any communicated Conclusion or Refusal, and material limitations. Where the Quality of that Claim is itself determined, WQI_QCC1 applies.

Appendix B (Informative) — Illustrative PCA1 Determination and Quality Claim Elements

- Declared PCA Support Service Quality Object and purpose of determination
- Person Receiving Support, included Support Workers, Support Role, and Functional Scope
- Service Period, setting, Support Service Arrangement, Boundaries, and Interfaces
- Applicable Support Intended Functions and Support Intended Results
- Applicable SSC1/PCA1 requirements and Quality Outcome Criteria
- Identified Reference Layer format, Factor sections, jurisdiction/program source lists, and effective status
- Evidence Basis, applicable Evidence Quality requirements, Evidence Sufficiency, and Evidence-Supported Findings
- Quality Factor Determinations; Critical-Condition / Non-Compensability Review; and Synthesis of Material Findings
- Supportable Conclusion — Positive, Conditionally Positive, or Negative — or Refusal to Express a Conclusion, where applicable; and what the completed Quality Determination establishes about the actual Support Service Quality State
- Assumptions, uncertainty, limitations, exclusions, and unresolved conditions
- Bounded Support Service Quality Claim, if made, including applicable Findings and any Conclusion or Refusal where appropriate to the Claim's Intended Function or required by the Applicable Basis
- Conditions of continued validity and statement of non-certification

This Appendix is illustrative and does not create a mandatory determination or Claim form. A Quality Claim may communicate specific applicable Findings without an overall Conclusion concerning the original PCA Support Service Quality Object where that is sufficient for its Intended Function and Applicable Basis. Where the Quality of the Claim itself is determined, WQI_QCC1 applies to the Claim as a separate Quality Object.

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