PCA Context Guides Framework — Structure, Use, and Boundaries

(Informative — applies to the PCA Quality Service Standard)

Abstract

This document provides the governing framework for PCA Context Guides published under the PCA Quality Service Standard document set. It explains how Context Guides are structured, how they should be used, and what boundaries they must respect so that context-specific guidance can expand over time without redefining quality or drifting into diagnosis-based or program-specific manuals.

The Framework distinguishes three dimensions of context: **task context** (anchored to the common-sense task scope of Personal Care Aides, SOC 31-1122), **functional limitation context** (cross-cutting constraints that affect how tasks are performed), and **health/diagnostic context** (used only as indexing references). It establishes **Functional Limitation Appendices** as the primary mechanism for addressing disability-related variation while remaining diagnosis-neutral.

This document is **informative** and does not introduce requirements or modify the PCA Quality Service Standard — Core. It is intended for caregivers, supervisors, reviewers, and organizations to support consistent interpretation, responsible development, and coherent expansion of PCA Context Guides.

Status of This Document

This document is **informative guidance**. It does not contain requirements and does not modify, add to, or replace the **PCA Quality Service Standard — Core**.

This document establishes the **governing framework** for PCA Context Guides. It explains how Context Guides are structured, interpreted, and expanded, and how they relate to the Core Standard and Foundational Guidance.

Foreword

The **PCA Quality Service Standard — Core** defines what quality means in Personal Care Assistance services.

Context Guides exist to help people understand how that definition of quality is applied in common caregiving situations, such as bathing, mobility support, meal support, or documentation contexts.

As the number of Context Guides grows, it becomes essential to ensure that they:

- Remain consistent with the Core Standard
- Do not drift into diagnosis-based or program-specific manuals
- Address disability-related variation without redefining quality or role boundaries

This **PCA Context Guides Framework** exists to provide that structure.

It explains:

- What Context Guides are and are not
- How task context, functional limitations, and health classifications are treated
- How disability-related variation is addressed through functional-limitation appendices rather than diagnosis-specific guides

This document does **not** provide caregiving instructions, task steps, clinical guidance, or training content.

It is intended to be used **by readers of Context Guides**, including caregivers, supervisors, reviewers, and organizations, to support consistent interpretation and responsible expansion of PCA guidance under the PCA Quality Service Standard.

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1. Purpose of This Document

This document establishes the governing framework for **PCA Context Guides** published under the PCA Quality Service Standard. Its purpose is to explain **what Context Guides are, how they are used, and what boundaries they**

must respect, so that guidance can expand over time without fragmenting quality definitions or drifting into diagnosis- or program-specific manuals.

Specifically, this Framework:

- Explains why Context Guides exist and how they relate to the Core Standard and Foundational Guidance.
- Defines the **three dimensions of context** used by AMSI (tasks, functional limitations, and health/diagnostic references).
- Establishes the use of **Functional Limitation Appendices** as the primary mechanism for addressing disability-related variation.
- Sets guardrails to prevent scope creep, duplication, and medicalization of caregiving quality.

This Framework is **informative**, not normative. It does not add requirements or modify the PCA Quality Service Standard — Core.

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2. Position Within the PCA Standards Architecture

The PCA document set is organized as follows:

1. **PCA Quality Service Standard — Core** *(normative)*
   Defines quality through invariant Quality Factors, Indicators, and Quality Outcome Criteria.
2. **PCA Foundational Guidance (PCA1-FG)** *(informative)*
   Provides cross-cutting principles, risk awareness, and role boundaries that support interpretation and application of the Core across all PCA services and employment models.
3. **PCA Context Guides Framework — Structure, Use, and Boundaries (PFS1)** *(informative)*
   Establishes the governing framework for PCA Context Guides. It explains how Context Guides are structured, how task context and functional limitation context are treated, and how Context Guides are expanded and maintained without redefining quality or drifting into diagnosis-based guidance.
4. **PCA Context Guides** *(informative)*
   Context-specific guidance documents that illustrate how Core quality concepts apply in common PCA support contexts, including:
   - **Task Support Series** (for example, Bathing Support, Mobility Support, Meal Support)
   - **Special Topics** (for example, Coding Context Guide)

Context Guides interpret how quality is evidenced and managed in particular contexts. They do not redefine quality itself. All Context Guides are subordinate to the Core Standard and governed by this Framework.

The PCA Foundational Guidance provides the shared conceptual basis for understanding quality across contexts. This Framework builds on that foundation to govern how context-specific guidance is structured, applied, and expanded.

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3. What AMSI Means by "Context" in PCA Services

In the PCA Quality Service Standard, *context* refers to conditions of caregiving work that **change risk, complexity, or evidence expectations**, without changing the underlying definition of quality.

Context may affect:

- How risks manifest
- What observations are critical
- What documentation is appropriate
- What escalation thresholds apply

Context does **not** redefine:

- The PCA role
- The scope of PCA tasks
- Quality Factors or Indicators

AMSI explicitly distinguishes context from:

- **Tasks** (what the PCA does)
- **Diagnoses** (medical or psychiatric labels)
- **Programs and funding rules**
- **Employment models** (agency, consumer-directed, family caregiver)

This distinction is essential to maintaining a universal, SOC-aligned PCA quality standard.

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4. The Three Context Dimensions Used by AMSI

AMSI uses three complementary dimensions to organize PCA context without collapsing caregiving into diagnosis-based silos.

4.1 Task Context (Primary Anchor)

Task context refers to **what category of PCA work is being performed**, based on the common-sense task scope of **Personal Care Aides (SOC 31-1122)**.

Task-anchored Coding Context Guides (Special Topic) include, for example:

- Bathing Support
- Mobility Support
- Meal Support
- Coding Context

Task context is the **primary entry point** for Context Guides because:

- Tasks are stable across diagnoses
- Tasks reflect how caregivers and organizations actually organize work
- Tasks align with SOC occupational reality

The consolidated task scope used throughout the PCA standards and Context Guides is provided in **Annex A**.

4.2 Functional Limitation Context (Cross-Cutting)

Functional limitations describe **capacity constraints that affect how tasks are safely and effectively performed**, regardless of diagnosis.

Examples include:

- Mobility and balance limitations
- Cognitive and executive-function limitations
- Sensory or communication limitations
- Behavioral regulation and safety-awareness limitations
- Endurance and medical-fragility limitations

Functional limitations often cut across many medical or psychiatric conditions. For this reason, AMSI addresses them through **cross-cutting appendices**, not diagnosis-specific Context Guides.

4.3 Health and Diagnostic Context (Indexing Only)

Health conditions and diagnoses are used **only as reference classifications**, not as caregiving instructions.

AMSI may reference:

- **Social Security Administration (SSA) Blue Book** categories
- **DSM-5** diagnostic groupings

These systems:

- Support external alignment and shared language
- Help readers locate relevant functional-limitation considerations

They are **not** used to:

- Define PCA tasks
- Create diagnosis-based caregiving manuals
- Introduce clinical decision rules

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5. Functional Limitation Appendices: Purpose and Structure

Functional Limitation Appendices are the primary mechanism for addressing disability-related variation within PCA Context Guides.

5.1 Purpose

Appendices allow Context Guides to:

- Address increased risk or complexity without duplicating content
- Remain diagnosis-neutral
- Scale across multiple conditions and service settings

5.2 Structure

Each appendix may include:

- Description of the functional limitation
- Typical risk mechanisms relevant to PCA work
- Quality outcome considerations

- Observation and reporting cues
- Escalation boundaries and role limits

Appendices do **not** include:

- Task checklists
- Medical treatment instructions
- Clinical protocols

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6. Relationship to SSA Blue Book and DSM-5

The SSA Blue Book and DSM-5 are used as **classification references**, not caregiving authorities.

A single functional limitation (for example, executive-function impairment) may appear across:

- Multiple SSA Blue Book body systems
- Multiple DSM-5 diagnostic categories

This reinforces why AMSI anchors guidance in **functional limitations**, not diagnoses.

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7. Evidence, Documentation, and Quality Claims in Context

Context Guides may affect:

- Examples of acceptable evidence
- Documentation practices
- Observation and reporting emphasis

However:

- Quality Indicators remain invariant
- Context does not change what constitutes quality
- Public quality claims must continue to reference the Core Standard and applicable Context Guides

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8. What PCA Context Guides Are Not

PCA Context Guides are not:

- Training curricula
- Task lists or job descriptions
- Program manuals
- Employment-model instructions
- Medical or diagnostic guides

They are interpretive tools for applying the PCA Quality Service Standard in real-world caregiving contexts.

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9. Adding New Context Guides and Appendices

New Context Guides or appendices may be proposed when:

- A distinct task context introduces materially different risk mechanisms, or
- A functional limitation recurs across multiple task contexts and warrants structured guidance

All additions must:

- Avoid duplication
- Remain diagnosis-neutral
- Align with the Core Standard

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10. Guardrails Against Scope Creep

This Framework explicitly guards against:

- Diagnosis-based fragmentation
- Jurisdiction-specific rules
- Program or payer tailoring
- Expansion into clinical instruction

Universality, clarity, and caregiver usability are preserved as primary principles.

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11. How to Use the PCA Context Guide System

1. Start with the **PCA Quality Service Standard — Core**
2. Identify the relevant **task context**
3. Apply applicable **functional-limitation appendices**
4. Use diagnostic references only as orientation tools, if needed

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12. Forward Path

Future development may include:

- Additional task-anchored Context Guides
- Expanded Functional Limitation Appendices
- Illustrative crosswalks and examples

All such development will remain governed by this Framework.

Annex A

Common-Sense Task Scope for Personal Care Aides (SOC 31-1122)

(Informative — applies to the PCA Quality Service Standard)

A.1 Purpose of This Annex

This annex provides a **clear, consolidated description of the common-sense task scope** for **Personal Care Aides (SOC 31-1122)** as used throughout the PCA Quality Service Standard and its associated Context Guides.

The purpose of this annex is to:

- Anchor **task context** in occupational reality
- Provide a **stable reference** independent of program rules or agency task lists
- Ensure consistency across Context Guides, appendices, and future guidance

This task scope is:

- SOC-aligned
- Diagnosis-neutral
- Employment-model neutral
- Not a checklist or training curriculum

A.2 Scope and Boundaries

This annex describes **what Personal Care Aides commonly do** in real-world practice. It does not:

- Define quality requirements
- Replace the Core Standard
- Supersede laws, regulations, or employer policies
- Introduce task codes or billing rules

Quality is defined in the **PCA Quality Service Standard — Core**. This annex supports interpretation only.

A.3 Activities of Daily Living (ADLs)

Personal Care Aides may assist with:

- Bathing and personal hygiene
- Dressing and undressing
- Toileting and continence care
- Eating and feeding
- Oral care, grooming, and basic appearance support

A.4 Instrumental Activities of Daily Living (IADLs)

Personal Care Aides may assist with:

- Meal preparation and basic food support
- Light housekeeping
- Laundry
- Maintaining a safe and orderly living environment

A.5 Mobility and Physical Support

Personal Care Aides may provide:

- Walking and ambulation support
- Transfers and repositioning
- Assistance with basic mobility inside and outside the home
- Non-clinical use of mobility aids as directed

A.6 Out-of-Home and Community Support

Out-of-home support is a **core part of PCA work**.

Personal Care Aides may assist with:

- Accompanying individuals outside the home
- Walking outdoors
- Errands and shopping
- Pharmacy pickup
- Accompaniment to medical, social, or community appointments
- Support for participation in daily life and community activities

A.7 Observation, Monitoring, and Reporting

Personal Care Aides may:

- Observe physical, emotional, or behavioral changes
- Monitor general condition within a non-clinical scope
- Report changes to supervisors, family members, or care coordinators
- Support safety awareness and risk recognition

A.8 Basic Health-Related Support (Non-Clinical)

Within role boundaries and as permitted:

- Medication reminders (not administration)

- Support for routine adherence
- Basic monitoring when trained and authorized
- Recognition of signs requiring escalation

A.9 Prompting, Cueing, and Routine Support

Personal Care Aides may provide:

- Prompting and cueing for daily activities
- Support for routines that enable independence
- Reinforcement of plans of care through daily assistance

A.10 Documentation and Communication

Personal Care Aides may:

- Document services performed
- Communicate observations and concerns
- Participate in care-related communication as required

A.11 Plan-of-Care–Directed Support

Personal Care Aides work:

- In accordance with an established plan of care
- Under defined supervision structures
- Within role limits and escalation pathways

A.12 Relationship to Context Guides

This annex provides the **task anchor** for all PCA Context Guides.

Context Guides:

- Do not redefine this task scope
- Address how quality considerations vary by context, risk, and functional limitation

- Remain governed by the **PCA Context Guides Framework — Structure, Use, and Boundaries**

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