How to Read the PCA Quality Service Standard

A Plain-Language Guide to Understanding the Full Document Set

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Why this document exists

Personal Care Aid (PCA) services are often described using **task lists**, **time sheets**, or **billing codes**. These tools are useful for administration, but they do **not** explain what *good quality support* actually means in real life.

The PCA Quality Service Standard was created to answer a simple question:

What does "quality" mean in personal care support — regardless of who provides it, how it is paid for, or where it takes place?

This document explains how the PCA Quality Service Standard is organized and how to read the documents that make up the full set. It is written for readers who may be unfamiliar with standards, quality frameworks, or technical terminology.

What this Standard is — and what it is not

What this Standard is

- A **service-level quality framework** for Personal Care Aid
- A way to **describe how quality support should be provided**, not just what tasks are done
- A framework that works across:
    - Agency-based services
    - Consumer-directed services (such as CDPAP)
    - Family caregiving

    ○ Hybrid arrangements
- Applicable regardless of payer, state, or documentation system

What this Standard is not

- Not a task list
- Not a training manual
- Not a billing or compliance rule
- Not a clinical or medical standard
- Not tied to any single employment model

This Standard defines **quality once**, and then explains how that quality is understood and applied in different situations.

The core idea: quality is more than completing tasks

In this Standard:

Quality is not defined by only whether a task was completed.
Quality is defined by the appropriateness of achieving specified Quality Outcome Criteria, using stable **Quality Factors with Indicators**.

For example:

- Two people may both help with bathing
- One may do so in a way that protects safety, dignity, and comfort
- Another may complete the same task but create risk, distress, or harm

The task may be the same — the **quality is not**.

The heart of the Standard: the Core document

At the center of this document set is **one PCA Core Standard**.

The PCA Core Standard defines:

- **Quality Factors with Indicators** – the stable dimensions of quality and how they are recognized in practice
- A framework for **Quality Outcome Criteria** – what appropriate quality looks like in a specific situation

These Quality Factors with Indicators:

- Do **not change** by task
- Do **not change** by employment model
- Do **not change** by documentation or coding system

They are stable, shared, and always applicable.

Quality Factors with Indicators: the shared foundation

The PCA Core Standard defines **eight Quality Factors with their Indicators** that apply to **every PCA situation**.

These Quality Factors with Indicators are **fixed and complete**. They apply in all PCA contexts, regardless of:

- The specific activity being supported
- The person's disability or health condition
- The setting or environment
- The task name or task code used by an agency

They do **not** change based on:

- Which tasks are performed
- Which PCA Context Guide is used
- Which documentation, billing, or payroll system is in place

All eight Quality Factors with their Indicators apply **all the time**, even though different Factors may be more visible in different situations.

(All eight Quality Factors with their Indicators are defined together in the PCA Quality Service Standard — Core.)

Quality Outcome Criteria: adapting quality to real life

While the Quality Factors with Indicators stay the same, **quality does not look identical in every situation**.

For this reason, the Standard uses **Quality Outcome Criteria** to describe what appropriate quality looks like:

- For a particular person
- In a particular situation
- At a particular time

Quality Outcome Criteria:

- Are context-specific
- Are person-specific
- Are not fixed thresholds or scores
- Do not turn quality into a checklist

They translate stable quality principles into real-world expectations without reducing quality to box-checking.

Why there are multiple documents in the set

This Standard is published as a **document set**, not a single document, so that quality can be defined clearly without being confused with examples, procedures, or billing systems.

Each document in this set begins with a short Foreword that explains its purpose and limits before the formal sections begin.

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1. PCA Quality Service Standard — Core (normative)

This is the **only required document**.

It defines:

- What quality is
- The Quality Factors with Indicators
- The framework for Quality Outcome Criteria

All other documents support understanding and interpretation. They do **not** add requirements.

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2. PCA Foundational Guidance (informative)

This document supports understanding across all contexts. It explains:

- Role awareness and limits
- Risk awareness in daily support
- Clean technique versus clinical practice
- Ethics, dignity, consent, and respect
- Recognizing and reporting change

It explains **how to think about quality**, not how to perform tasks.

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3. PCA Context Guides (informative)

PCA services can include a **very wide range of support activities and situations**, such as those commonly listed in agency task lists and coding systems (for example, bathing, mobility, meal support, toileting, supervision, or assistance with daily routines).

Different agencies may describe these activities using **long task lists** and **numeric task codes**. These task lists and codes vary widely and do **not** define quality.

This document set includes only several PCA Context Guides related to common PCA activities.
They are provided as **illustrative examples** to show how the PCA Core Standard may be interpreted in practice. Many other PCA support contexts exist across different disability types, health conditions, environments, and support arrangements.

Context Guides:

- Show how the **same fixed Quality Factors with Indicators** apply within a particular PCA activity or support context
- Apply regardless of the specific task name or numeric code used by an agency
- Do **not** limit the Standard to only the contexts shown

Additional Context Guides may be developed over time without revising or expanding the Core Standard.

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4. PCA Coding Context Guide (informative)

Many agencies use **numeric task codes** or activity codes for scheduling, payroll, or billing purposes.

These codes:

- Identify the **type of support context**
- Help organize records
- Do **not** define quality

The PCA Coding Context Guide explains how task codes can be mapped back to the PCA Core Standard for interpretation, while preserving the same Quality Factors with Indicators and Quality Outcome Criteria.

Employment models do not change quality

Whether support is provided by:

- An agency employee
- A consumer-directed worker
- A family caregiver
- A hybrid arrangement

The **same Quality Factors with Indicators apply**.

What may change:

- Supervision
- Documentation
- Scheduling
- Payment systems

What does **not** change:

- What quality means
- How quality is interpreted
- What outcomes matter

Final takeaway

**Quality in personal care assistance is not about doing more tasks.
It is about doing support well — measured by the appropriateness of achieving
Quality Outcome Criteria through stable Quality Factors with Indicators.**

This shared framework allows individuals, caregivers, agencies, advocates, and
policymakers to talk about quality clearly — without reducing it to hours, codes, or
checklists.