

# Service Certification Methodology Standard

*Universal Conformity Framework for SOC-Anchored  
Support Services*

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AMSI STANDARD SCM1

*First Draft Edition — February 2026*



**AMERICAN SUPPORT STANDARDS INSTITUTE**

# Foreword (Non-Normative)

The delivery of human support services increasingly occurs within complex, variable, and context-dependent environments. Unlike manufactured products, services are intangible and relational; however, their intangible nature does not eliminate the need for credible, structured, and ethically grounded determinations of quality.

The **AMSI Service Certification Methodology Standard (SCM1)** establishes a universal framework for verifying service quality and issuing bounded quality claims across support services anchored to recognized occupations. The methodology applies irrespective of service model, employment arrangement, or setting, and is designed to function consistently across diverse service domains, including but not limited to personal care assistance, vocational support, and community-based services.

AMSI adopts a foundational premise that a **service exists when work performed and results produced are joined**, and that service quality is determined by the degree to which defined outcome criteria are achieved. Accordingly, certification under SCM1 is not a judgment of intention, reputation, documentation alone, or organizational structure; it is a structured determination grounded in objective evidence of outcome-aligned service delivery.

This methodology distinguishes clearly between:

- **Defining quality** — established within AMSI Service Core standards through Quality Factors, Indicators, and Outcome Criteria;
- **Verifying quality** — governed by SCM1 through structured conformity assessment; and
- **Communicating trust** — accomplished through bounded certification claims that accurately reflect scope, context, and evidentiary basis.

SCM1 recognizes three parties that may issue quality claims:

- **First party** — the individual or entity responsible for delivering the evaluated service;
- **Second party** — the service recipient or a party acting on the recipient's behalf; and
- **Third party** — a competent and independent body conducting structured conformity assessment.

The credibility of a claim increases with the independence of the issuing party; however, each claim type contributes distinct informational value within a multi-signal trust environment.

Certification under SCM1 is intentionally **bounded**. It applies only within the defined scope, context, and evaluation period and shall not be interpreted as a guarantee of future performance or the elimination of risk. Rather, certification communicates that service quality has been demonstrated under specified conditions using a disciplined evaluation method.

The methodology is guided by several foundational principles, including independence, proportionality, evidence-based determination, respect for dignity and autonomy, non-intrusion, transparency, and risk awareness. Together, these principles support a certification approach that is both professionally rigorous and ethically grounded.

**SCM1 forms part of the broader AMSI publication set**, which establishes a coherent architecture for defining, evaluating, and communicating the quality of support services.

Within this architecture:

- **AMSI Vocabulary Standards (VOC1)** establish the authoritative conceptual foundation, including the dependency chain linking occupation, work, result, service, and quality of service.
- **AMSI Service Core Standards** define what quality is through structured Quality Factors, Indicators, and Outcome Criteria applicable to specific service domains.
- **SCM1** defines how conformity to those criteria is evaluated and how credible quality claims are issued.

Together, these documents create a unified system in which quality is not merely described but can be systematically demonstrated and responsibly communicated.

SCM1 is intentionally **service-model neutral**. It applies across agency-based, consumer-directed, family-delivered, hybrid, and emerging service arrangements without redefining occupational scope or prescribing operational methods. Likewise, the methodology is **context-adaptive**: it supports verification in home environments, workplaces, community settings, residential programs, virtual contexts, and blended service environments while maintaining consistent evaluative discipline.

This Standard is not regulatory in nature and does not replace licensure, accreditation, or statutory oversight. Instead, it provides a voluntary conformity framework designed to strengthen professional accountability, support informed decision-making, and enhance trust among service recipients, providers, commissioning parties, and other stakeholders.

SCM1 is consistent with AMSI Foundational Note 1, which clarifies the distinction between voluntary standards and regulatory authority and affirms that AMSI standards are intended to strengthen professional accountability without replacing statutory oversight.

Because human services directly affect safety, dignity, autonomy, health, and functional stability, verification activities conducted under SCM1 shall be performed with particular attention to ethical responsibility. Evidence acquisition must respect privacy, informed consent, and legal protections, and verification methods should minimize disruption of natural service interactions while still producing reliable determinations.

SCM1 is intended to be applied by competent evaluators exercising disciplined professional judgment. While the methodology provides structured decision logic, it does not reduce certification to mechanical scoring. Human service environments require contextual awareness and reasoned synthesis of evidence.

As service environments evolve, the methodology defined in this Standard may be periodically reviewed to maintain relevance and effectiveness while preserving architectural continuity across the AMSI publication set.

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## 0.1 How SCM1 Fits the AMSI Publication Set (*Non-Normative*)

The AMSI publication framework is designed as an integrated system in which each document serves a distinct and complementary role.

**VOC1 – AMSI Vocabulary Standard** provides the conceptual dependencies and common language necessary for consistent interpretation across all AMSI standards.

**Service Core Standards** establish the substantive definition of service quality. They identify the outcomes that must be achieved but do not prescribe the method by which conformity is assessed.

**SCM1 – Service Certification Methodology Standard** supplies that method. It governs verification planning, evidence evaluation, decision logic, claim formulation, and record governance, thereby enabling structured and credible determinations of service quality.

The separation between these documents is intentional and foundational:

- Service Core standards answer “**What constitutes quality?**”
- SCM1 answers “**How is quality verified?**”

Maintaining this boundary protects the stability of quality definitions while allowing verification practices to evolve responsibly.

SCM1 is designed for universal applicability across AMSI service standards, including Personal Care Aide (PCA1), Vocational Rehabilitation Job Coaching (VRJ1), and future SOC-anchored support service frameworks. By providing a shared certification methodology, SCM1 promotes comparability of claims without constraining the contextual expression of service quality.

Through this structure, AMSI advances a model in which quality is defined, verified, and communicated within a coherent and disciplined system — supporting both professional practice and public trust.

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# 1 – Scope

## 1.1 General

This Standard establishes a structured methodology for verifying the quality of human support services and issuing credible, bounded quality claims based on objective evidence.

The methodology defined in SCM1 governs the planning, execution, evaluation, and documentation of conformity assessment activities applicable to services whose quality is defined through AMSI Service Core standards.

SCM1 applies to services anchored to recognized occupational work and is intended for use across diverse support domains, including personal care, vocational support, community-based services, and other SOC-aligned service frameworks.

The Standard is designed for universal applicability regardless of service model, employment arrangement, organizational structure, funding mechanism, or service setting.

Within AMSI architecture, safety is understood as a constituent element of quality, defined as freedom from unacceptable risk. This understanding informs risk-based verification planning and decision rules under this Standard.

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## 1.2 What This Standard Establishes

SCM1 establishes requirements and guidance for:

- defining the object and scope of verification;
- planning verification activities proportionate to service risk and context;
- identifying, obtaining, and evaluating evidence;
- determining conformity with applicable Quality Outcome Criteria;
- issuing structured certification and claim statements;
- maintaining records sufficient to support traceability and review; and
- governing certification activities in a manner that promotes independence, transparency, and professional accountability.

This Standard supports consistent interpretation of service quality determinations while allowing appropriate professional judgment in the evaluation of complex human-service environments.

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## 1.3 What This Standard Does Not Establish

SCM1 does **not**:

- redefine service quality or outcome criteria established in AMSI Service Core standards;
- prescribe operational methods for service delivery;
- create professional licensure requirements;
- replace statutory, regulatory, or accreditation obligations;
- function as a regulatory approval mechanism; or
- guarantee future service performance or eliminate risk.

Certification conducted under this methodology represents a bounded determination based on evaluated evidence within a defined scope and time period.

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## 1.4 Service-Model Neutrality

The methodology defined in this Standard is intentionally neutral with respect to service delivery models.

It applies equally to services delivered through agency-based, consumer-directed, family-supported, independent, hybrid, or emerging service arrangements. Differences in supervision, documentation practices, or administrative structure do not alter the underlying evaluative framework.

SCM1 evaluates the **service state** — the alignment of work performed and results produced with defined outcome criteria — rather than the organizational form through which the service is delivered.

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## 1.5 Occupational Anchoring

SCM1 applies to services grounded in recognized occupational work, including roles identified within the Standard Occupational Classification (SOC) framework or equivalent occupational structures.

Where service delivery incorporates blended occupational functions, verification shall clearly define the scope of work being evaluated.

Occupational anchoring supports clarity of responsibility, interpretive consistency, and comparability of certification claims.

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## **1.6 Context Adaptability**

This Standard supports verification across a wide range of service environments, including but not limited to:

- private homes;
- community settings;
- workplaces;
- residential programs;
- institutional environments; and
- virtual or hybrid service contexts.

While Quality Factors and Outcome Criteria remain invariant, their expression may vary by context. Verification shall therefore interpret evidence in relation to the environment in which the service is delivered without redefining the underlying quality expectations.

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## **1.7 Relationship to Regulatory and Oversight Frameworks**

SCM1 is a voluntary conformity methodology intended to complement — not replace — existing regulatory, licensing, accreditation, contractual, or programmatic oversight mechanisms.

Nothing in this Standard shall be interpreted as conferring regulatory authority or superseding applicable legal requirements.

Organizations and practitioners remain responsible for compliance with all governing statutes and professional obligations.

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## **1.8 Ethical Foundation of Application**

Because human services directly affect safety, dignity, autonomy, health, and functional stability, activities conducted under this Standard shall be performed with due regard for ethical responsibility.

Verification methods shall respect privacy, informed consent, and legal protections and should minimize unnecessary intrusion into natural service interactions while still producing reliable evidence.

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## 1.9 Intended Users

This Standard is intended for use by:

- independent certifying bodies;
- service providers conducting structured self-assessment;
- commissioning parties and oversight entities;
- service recipients seeking informed assurance; and
- other stakeholders requiring credible determinations of service quality.

Application of the methodology requires competence appropriate to the service domain and the exercise of disciplined professional judgment.

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## 2 – Normative References

The following documents are indispensable for the application of this Standard. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

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### 2.1 AMSI Vocabulary Standard (VOC1)

**AMSI Vocabulary Standard (VOC1)** establishes the authoritative conceptual framework and dependency chain linking occupation, work, result, service, and quality of service. It defines foundational terms necessary for the consistent interpretation and application of this Standard.

SCM1 shall be interpreted in alignment with the terminology and conceptual dependencies defined in VOC1.

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## 2.2 Applicable AMSI Service Core Standards

Applicable **AMSI Service Core standards** define the Quality Factors, Indicators, and Outcome Criteria against which conformity is evaluated.

SCM1 does not redefine service quality; rather, it governs the methodology used to verify whether the outcome criteria established in the relevant Service Core have been achieved.

Examples of such standards include, but are not limited to:

- **PCA1 — Personal Care Aide Service Standard**
- **VRJ1 — Vocational Rehabilitation Job Coaching Service Standard**

Where multiple Service Core standards apply, the verification scope shall clearly identify the standards used as the basis for evaluation.

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## 2.3 Relationship Among Normative Documents

VOC1, the applicable Service Core standard, and SCM1 together form an integrated framework:

- VOC1 provides the conceptual foundation;
- Service Core standards define quality;
- SCM1 defines the methodology for verifying conformity and issuing claims.

These documents shall be applied in a complementary manner to support coherent, evidence-based determinations of service quality.

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# 3 — Terms and Definitions

For the purposes of this Standard, the terms and definitions given in **AMSI Vocabulary Standard (VOC1)** and the following apply.

Where a term is not defined in this section, the definition provided in VOC1 shall govern.

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## 3.1 Service Quality Verification

A structured process for evaluating objective evidence to determine whether the work performed and results produced within a defined service meet applicable Quality Outcome Criteria.

**Note:** Service quality verification provides the evidentiary basis for issuing a quality claim.

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## 3.2 Conformity Assessment (AMSI Use)

A systematic activity conducted to determine the extent to which a service conforms to the Quality Outcome Criteria established in the applicable AMSI Service Core standard.

**Note:** Within AMSI, conformity assessment applies to services rather than products or management systems.

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## 3.3 Verification and Validation (AMSI Distinction)

### **Verification:**

Confirmation, through the evaluation of objective evidence, that specified outcome criteria have been achieved.

### **Validation:**

Confirmation that the defined outcome criteria are appropriate for their intended service purpose.

**Note:** SCM1 governs verification activities. Validation of outcome criteria occurs during the development and maintenance of Service Core standards.

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## 3.4 Assessment Activity

A planned set of actions undertaken to obtain and evaluate evidence for the purpose of determining service conformity.

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## 3.5 Assessment Plan

Documented information describing the scope, criteria, methods, evidence sources, and responsibilities associated with a verification activity.

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## 3.6 Finding

A conclusion reached through the evaluation of evidence against specified outcome criteria.

Findings may indicate conformity, nonconformity, or indeterminate status.

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## 3.7 Nonconformity

The non-fulfillment of a specified Quality Outcome Criterion.

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## 3.8 Observation

A statement identifying a condition that does not constitute a nonconformity but may indicate potential risk, emerging weakness, or opportunity for improvement.

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## 3.9 Evidence Sufficiency

The degree to which the quantity, quality, relevance, and coherence of evidence are adequate to support a reliable conformity determination.

**Note:** Evidence sufficiency relies on disciplined professional judgment and does not require exhaustive observation.

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## 3.10 Claim Statement

A formal declaration communicating that service quality has been evaluated within a defined scope and that a conformity determination has been reached based on objective evidence.

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### **3.11 First-Party Claim (Self-Claim)**

A quality claim issued by the individual or entity responsible for delivering the evaluated service.

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### **3.12 Second-Party Claim**

A quality claim issued by the service recipient or by a party acting on the recipient's behalf regarding the service received.

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### **3.13 Third-Party Certification**

A quality claim issued by a competent and independent body following structured conformity assessment.

**Note:** Only third-party certification may be represented as “certified” without qualification.

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### **3.14 Independence**

Freedom from relationships or interests that could improperly influence the objectivity of a conformity assessment.

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### **3.15 Impartiality**

The presence of objectivity in the conduct of verification activities and certification decisions.

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### **3.16 Conflict of Interest**

A situation in which financial, professional, organizational, or personal considerations could compromise — or reasonably appear to compromise — impartial judgment.

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### **3.17 Competence of Evaluators**

The demonstrated ability to apply knowledge, skills, professional judgment, and ethical responsibility when conducting verification activities.

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### **3.18 Appeal**

A formal request for reconsideration of a certification decision submitted by a party affected by that decision.

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### **3.19 Complaint**

An expression of dissatisfaction related to certification activities or outcomes that requires evaluation and response.

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## **4 — AMSI Verification Model (Architecture)**

### **4.1 Dependency Chain**

Service quality verification under SCM1 shall be grounded in the dependency sequence established in AMSI Vocabulary Standard (VOC1):

**Occupation → Work → Result → Service → Quality of Service**

SCM1 extends this dependency chain for the purposes of conformity assessment as follows:

**Quality of Service → Service Quality Verification → Claim**

Verification activities shall respect and preserve the logical order of this chain. A claim may be issued only after verification has evaluated whether the service — defined as the combination of work performed and results produced — meets the applicable Quality Outcome Criteria.

No claim shall be issued in the absence of a defined service, a defined outcome criterion, and evaluated evidence.

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## 4.2 Object of Evaluation

Verification shall evaluate the alignment between:

- the work performed within the defined occupational scope;
- the results produced within the defined unit of assessment; and
- the applicable Quality Outcome Criteria established in the relevant Service Core standard.

Verification does not evaluate intent, organizational reputation, credentials alone, or documentation in isolation. It evaluates the **service state**.

For the purposes of this Standard, *service state* refers to the observable condition of a service within a defined scope and evaluation period, characterized by the work performed, the results produced, and the context in which they occur. Service state may be conforming, nonconforming, or indeterminate with respect to the applicable Quality Outcome Criteria, as determined through verification.

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## 4.3 Separation of Quality Definition and Conformity Assessment

The definition of service quality and the methodology used to verify conformity shall remain distinct.

Service Core standards define:

- Quality Factors;
- Indicators;
- Outcome Criteria.

SCM1 defines:

- how conformity to those criteria is evaluated;
- how determinations are made;
- how claims are issued and governed.

Verification activities shall not modify, reinterpret, or redefine the outcome criteria established by the applicable Service Core standard.

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## 4.4 Evidence-Based Determination

Verification under SCM1 shall be evidence-based.

Objective evidence shall be obtained and evaluated to determine whether outcome criteria have been achieved within the defined scope.

Evidence shall be:

- relevant to the outcome criterion being evaluated;
- sufficiently reliable to support professional judgment; and
- coherent when considered in relation to other evidence elements.

Certification decisions shall be grounded in evaluated evidence rather than assumption, reputation, or administrative form.

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## 4.5 Non-Distortion Principle

Verification methods shall minimize unnecessary alteration of natural service interactions while still producing reliable determinations.

Where direct observation is employed, it shall be proportionate to the level of assurance sought and shall respect privacy, dignity, and informed consent.

Verification shall favor evidence triangulation and pattern analysis over continuous or intrusive monitoring.

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## 4.6 Object of Certification

Certification under SCM1 applies to the evaluated service within a defined scope.

Certification does not apply independently to:

- an individual worker in isolation from evaluated service delivery;
- an organization in isolation from evaluated service performance; or
- a program design absent evaluation of actual service state.

Where certification references a service delivered by a specific individual or organization, the claim shall clearly identify the bounded service scope to which the determination applies.

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## 4.7 Bounded Nature of Certification

All certification determinations shall be bounded by:

- defined service scope;
- defined occupational scope (where applicable);
- defined service context;
- defined unit of assessment; and
- defined evaluation period.

Certification does not imply elimination of risk and shall not be interpreted as a guarantee of future performance beyond the evaluated conditions.

# 5 — Objects of Verification

## 5.1 Unit of Assessment

Verification shall be conducted against a defined **unit of assessment**.

The unit of assessment represents the bounded service instance or service delivery interval within which conformity to applicable Quality Outcome Criteria is evaluated.

The unit of assessment shall be defined prior to the initiation of verification activities and shall be documented in the assessment plan.

Examples of units of assessment may include:

- a defined service episode;
- a care-plan interval;
- a service authorization period;
- a coaching phase;
- a program-defined service cycle; or
- another clearly bounded service window.

Certification shall not proceed in the absence of a clearly defined unit of assessment.

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## 5.2 Scope Boundaries

The scope of verification shall clearly identify:

- the service being evaluated;
- the applicable AMSI Service Core standard(s);
- the occupational work included in the assessment;
- the outcome criteria applied; and
- any explicit exclusions.

Where service delivery incorporates blended occupational functions, the verification scope shall explicitly define:

- which work functions are included;
- which are excluded; and
- which Service Core standards form the basis of evaluation.

Verification shall not imply assessment of service components that fall outside the defined scope.

---

## 5.3 Context Boundaries

Verification shall define the service context within which work is performed and results are produced.

Service context may include, but is not limited to:

- private home environments;
- workplaces;

- community settings;
- residential programs;
- institutional environments;
- virtual or hybrid delivery settings.

Quality Factors and Outcome Criteria remain invariant; however, interpretation of evidence shall consider contextual variables that may influence service expression.

Context shall be documented as part of the verification scope and reflected in the certification claim.

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## 5.4 Application of Context Guides

Where applicable, verification shall reference the relevant **AMSI Context Guide** associated with the Service Core standard.

Context Guides provide interpretive guidance regarding:

- typical risk profiles;
- environmental variables;
- interaction patterns;
- domain-specific considerations affecting service delivery.

Context Guides do not redefine Quality Factors or Outcome Criteria. They assist in the consistent interpretation of those criteria within defined service environments.

Verification activities shall not modify outcome criteria through contextual interpretation. Context Guides support application; they do not alter normative expectations.

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## 5.5 Context Guide Appendixes – Condition-Specific Considerations

Certain Context Guides may include appendixes addressing specific medical conditions, functional limitations, behavioral profiles, communication needs, or other disability-related characteristics that materially influence service expression.

Such appendixes provide structured interpretive considerations relevant to:

- safety risk variation;

- support intensity differences;
- communication adaptation;
- environmental accommodation;
- medically relevant constraints;
- cognitive or behavioral factors affecting service delivery.

These appendixes:

- do not create separate standards;
- do not redefine outcome criteria;
- do not lower or raise quality thresholds;

— but may guide evaluators in applying outcome criteria proportionately and consistently within the specific functional or medical context under review.

Where a Context Guide appendix is applicable to the evaluated service, its relevance shall be documented in the assessment plan.

Failure to reference an applicable appendix does not invalidate verification; however, omission of relevant contextual considerations may affect the reliability of the conformity determination.

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## **5.6 Access to Evidence and Service Environment**

Verification shall require reasonable access to evidence necessary to evaluate service state within the defined scope.

Access requirements shall be proportionate to:

- the nature of the service;
- the risk profile;
- the vulnerability of the service recipient; and
- the level of assurance sought.

Verification does not require unrestricted physical access to service environments. Evidence may be obtained through documented records, structured interviews, corroborated reports, artifacts, targeted observation, or other ethically obtained sources.

Where direct observation is conducted in private or sensitive environments, informed consent shall be obtained in accordance with applicable legal and ethical requirements.

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## **5.7 Attribution of Service Outcomes**

Verification shall establish a reasonable basis for attributing observed outcomes to the evaluated service within the defined unit of assessment.

Where multiple influences affect outcome achievement — including clinical interventions, family support, environmental factors, or unrelated services — evaluators shall consider the extent to which the evaluated service materially contributed to the observed results.

Certification shall not imply causation beyond what can be reasonably supported by evaluated evidence.

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## **5.8 Exclusions and Limitations**

Verification documentation shall identify any exclusions, limitations, or constraints affecting the interpretation of findings.

Examples may include:

- restricted access to certain environments;
- incomplete documentation;
- limited observation windows;
- partial scope evaluation;
- contextual uncertainties.

Limitations shall be reflected in the certification claim where they materially affect interpretation.

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# **6 — Roles and Accountability (First / Second / Third Party)**

## **6.1 General Principle of Claim Authority**

A quality claim under SCM1 shall be issued only by a party with a defined relationship to the evaluated service and with accountability proportionate to the level of assurance represented.

The level of independence of the issuing party directly influences the level of institutional assurance communicated by the claim.

This Standard recognizes three categories of claim issuance:

- First-party (self-claim)
- Second-party (recipient-based claim)
- Third-party (independent certification)

Each claim type has distinct characteristics and limitations.

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## 6.2 First-Party Claims (Self-Verification)

A first-party claim is a quality declaration issued by the individual or entity responsible for delivering the evaluated service.

First-party claims may support:

- professional transparency;
- internal quality monitoring;
- reflective practice;
- employer or supervisory oversight;
- informed client choice.

First-party claims shall:

- clearly identify the applicable standard;
- define scope and unit of assessment;
- state the evaluation basis;
- disclose limitations where applicable.

First-party claims shall not be represented as independent certification.

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## 6.3 Second-Party Claims

A second-party claim is a quality declaration issued by the service recipient or by a party acting on the recipient's behalf regarding the service received.

Second-party claims reflect the experiential perspective of the service recipient and may contribute valuable evidence within a conformity assessment framework.

Second-party claims shall be:

- voluntary;
- informed;
- free from coercion;
- documented where used in certification contexts.

Second-party claims shall not be represented as independent certification.

---

## 6.4 Third-Party Certification

Third-party certification is a quality claim issued by a competent and independent body following structured conformity assessment conducted in accordance with SCM1.

Only third-party certification may be represented as “certified” without qualification.

A third-party certifying body shall:

- be independent of service delivery responsibility;
- avoid financial dependence on certification outcomes;
- implement safeguards against conflicts of interest;
- demonstrate competence appropriate to the service domain and verification complexity.

Independence shall be both actual and reasonably perceived.

---

## 6.5 Impartiality and Conflict of Interest

Verification and certification activities shall be conducted with impartiality.

Certifying parties shall identify, disclose, and manage potential conflicts of interest that could compromise objective judgment.

Conflicts of interest may arise from:

- financial incentives;
- employment or supervisory relationships;
- referral dependencies;
- personal relationships;
- organizational pressures.

Where conflicts cannot be adequately mitigated, certification shall not proceed.

---

## **6.6 Competence of Evaluators**

Verification activities shall be conducted by evaluators possessing competence appropriate to:

- the occupational domain under review;
- the service context;
- the complexity of outcome criteria;
- evidence evaluation methodology;
- ethical decision-making.

Competence shall include both technical knowledge and professional judgment.

---

## **6.7 Data Protection, Consent, and Dignity**

Verification activities shall respect the privacy, dignity, autonomy, and legal rights of service recipients and service providers.

Informed consent shall be obtained where verification involves:

- direct observation;
- review of personal records;
- interviews;
- documentation of sensitive information.

Verification methods shall be proportionate to the level of assurance sought and shall avoid unnecessary intrusion.

---

## **6.8 Representation of Claim Status**

No party shall represent a claim in a manner that exaggerates its independence, scope, or level of assurance.

Claims shall clearly indicate whether they are:

- first-party;
- second-party; or
- third-party.

Misrepresentation of claim type constitutes misuse of the SCM1 methodology.

---

## **6.9 Multi-Source Evidence Contributions**

Evidence used in conformity assessment may originate from multiple parties, including first-party and second-party sources, provided that independence requirements governing third-party certification decisions are preserved.

In third-party certification, the final determination shall be made independently of the service provider and service recipient.

---

# **7 – Verification Planning**

## **7.1 General Planning Requirement**

Verification shall be conducted in accordance with a documented assessment plan established prior to the initiation of evidence collection.

The assessment plan shall provide a clear line of sight between:

- the defined service scope;
- the applicable outcome criteria;
- the evidence to be obtained; and
- the decision to be made.

Verification shall not proceed without documented planning appropriate to the scope and level of assurance sought.

---

## **7.2 Definition of Claim Scope**

Prior to verification, the intended scope of the quality claim shall be explicitly defined and documented.

The scope shall include:

- the service being evaluated;
- applicable Service Core standard(s);
- occupational scope;
- context of service delivery;
- unit of assessment;
- evaluation period;
- party type issuing the claim.

Scope shall not be altered retroactively in response to emerging findings.

---

## **7.3 Selection of Applicable Outcome Criteria**

Verification shall evaluate outcome achievement using the Quality Factors, Indicators, and Outcome Criteria established in the applicable Service Core standard.

SCM1 does not authorize modification, substitution, or selective reinterpretation of outcome criteria.

Where partial-scope evaluation is conducted, limitations shall be clearly documented and reflected in the certification claim.

---

## **7.4 Development of the Evidence Plan**

Verification shall be guided by a documented evidence plan proportionate to:

- service complexity;
- risk profile;
- vulnerability of the service recipient;
- level of assurance sought.

The evidence plan shall identify:

- evidence sources;
- collection methods;
- triangulation approach;

- sampling methodology (if applicable);
- evaluator responsibilities;
- access constraints;
- consent requirements.

Evidence planning shall aim to achieve sufficiency through structured evaluation rather than exhaustive or intrusive data collection.

---

## 7.5 Sampling (Where Applicable)

Where full-population review is impracticable, verification may employ sampling methods appropriate to the service context and risk profile.

Sampling approaches shall be documented and justified within the assessment plan.

Sampling shall be proportionate to:

- service volume;
- variability of service delivery;
- risk of harm associated with nonconformity;
- historical performance patterns.

Sampling shall not compromise the reliability of the conformity determination.

---

## 7.6 Risk-Based Focus

Verification planning shall prioritize indicators where failure would present significant foreseeable risk to:

- safety;
- dignity;
- autonomy;
- health;
- functional stability.

Indicators associated with higher consequence shall receive proportionately greater evaluative attention.

---

## **7.7 Ethical and Access Planning**

Verification planning shall address how evidence will be obtained while protecting privacy, autonomy, and legal rights.

The assessment plan shall consider:

- informed consent procedures;
- data protection safeguards;
- proportionality of observation;
- limitations affecting evidence access.

Verification shall seek evidence sufficiency with minimal disruption to natural service interaction.

---

## **7.8 Assignment of Evaluators**

Verification activities shall be conducted by evaluators whose competence aligns with:

- the occupational domain under review;
- service context;
- methodological complexity.

Evaluator assignment shall be documented in the assessment plan.

---

# **8 — Evidence and Evaluation Method**

## **8.1 General Principle**

Conformity determinations under SCM1 shall be based on the evaluation of objective evidence obtained within the defined scope and unit of assessment.

Evidence shall be sufficient to support a reliable professional judgment regarding achievement of applicable Quality Outcome Criteria.

Verification shall not rely solely on assumption, reputation, administrative documentation, or uncorroborated assertion.

---

## 8.2 Characteristics of Evidence

Evidence used in verification shall be evaluated for:

- **Relevance** — direct relationship to the outcome criterion under review;
- **Reliability** — credibility and consistency of the source;
- **Coherence** — logical alignment with other evidence elements;
- **Timeliness** — relevance to the defined evaluation period.

Evidence shall be considered collectively rather than in isolation.

---

## 8.3 Types of Evidence

Evidence may include, but is not limited to:

- service records and documentation;
- structured interviews;
- direct observation (where appropriate);
- artifacts or tools used in service delivery;
- corroborated statements from service recipients or other relevant parties;
- objective indicators of functional or behavioral outcomes;
- risk-management or incident records relevant to outcome criteria.

No single type of evidence shall be considered inherently sufficient. Verification shall rely on triangulation where appropriate.

---

## 8.4 Triangulation and Pattern Analysis

Where feasible, conformity determinations shall be supported through triangulation — the evaluation of multiple independent evidence sources addressing the same outcome criterion.

Verification shall emphasize pattern consistency over isolated events.

A single observed instance may support a finding where the outcome criterion is event-specific; however, sustained outcome criteria shall be evaluated based on evidence reflecting consistency over the defined evaluation period.

---

## 8.5 Evidence Sufficiency Determination

Evidence shall be considered sufficient when, in the professional judgment of the evaluator, the available information provides a coherent and reliable basis to determine whether the specified outcome criterion has been met within the defined scope.

Evidence sufficiency does not require exhaustive review of all possible data.

Where evidence is incomplete, contradictory, or ambiguous, evaluators shall determine whether:

- additional evidence is required;
- a finding of nonconformity is warranted; or
- the status remains indeterminate.

Indeterminate determinations shall not be represented as conformity.

---

## 8.6 Handling Missing or Contradictory Evidence

Where evidence gaps exist, the evaluator shall assess whether the absence of information materially affects the ability to determine conformity.

Contradictory evidence shall be analyzed to identify:

- contextual explanation;
- credibility variance;
- timing differences;
- potential systemic weakness.

Findings shall be documented transparently, including limitations influencing the determination.

---

## 8.7 Evaluation of Results That Emerge Over Time

Certain outcome criteria may reflect results that develop gradually or fluctuate over time.

Where outcome realization extends beyond the immediate observation window, verification shall consider:

- evidence trends;
- documented progress;
- sustained patterns;
- stability of functional outcomes.

Temporary improvement without sustained evidence may not constitute full conformity where stability is inherent to the outcome criterion.

Result evidence may include structured indicators of stability of daily living, absence of avoidable harm, and continuity of functioning. Such evidence may be derived from documented service records, structured interviews, environmental observation, and other sources sufficient to support pattern-based evaluation within the defined unit of assessment.

---

## **8.8 Non-Intrusive Evidence Principle**

Verification methods shall avoid unnecessary intrusion into private or sensitive environments.

Evidence collection shall be proportionate to:

- the risk profile of the service;
- the vulnerability of the service recipient;
- the level of assurance sought.

Excessive monitoring or surveillance shall not be required to establish conformity where structured triangulation provides sufficient reliability.

---

## **8.9 Professional Judgment and Accountability**

Conformity determinations shall involve disciplined professional judgment.

Judgment shall be exercised within the boundaries of:

- defined scope;
- documented criteria;
- evaluated evidence;

- declared limitations.

Certification decisions shall be traceable to documented findings.

---

## 9 — Decision Rules

### 9.1 Indicator-Level Determination

For each applicable Indicator and associated Outcome Criterion within the defined scope, a determination shall be made based on evaluated evidence.

Each Indicator shall receive one of the following statuses:

- **Conforming** — evidence demonstrates achievement of the specified outcome criterion within the defined scope and evaluation period;
- **Nonconforming** — evidence demonstrates failure to meet the specified outcome criterion;
- **Indeterminate** — evidence is insufficient to reliably determine conformity.

Indeterminate status shall not be interpreted as conformity.

Indicator-level findings shall be documented with reference to supporting evidence.

---

### 9.2 Nonconformity Classification

Where appropriate, nonconformities may be classified according to severity or risk impact, including but not limited to:

- **Critical** — failure involving significant foreseeable risk to safety, dignity, health, or functional stability;
- **Major** — failure materially affecting outcome achievement;
- **Minor** — isolated or low-risk deviation not materially affecting outcome realization.

Classification criteria shall be documented within the assessment plan or governing procedures of the certifying body.

Critical nonconformities shall preclude certification until corrective action is verified.

---

## 9.3 Aggregation Logic

Certification determinations shall be based on structured aggregation of Indicator-level findings.

Aggregation shall not rely solely on numerical averaging where such averaging could obscure critical failures.

The aggregation method shall:

- reflect risk significance;
- preserve the material importance of critical outcome criteria;
- ensure transparency of decision logic.

Where any critical nonconformity remains unresolved, certification shall not be issued.

---

## 9.4 Indeterminate Conditions

Where indeterminate findings affect material outcome criteria, certification shall not proceed unless:

- additional evidence resolves uncertainty; or
- the scope is formally narrowed to exclude the indeterminate area, with limitations explicitly disclosed in the claim.

Indeterminate findings shall not be omitted from documentation.

---

## 9.5 Corrective Action and Re-Verification

Where nonconformities are identified, corrective action may be undertaken prior to certification issuance.

Corrective actions shall be:

- documented;
- evaluated for adequacy;
- verified for effectiveness within the defined scope.

Certification shall not be granted based solely on declared intent to correct deficiencies.

---

## **9.6 Levels of Assurance (Optional Tiering)**

Certifying bodies may establish defined levels of assurance, provided that such levels:

- are clearly described;
- do not misrepresent independence;
- do not obscure unresolved nonconformities;
- maintain transparency regarding scope and evidence basis.

Levels of assurance shall not substitute for conformity determination.

---

## **9.7 Decision Authority**

The final certification decision shall be made by a person or body authorized under the governance framework of the issuing party.

In third-party certification, the decision authority shall be independent from service delivery functions and from direct financial incentives tied to certification outcome.

Decision authority shall be documented.

---

## **9.8 Documentation of Determination**

The conformity determination shall be traceable to:

- documented scope;
- evaluated evidence;
- Indicator-level findings;
- aggregation logic applied;
- identified limitations.

Certification shall not be issued without documented decision rationale.

---

# 10 – Certification / Claim Statement Requirements

## 10.1 General Requirement

A quality claim issued under SCM1 shall be documented in a formal claim statement.

The claim statement shall accurately reflect:

- the defined scope of evaluation;
- the applicable Service Core standard(s);
- the party type issuing the claim;
- the evaluation period;
- the conformity determination;
- any limitations affecting interpretation.

No claim shall be issued in the absence of documented conformity determination in accordance with Section 9.

---

## 10.2 Mandatory Content Elements

Each claim statement shall include, at minimum:

1. Identification of the issuing party (first-, second-, or third-party);
2. Clear identification of the applicable AMSI Service Core standard(s);
3. Defined service scope and occupational scope;
4. Defined service context;
5. Unit of assessment;
6. Evaluation period;
7. Summary conformity determination;
8. Disclosure of any exclusions, limitations, or conditions;
9. Date of issuance;
10. Signature or authorized approval.

For third-party certification, the identity and independence status of the certifying body shall be clearly indicated.

## 10.3 Claim Wording Rules

Claim statements shall be factual, bounded, and free from exaggeration.

Claims shall not:

- imply universal quality beyond defined scope;
- suggest elimination of all risk;
- imply lifetime validity;
- imply endorsement by AMSI unless formally authorized;
- represent first- or second-party claims as independent certification.

Where third-party certification is issued, the term “certified” may be used without qualification, provided that the certification body meets independence requirements defined in Section 6.

---

## 10.4 Representation of Scope and Limitations

The scope of certification shall be clearly stated and shall not be expanded through marketing language or implied endorsement.

If certification is limited to:

- specific service components;
- defined client groups;
- defined time intervals;
- specific contexts;

such limitations shall be explicitly stated.

Claims shall not imply evaluation of unassessed elements.

---

## 10.5 Validity Period

Certification shall specify a validity period appropriate to:

- the nature of the service;
- risk profile;
- stability of outcomes;

- assurance level.

Certification shall not imply indefinite validity.

Upon expiration of the defined period, continued representation of certification status shall not occur unless re-verification has been completed.

---

## 10.6 Conditions for Suspension or Withdrawal

Certification shall be subject to suspension or withdrawal where:

- critical nonconformities emerge;
- material scope changes occur;
- misrepresentation of certification status is identified;
- access to necessary evidence is denied;
- independence safeguards are compromised.

Conditions and procedures for suspension or withdrawal shall be documented by the issuing party.

---

## 10.7 Transparency of Claim Type

The claim statement shall clearly indicate whether it represents:

- a first-party claim;
- a second-party claim; or
- third-party certification.

Failure to clearly identify claim type constitutes misrepresentation.

---

## 10.8 Use of Marks or Symbols (If Applicable)

Where a certification mark or symbol is used, its application shall:

- correspond to a valid certification determination;
- reflect defined scope;
- avoid misleading presentation.

Use of marks shall not suggest broader endorsement than granted.

---

# 11 – Records, Transparency, and Governance

## 11.1 Records Retention

The issuing party shall retain documentation sufficient to demonstrate that certification determinations were made in accordance with this Standard.

Records shall include, at minimum:

- documented assessment plan;
- defined scope and unit of assessment;
- evaluated evidence summary;
- Indicator-level findings;
- decision rationale;
- issued claim statement;
- corrective action documentation (if applicable);
- declared limitations or exclusions.

Records shall be retained for a period appropriate to:

- the validity period of certification;
- applicable legal requirements;
- organizational governance policies.

Records shall be protected against unauthorized alteration or loss.

---

## 11.2 Traceability

Certification decisions shall be traceable from the issued claim statement back to:

- the applicable Service Core standard;
- the defined outcome criteria;
- the documented evidence evaluated;
- the aggregation logic applied.

Traceability shall be sufficient to allow independent review of decision integrity.

---

## **11.3 Transparency of Certification Basis**

The issuing party shall make available, upon legitimate request and within privacy limitations:

- the scope of certification;
- the applicable standard(s);
- the validity period;
- the claim type;
- general description of the verification methodology.

Confidential or personal information shall not be disclosed without lawful authority or consent.

Transparency shall balance accountability with privacy and dignity protections.

---

## **11.4 Complaints and Appeals**

The issuing party shall establish documented procedures for:

- receiving complaints regarding certification activities or claims;
- reviewing appeals of certification decisions;
- ensuring impartial reconsideration where appropriate.

Appeals shall be reviewed by a party not directly responsible for the original determination, where practicable.

Outcomes of complaints and appeals shall be documented.

---

## **11.5 Governance of Certification Activities**

Third-party certification bodies shall implement governance structures sufficient to:

- safeguard independence and impartiality;
- manage conflicts of interest;

- define decision authority;
- ensure evaluator competence;
- periodically review certification processes for consistency.

Governance structures shall be proportionate to the scale and complexity of certification activities.

---

## **11.6 Misuse of Certification Claims**

The issuing party shall establish procedures for addressing misuse of certification claims, including:

- inaccurate representation of scope;
- continued representation after expiration;
- representation following suspension or withdrawal;
- mischaracterization of claim type.

Corrective measures may include public clarification, suspension, withdrawal, or other appropriate actions.

---

## **11.7 Continual Improvement of Certification Methodology**

Issuing parties conducting third-party certification shall periodically review:

- consistency of decision outcomes;
- adequacy of evidence evaluation practices;
- appropriateness of risk prioritization;
- clarity of claim communication.

Such review supports methodological integrity and evolving service contexts.

---

# **Annex A – Claim Statement Templates**

*(Informative)*

This Annex provides example templates for issuing quality claims under SCM1. Templates may be adapted provided that mandatory content requirements of Section 10 are preserved.

---

## A.1 First-Party Claim Template

**Title:** First-Party Service Quality Claim

**Issuing Party:**

Name / Role / Organization (if applicable)

**Applicable Standard:**

AMSI [Service Core Name and Version]

**Service Scope:**

[Describe evaluated service components]

**Occupational Scope:**

[Specify SOC or occupational functions included]

**Context:**

[Home / Workplace / Community / Residential / Other]

**Unit of Assessment:**

[Define]

**Evaluation Period:**

[Start – End Dates]

**Conformity Determination:**

[Summary statement of conformity]

**Limitations / Exclusions:**

[Describe]

**Claim Type:**

First-Party (Self-Claim)

**Date of Issuance:**

[Date]

**Authorized Signature:**

[Name / Title]

---

## **A.2 Second-Party Claim Template**

**Title:** Second-Party Service Quality Statement

**Issuing Party:**

Service Recipient or Authorized Representative

**Applicable Standard Referenced:**

AMSI [Service Core Name and Version]

**Service Scope Experienced:**

[Describe]

**Evaluation Period:**

[Start – End Dates]

**Statement of Service Experience:**

[Structured statement aligned to outcome criteria]

**Limitations:**

[If applicable]

**Claim Type:**

Second-Party

**Date:**

[Date]

---

## **A.3 Third-Party Certification Template**

**Title:** Third-Party Certification of Service Quality

**Certifying Body:**

[Name and Identification]

**Independence Statement:**

[Statement confirming independence]

**Applicable Standard(s):**

AMSI [Service Core Name and Version]  
SCM1

**Service Scope Certified:**

[Detailed description]

**Occupational Scope:**

[Specify]

**Context:**

[Specify]

**Unit of Assessment:**

[Define]

**Evaluation Period:**

[Dates]

**Certification Determination:**

The evaluated service is determined to be in conformity with the applicable Quality Outcome Criteria within the defined scope.

**Limitations / Conditions:**

[Describe]

**Validity Period:**

[Dates]

**Certificate Number:**

[Identifier]

**Authorized Signature:**

[Decision Authority]

---

# Annex B – Sample Evidence Plan Template

*(Informative)*

## 1. Scope Definition

Service:

Standard Applied:

Occupational Scope:

Context:

Unit of Assessment:

Evaluation Period:

## 2. Risk Profile Summary

High-Risk Indicators Identified:

Rationale:

## 3. Evidence Sources

Records

Interviews

Observation

Artifacts

Outcome Metrics

Other:

## 4. Sampling Strategy (if applicable)

Method:

Sample Size:

Justification:

## 5. Access and Consent Plan

Consent Required:

Data Protection Safeguards:

## 6. Evaluator Assignment

Name(s):

Competence Justification:

---

# Annex C — Example Application: PCA1

*(Informative Example)*

This Annex illustrates application of SCM1 to **Personal Care Aide (PCA1)**.

Example elements:

- Unit of Assessment: 90-day care plan interval
- Context: Private home
- Risk Focus: safety during mobility support; medication reminders; hygiene assistance; dignity protection.
- Evidence Sources: care logs; client interviews; targeted observation of routine ADL support; incident records (if any).
- Indicator-Level Findings: documented per PCA1 Quality Factors.
- Aggregation Logic: no critical nonconformities; minor documentation deviation corrected prior to certification.
- Claim Issued: Third-party certification valid for defined period, bounded to home-based PCA services within specified occupational scope.

This example demonstrates how SCM1 applies without redefining PCA1 outcome criteria.

---

## **Annex D — Example Application: VRJ1 (Vocational Rehabilitation Job Coaching)**

*(Informative Example)*

This Annex illustrates application of SCM1 to **VRJ1 — Vocational Rehabilitation Job Coaching Service Standard**.

The example demonstrates how certification scope, unit of assessment, evidence planning, and conformity determination are structured for services in which outcomes develop over time and involve multi-party interaction.

---

### **D.1 Scope Definition**

**Applicable Standard:**

AMSI VRJ1 — Vocational Rehabilitation Job Coaching Service Standard

**Service Evaluated:**

Job coaching services supporting competitive employment participation

**Occupational Scope:**

Job coaching functions aligned to defined occupational responsibilities under VRJ1

**Context:**

Competitive employment setting

---

## D.2 Unit of Assessment

The unit of assessment shall be a clearly defined and documented service window appropriate to the claim being evaluated.

Examples may include:

- A defined coaching phase (e.g., 4–12 weeks of active job coaching)
- A service plan interval (e.g., 90-day stabilization window)
- A defined employment retention period (e.g., sustained employment milestone)

The selected unit of assessment shall correspond to the scope of the intended certification claim and shall be documented in the assessment plan.

No specific duration is prescribed by SCM1; duration shall be proportionate to:

- the nature of the service objectives;
  - the stability expectations inherent in applicable outcome criteria;
  - the risk profile associated with service failure.
- 

## D.3 Risk-Based Focus

Verification planning may prioritize Indicators associated with:

- workplace safety;
- autonomy and skill development;
- communication effectiveness;
- employer coordination;
- fading of supports;
- sustainability of employment outcomes.

Indicators involving significant foreseeable risk to job stability or safety shall receive proportionately greater evaluative attention.

---

## D.4 Evidence Sources

Evidence may include, as appropriate:

- documented coaching session records;
- individualized service plans;
- employer feedback (where consent is provided);
- service recipient interviews;
- observation of coaching interactions (if appropriate and consented);
- employment stability indicators;
- documentation of support fading or adaptation.

Evidence shall be evaluated collectively in accordance with Section 8.

---

## D.5 Indicator-Level Determination

Each applicable Indicator under VRJ1 shall receive a documented status of:

- Conforming
- Nonconforming
- Indeterminate

Findings shall reflect evidence evaluated within the defined unit of assessment.

---

## D.6 Aggregation and Decision

Certification determination shall follow aggregation logic defined in Section 9.

Where the claim relates to:

- **Service Delivery Quality during Active Coaching**, evaluation shall focus on work performance and immediate outcome alignment within the defined service window.

Where the claim relates to:

- **Stabilization or Sustained Outcome Achievement**, evaluation shall consider evidence of outcome persistence consistent with the defined evaluation period.

Certification shall remain bounded to the defined scope and evaluation period.

---

## D.7 Example Certification Claim (Illustrative)

Third-party certification is granted for vocational rehabilitation job coaching services delivered within the defined scope and evaluation period, determined to conform to applicable VRJ1 outcome criteria for the specified unit of assessment.

Limitations, context boundaries, and evaluation period shall be explicitly stated in the claim.

---

# Annex E — Mapping Table: Service Core Elements → Verification Steps

*(Informative)*

This Annex provides a structural mapping between Service Core components and SCM1 verification steps.

<b>Service Core Element</b>	<b>SCM1 Application</b>
Quality Factor	Defines evaluation domain
Indicator	Defines measurable focus
Outcome Criterion	Defines conformity requirement
Context Guide	Supports interpretive consistency
Condition-Specific Appendix	Supports proportionate application
Unit of Assessment	Defines bounded evaluation window
Evidence Plan	Defines data collection strategy
Indicator Finding	Determines conformity status

Aggregation Logic	Determines certification outcome
Claim Statement	Communicates bounded result

This mapping reinforces that SCM1 does not redefine service quality — it verifies it.

---

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- “Certified under SCM1”
- “AMSI-Certified”
- “Certified according to AMSI Service Certification Methodology”

or similar representations shall not be used unless:

- conformity assessment has been conducted in accordance with this Standard; and
- the claim is bounded to the defined scope, context, and evaluation period; and
- the issuing party type (first-, second-, or third-party) is clearly identified.

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---

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