Personal Care Aide Whole Quality Standard - Core

Invariant Quality Architecture for Personal Care Aide Support Services

AMSI STANDARD PCA1

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AMERICAN SUPPORT STANDARDS INITIATIVE

Foreword

Personal care support is part of everyday life for many people.

It may help a person get out of bed, wash, dress, eat, move safely, use the bathroom, leave home, or take part in other daily activities.

The work may look simple when described as a list of tasks.

But the quality of support depends on more than whether those tasks were completed.

The same task can be performed safely or unsafely, respectfully or disrespectfully, at the right time or too late, with understanding of the person's abilities or without it.

The person's condition may also change while support is being provided. Information may be incomplete. Different workers may be involved. The person may need more help at one time and less at another.

For this reason, the quality of personal care support cannot always be understood from task completion, documentation, authorization, or absence of a reported problem alone.

This Standard therefore asks a broader question:

How well does the support actually help the person in daily life?

To examine this question, the support service being considered is treated as the object whose quality is being determined — a Quality Object.

The Quality Object includes the support being provided and the relevant conditions, people, interactions, results, and time period needed to understand that support as a whole.

The sections that follow develop this approach step by step.

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1. Scope and Purpose

1.1 Scope

This Core Standard applies to Personal Care Aide support services.

Personal Care Aide support may include assistance with activities of daily living, personal care, mobility, hygiene, eating, dressing, toileting, household or community participation, observation, communication, and other authorized support within the applicable Personal Care Aide role.

The Standard may be applied to one interaction, visit, shift, episode, service period, recurring support arrangement, or another sufficiently defined Personal Care Aide support service.

For application of this Standard, the support service whose quality is being considered is identified as the PCA Support Service Quality Object.

What is included in that Quality Object shall be sufficiently clear for the quality determination being made.

The Standard applies across different service settings, provider arrangements, funding models, technologies, populations, and jurisdictions.

It does not replace applicable law, service authorization, clinical direction, payer requirements, employment obligations, or valid person-directed arrangements.

1.2 Purpose

The purpose of this Core Standard is to provide one common framework for examining the quality of Personal Care Aide support services.

The Standard asks whether the support provided actually helps realize the support that the person requires and whether the available evidence is sufficient to support that conclusion.

To accomplish this, the Standard:

- establishes a common Core applicable across different PCA service contexts;
- identifies the principal quality subjects that shall be examined;
- provides a structure for using applicable requirements, criteria, and evidence;
- provides for consideration of important risks, limitations, and uncertainty;
- supports an evidence-based determination of the Support Service Quality State; and
- establishes the basis for communicating that determination without claiming more than the evidence supports.

The details of appropriate support differ from person to person and from one service context to another.

Those differences are addressed through the declared service context, applicable requirements, and PCA Context Guides.

1.3 What Is the Support Expected to Do?

A basic question in applying this Standard is:

What is the support expected to help the person do, maintain, or experience?

Personal Care Aide support may help a person perform or participate in daily activities, maintain safety and bodily integrity, preserve dignity and autonomy, respond to changing conditions, and continue daily life with the level of assistance actually needed.

Within the Whole Quality Institute framework, what something is expected to do is described through its Intended Function.

For PCA support, the principal Support Intended Function is to provide personalized assistance that enables the Person Receiving Support to perform, maintain, or participate in activities of daily living and related real-life activities safely, respectfully, effectively, and consistently with the person's needs, preferences, abilities, rights, choices, and goals.

The results expected from that support are Support Intended Results.

The specific Support Intended Results applicable to a particular service depend on the person, the service arrangement, the time period, and the context in which support is provided.

1.4 Intended Users

This Standard may be used by:

- Persons Receiving Support and their authorized representatives;
- Personal Care Aides and other Support Workers;
- provider organizations, supervisors, program administrators, and quality personnel;
- payers, consumer-directed programs, commissioning parties, and oversight bodies;
- evaluators, researchers, standards developers, regulators, and advocates; and

- other parties who need to understand or examine the quality of PCA support.

1.5 What This Standard Does Not Do

This Standard does not prescribe one model for providing Personal Care Aide services.

It is not a care plan, training manual, staffing model, clinical protocol, funding rule, reimbursement schedule, licensing standard, accreditation requirement, or certification scheme.

It does not authorize a Personal Care Aide to perform work outside the applicable Support Role and Functional Scope.

It does not certify or approve a worker, provider, organization, program, or service merely because this Standard has been used.

2. Governing Documents and Reference Sources

2.1 Governing Concepts

This Standard uses concepts developed by the Whole Quality Institute and the American Support Standards Initiative.

The Whole Quality Institute Foundational Articles introduce the underlying ideas used in this Standard, including the Quality Object, Intended Function, Boundary, Interface, Scale and Resolution, Quality Factors, Quality Indicators, Evidence, and Quality State.

The governing vocabulary standards establish the authoritative meanings of those concepts.

This Standard applies them to Personal Care Aide support services.

2.2 Occupational Reference

Personal Care Aide support has an occupational scope.

AMSI ORF1 provides the occupational reference used to distinguish the occupation, Support Role, Functional Scope, and related responsibilities.

A job title, employer label, payer category, or program name does not by itself define everything that is included in a particular PCA support service.

The actual functions, authorization, responsibilities, and relevant interfaces shall therefore remain clear for the service being examined.

2.3 Context Guides

PCA Context Guides apply this Core to particular support contexts.

A Context Guide may address, for example, bathing, mobility, meal support, toileting, dressing and grooming, community participation, overnight support, or another defined PCA service context.

Context Guides may identify context-specific conditions, risks, criteria, evidence, and expected results.

They do not replace or redefine the Core Quality Factors or Core Quality Indicators.

2.4 Determination, Verification, and Claims

This Standard defines what shall remain visible when the quality of a PCA support service is examined.

AMSI SCM1 governs the more detailed method for Quality State determination, verification, claim decisions, continued validity, and third-party certification where a separately authorized scheme applies.

Use of this Standard by itself does not constitute certification.

2.5 Reference Layer

Personal Care Aide support is also affected by requirements and information from outside this Standard.

These may include:

- laws and regulations;
- program and payer requirements;
- service authorizations;
- clinical direction;
- provider procedures;
- contractual obligations;
- equipment instructions;
- technology requirements; and
- other applicable professional or service requirements.

Together, relevant external sources form the Reference Layer for the particular service.

Compliance with those requirements is important, but compliance alone does not establish the quality of the support service.

3. PCA Support Service Quality Object

3.1 General

Before asking how good a support service is, it must first be clear what support service is being examined.

The Quality Object is therefore not automatically the Personal Care Aide, the employer, the care plan, one task, one record, or one observed result.

It is the defined PCA support service being considered as a whole.

This is called the PCA Support Service Quality Object.

3.2 What Makes Up the Support Service?

A support service exists through the relationship between the work performed and what happens as a result of that work.

PCA Support Work + PCA Support Result = PCA Support Service

This relationship is conceptual rather than arithmetic.

Support Work may include assistance, prompting, observation, communication, coordination, preparation, use of supports or equipment, documentation, reporting, and escalation within the applicable PCA role.

Support Results are what actually happens through or during that work.

A result may be immediate or delayed, favorable or adverse, complete or partial, maintained over time, uncertain, or not realized.

Completion of Support Work alone does not establish a satisfactory Support Result.

Likewise, one satisfactory result does not by itself establish that the whole support service has a satisfactory Quality State.

3.3 Describing the Quality Object

The PCA Support Service Quality Object shall be described sufficiently for the quality determination being made.

The description should make clear, as applicable:

- who is receiving support;
- who is providing support;
- what support is included;
- what the support is expected to help achieve;
- the time period being considered;
- the relevant service arrangement and setting;
- important responsibilities;
- important connections with people or systems outside the service;
- applicable requirements and context; and
- the evidence available for examining the service.

The amount of detail needed depends on the service and the determination being made.

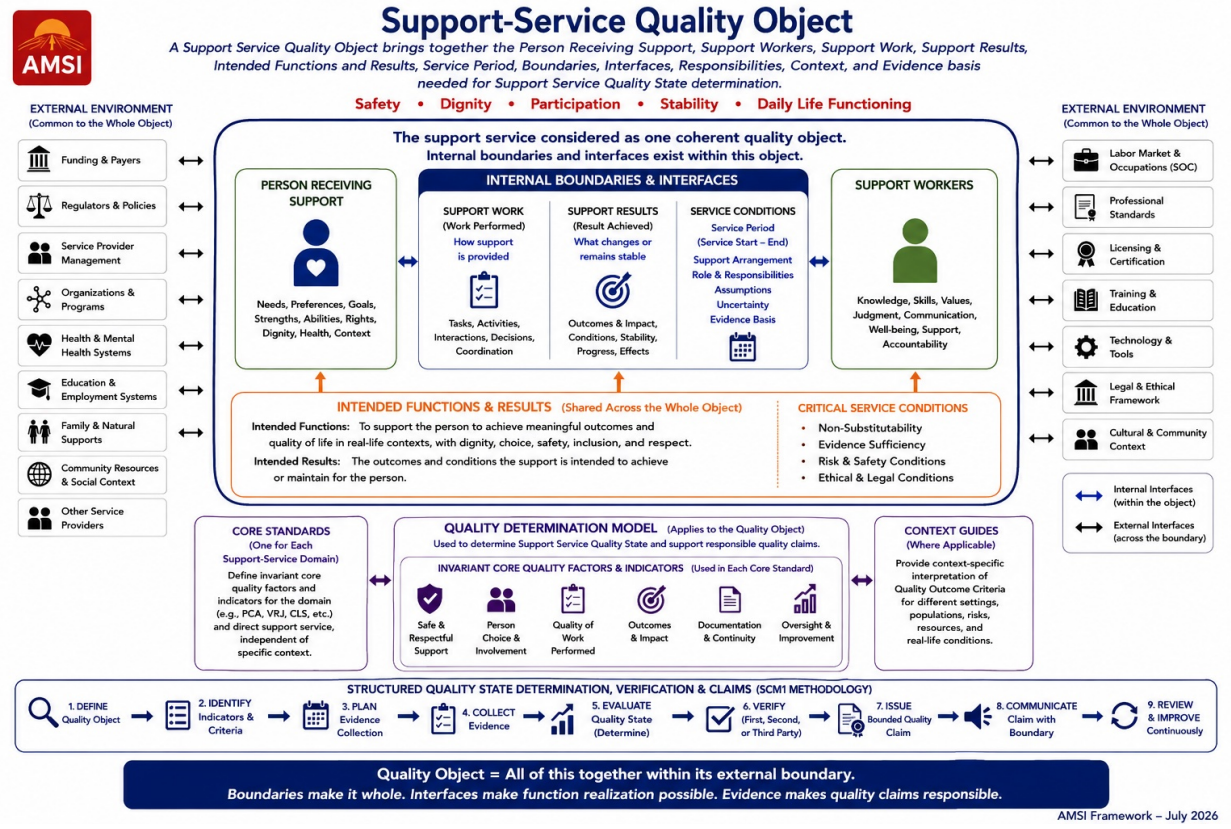

Figure 1 - Support-Service Quality Object framework applied to PCA1.

3.4 Structural Checkpoints

Before detailed quality interpretation begins, it must be clear enough what service is being examined.

Structural Checkpoints provide this completeness check.

They ask whether the PCA Support Service Quality Object, its participants, time period, functions, responsibilities, important boundaries and connections, context, and evidence basis have been described sufficiently for a responsible determination.

A Structural Checkpoint does not determine whether the support is good or bad.

If the service is not sufficiently clear, the object description or the proposed scope of the determination shall be refined before proceeding.

3.5 Boundaries and Interfaces

A support service does not exist in isolation.

The Person Receiving Support, Personal Care Aide, other Support Workers, service conditions, information, responsibilities, and other included parts interact while support is being provided.

A Boundary identifies what is included in the Quality Object and what remains outside it.

An Interface is a relevant connection or interaction across or within those boundaries.

For PCA support, an Interface may involve communication, consent, direction, observation, assistance, information transfer, coordination, escalation, equipment, clinical direction, scheduling, or another interaction needed for the support to work as intended.

A problem at an Interface can affect the quality of the whole service even when an individual task appears to have been completed correctly.

3.6 Service Period and Support Arrangement

Quality is always determined for some period of time.

The Service Period may be one interaction, visit, shift, day, episode, authorization period, recurring interval, or another sufficiently defined duration.

A Quality State determination shall not be interpreted beyond the declared Service Period without supporting evidence.

The Support Service Arrangement describes how the service is organized and provided.

It may be agency-directed, consumer-directed, family-supported, independent, coordinated, hybrid, technology-assisted, or another arrangement.

The arrangement may change how support is organized, but it does not change the Core Quality Factors and Core Quality Indicators.

3.7 External Conditions and Reference Sources

Some conditions that affect the service originate outside the PCA Support Service Quality Object.

These may include healthcare direction, payer authorization, provider management, family support, transportation, equipment, technology, regulatory requirements, or other services.

They do not automatically become part of the Quality Object.

They remain relevant where their connection with the service affects whether the support can work as required.

3.8 How Support Can Fail

The Core Quality Factors are based partly on the principal ways PCA support can fail to realize what is intended.

These include:

- foreseeable harm not being recognized, prevented, reduced, or escalated;
- avoidable loss of health stability, comfort, or bodily integrity;
- support that does not match the person's actual abilities, needs, or changing condition;

- loss of privacy, dignity, choice, consent, or autonomy;
- delayed or incomplete recognition, communication, escalation, or follow-through;
- loss, distortion, delay, or inappropriate disclosure of support-relevant information;
- infection or contamination caused by inadequate hygienic conditions or technique; and
- support performed outside the authorized role, functional scope, competence, or responsibility.

These recurring ways of losing or weakening the intended support provide an important basis for the Core Quality Factors that follow.

3.9 Critical Conditions and Uncertainty

Some conditions are too important to be offset by good performance elsewhere.

For example, respectful interaction or complete documentation cannot compensate for an unresolved critical safety problem.

The Whole Quality Institute describes such situations through Critical Conditions and Non-Compensability.

Uncertainty shall also remain visible.

Incomplete information, conflicting evidence, changing conditions, unclear responsibility, or other unresolved matters shall not automatically be treated as a satisfactory condition merely because no complaint or obvious failure has been reported.

4. Invariant Core Quality Factors and Indicators

4.1 General

The previous sections establish what support service is being examined, what it is expected to help accomplish, and the conditions needed to understand that service.

The next question is:

What must be examined to understand its quality?

This Standard answers that question through eight Core Quality Factors.

The Factors identify the principal quality subjects that shall remain visible when Personal Care Aide support is examined.

Each Factor is made observable through Core Quality Indicators.

The eight Factors apply across different PCA settings, service arrangements, funding sources, technologies, populations, and jurisdictions.

The specific criteria and evidence used to judge them may differ by context.

4.2 Why These Factors?

The eight Core Quality Factors were not selected as a list of common service topics or administrative categories.

They arise from two questions:

What is the PCA support service expected to help realize?

What can prevent, weaken, distort, delay, or make that support unsafe?

The Factors therefore reflect the principal conditions needed for PCA support to work as intended and the principal ways in which that realization can fail.

4.3 Factors, Indicators, Criteria, and Evidence

These terms perform different jobs.

A Quality Factor identifies a major quality subject.

A Quality Indicator identifies what is examined within that subject.

A Quality Outcome Criterion states the condition or result expected in the particular context.

Evidence supports a finding about whether that Criterion is satisfied.

The findings are then considered together to determine the Quality State of the declared PCA Support Service Quality Object.

4.4 Invariant Character and Non-Compensability

The Core Quality Factors and Core Quality Indicators remain the same across PCA service contexts.

The setting, payer, provider arrangement, technology, jurisdiction, population, diagnosis, disability category, or service model may change the applicable criteria, evidence, risks, or interpretation.

They do not change the Core Factors themselves.

The Factors shall be considered together.

A favorable result in one area does not compensate for an unresolved Critical Service Condition in another.

4.5 Factor 1 — Protection from Foreseeable Harm

4.5.1 General

The Support Intended Function of the Personal Care Aide service cannot be realized if foreseeable harm is not appropriately identified, prevented, minimized, or escalated within the boundaries of the authorized PCA Support Role and Functional Scope.

This Factor addresses conditions in which PCA work may affect physical safety, psychological safety, dignity, bodily integrity, daily functioning, or continuity of support.

This Factor focuses on foreseeable harm conditions that may be present before or during service delivery. Emerging or changing risks requiring recognition, judgment, communication, escalation, or follow-through are addressed under Factor 5.

4.5.2 Indicator 1.1 — Identification of Foreseeable Harm Conditions

Foreseeable harm conditions relevant to the PCA Service Context shall be identified for examination.

This Indicator addresses whether conditions that may create avoidable harm are visible within the Service Context. Such conditions may include movement risks, environmental hazards, fatigue, equipment concerns, communication barriers, hygiene conditions, privacy risks, or other support-related circumstances.

The Indicator does not require the Personal Care Aide to perform a clinical, legal, or formal risk assessment outside authorized Functional Scope. It requires that foreseeable harm conditions relevant to the service be recognized as part of determining the Support Service Quality State of the declared Support Service Quality Object.

4.5.3 Indicator 1.2 — Adjustment of Support to Mitigate Identified Risk

Adjustment of PCA support in response to identified foreseeable risk shall be examined.

This Indicator addresses whether support is responsive to actual conditions rather than performed as rote task completion.

Relevant adjustment may include changes in pace, positioning, sequence, prompting, environmental awareness, communication, pausing, seeking clarification, or escalation within the boundaries of the authorized PCA Support Role and Functional Scope.

The Indicator does not require the Personal Care Aide to prescribe treatment, redesign the applicable service plan or Support Service Arrangement, or assume responsibility belonging to clinical, supervisory, regulatory, or management authorities.

4.5.4 Indicator 1.3 — Prevention of Avoidable Injury or Harm

The extent to which PCA support avoids preventable injury, distress, indignity, or other foreseeable harm shall be examined.

This Indicator connects risk awareness with actual Support Results.

It addresses whether the Support Work and the Support Result avoid preventable harm within the declared Support Service Boundary. Harm may include physical injury, avoidable distress, humiliation, loss of dignity, unsafe continuation of support, or service disruption caused by failure to manage foreseeable conditions.

The Indicator does not assign responsibility for outcomes caused by conditions outside the Support Service Boundary when those conditions were appropriately recognized and escalated.

4.5.5 Indicator 1.4 — Pausing, Modifying, or Escalating When Unsafe Conditions Arise

Recognition of unsafe conditions and appropriate pausing, modification, escalation, or referral shall be examined.

This Indicator addresses whether PCA support stops, changes, or is escalated when continuing support would be unsafe, inappropriate, or outside authorized Functional Scope.

Relevant action may include pausing the activity, modifying the support approach, contacting an appropriate party, seeking assistance, or initiating emergency response where applicable.

The Indicator does not require the Personal Care Aide to resolve conditions belonging to clinical, supervisory, emergency, regulatory, or management authorities. It requires that unsafe conditions not be ignored or treated as ordinary task completion.

4.6 Factor 2 — Maintenance of Health and Bodily Integrity

4.6.1 General

The Support Intended Function of the Personal Care Aide service includes supporting the person's health, bodily integrity, comfort, and daily well-being within the boundaries of the authorized PCA Support Role and Functional Scope.

This Factor addresses the extent to which PCA support contributes to maintaining physical well-being while respecting the limits of occupational responsibility.

The Factor does not require diagnosis, treatment, or clinical judgment beyond the authorized PCA Support Role and Functional Scope.

4.6.2 Indicator 2.1 — Protection of Skin, Joints, and Physical Integrity

The extent to which PCA support protects the person's physical integrity during service delivery shall be examined.

This Indicator addresses whether the Support Work minimizes avoidable discomfort, excessive force, unsafe positioning, skin injury, joint strain, or other preventable physical harm associated with Personal Care Aide activities.

The Indicator does not require clinical assessment or medical treatment.

4.6.3 Indicator 2.2 — Support of Hydration, Nutrition, and Physiological Stability Within Functional Scope

Support provided within the authorized PCA Support Role and Functional Scope to maintain hydration, nutrition, and physiological stability shall be examined.

This Indicator addresses whether assistance appropriate to the person's applicable service plan or Support Service Arrangement and PCA responsibilities contributes to maintaining basic physiological well-being.

The Indicator does not require independent clinical decisions regarding diet, medication, hydration therapy, or treatment.

4.6.4 Indicator 2.3 — Recognition of Physical Changes Relevant to Health Stability

Recognition of observable physical changes relevant to health stability shall be examined.

This Indicator addresses whether changes that may affect the person's health or daily functioning are noticed during service delivery and recognized as potentially significant.

Recognition does not require diagnosis. It requires awareness of observable conditions relevant to the realization of the Support Intended Function.

4.6.5 Indicator 2.4 — Minimization of Physiological Stress During Assistance

The extent to which PCA assistance minimizes unnecessary physiological stress shall be examined.

This Indicator addresses whether Support Work is performed in a manner that avoids unnecessary fatigue, discomfort, pain, overexertion, or other avoidable physiological stress while providing support.

The Indicator recognizes that some discomfort may be unavoidable because of the person's health condition. The determination concerns unnecessary stress arising from the manner in which support is provided rather than from the underlying condition itself.

4.7 Factor 3 — Support for Daily-Life Functioning

4.7.1 General

The Support Intended Function of the Personal Care Aide service is realized through support that enables the person to perform, maintain, or participate in activities of daily living to the greatest extent appropriate within the person's abilities, preferences, and support needs.

This Factor addresses the extent to which PCA services support daily functioning while promoting independence, participation, dignity, and continuity of daily life.

The Factor recognizes that the purpose of support is not simply to complete tasks, but to assist the person in realizing intended daily-life outcomes within the boundaries of the authorized PCA Support Role and Functional Scope.

4.7.2 Indicator 3.1 — Alignment of Assistance with Functional Ability

The extent to which assistance is appropriately aligned with the person's functional abilities shall be examined.

This Indicator addresses whether the support provided corresponds to the person's actual abilities, limitations, preferences, and identified support needs rather than assumptions, routine practices, or convenience.

The Indicator recognizes that appropriate assistance may vary over time as the person's condition, abilities, or circumstances change.

4.7.3 Indicator 3.2 — Support Without Creating Unnecessary Dependency

The extent to which support promotes the person's abilities without creating unnecessary dependency shall be examined.

This Indicator addresses whether assistance encourages appropriate participation and independence while providing the level of support actually required.

The Indicator does not imply that greater independence is always the desired outcome. Appropriate support shall remain consistent with the person's condition, preferences, safety, and service objectives.

4.7.4 Indicator 3.3 — Appropriate Use of Available Supports and Equipment Within Functional Scope

The extent to which available supports, assistive devices, and equipment are appropriately used within the authorized PCA Support Role and Functional Scope shall be examined.

This Indicator addresses whether available resources that contribute to safe and effective daily functioning are used appropriately and consistently during service delivery.

The Indicator does not require the Personal Care Aide to prescribe, modify, repair, or authorize equipment beyond the responsibilities of the Support Role and Functional Scope.

4.7.5 Indicator 3.4 — Adaptation of Assistance as Functional Abilities Change

The extent to which assistance is appropriately adapted when the person's functional abilities or support needs change shall be examined.

This Indicator addresses whether support remains responsive to changes observed during service delivery while remaining within the authorized PCA Support Role and Functional Scope.

Adaptation may include modifying the approach to assistance, adjusting the level of support, seeking clarification, or communicating observed changes through appropriate channels.

The Indicator does not authorize independent modification of the applicable service plan or Support Service Arrangement or clinical decision-making beyond the scope of the Personal Care Aide occupation.

4.8 Factor 4 — Respect for Personhood and Autonomy

4.8.1 General

The Support Intended Function of the Personal Care Aide service includes supporting the person as an individual with inherent dignity, rights, preferences, values, and personal autonomy.

This Factor addresses the extent to which PCA services respect the person's individuality while providing support consistent with the Support Intended Function of the Support Service Quality Object.

Respect for personhood and autonomy shall be realized within the person's abilities, informed choices, service objectives, applicable legal requirements, and the boundaries of the authorized PCA Support Role and Functional Scope.

4.8.2 Indicator 4.1 — Maintenance of Privacy and Bodily Dignity

The extent to which Personal Care Aide services maintain the person's privacy and bodily dignity shall be examined.

This Indicator addresses whether support activities involving personal care are performed in a manner that protects privacy, modesty, respect, and personal comfort.

The Indicator recognizes that preservation of dignity is an integral component of Support Service Quality realization.

4.8.3 Indicator 4.2 — Respect for Choice, Consent, and Individual Preferences

The extent to which the person's choices, consent, preferences, and pace are respected within the Support Service Quality Object shall be examined.

This Indicator addresses whether the person's participation in decisions affecting the support being provided is appropriately recognized and respected.

The Indicator does not require compliance with choices that would create immediate danger, violate applicable law, or exceed the authorized responsibilities of the Personal Care Aide.

4.8.4 Indicator 4.3 — Respect for Cultural, Personal, and Household Values

The extent to which support is delivered in a manner that respects the person's cultural, personal, religious, linguistic, household, and lifestyle preferences shall be examined.

This Indicator addresses whether the manner of providing support is appropriately adapted to the individual without compromising safety, Support Intended Function, or professional responsibilities.

Differences in personal values shall be respected whenever consistent with the Support Intended Function of the service and applicable requirements.

4.8.5 Indicator 4.4 — Absence of Coercive, Disrespectful, or Demeaning Practices

The extent to which Personal Care Aide services are free from coercive, disrespectful, humiliating, intimidating, or demeaning practices shall be examined.

This Indicator addresses whether interactions preserve the person's dignity, emotional well-being, and trust throughout realization of the Support Intended Function.

The Indicator recognizes that respectful interaction is a quality condition of the Support Service Quality Object and not merely a desirable personal characteristic of the worker.

4.9 Factor 5 — Timely Recognition and Escalation of Risk

4.9.1 General

The Support Intended Function of the Personal Care Aide service requires timely recognition of observable changes that may affect the person's health, safety, daily functioning, or continuity of support.

This Factor addresses the extent to which relevant changes are recognized, appropriately communicated, and escalated within the boundaries of the authorized PCA Support Role and Functional Scope.

The Factor recognizes that timely recognition and escalation support realization of the Support Intended Function without transferring clinical, supervisory, or management responsibilities to the Personal Care Aide.

4.9.2 Indicator 5.1 — Observation of Relevant Changes in Condition or Response

The extent to which relevant changes in the person's condition, behavior, functioning, or response are observed during service delivery shall be examined.

This Indicator addresses whether observable changes that may influence the realization of the Support Intended Function are appropriately recognized.

Observation does not require diagnosis or interpretation beyond the authorized PCA Support Role and Functional Scope.

4.9.3 Indicator 5.2 — Judgment Regarding the Significance of Observed Changes Within Functional Scope

The extent to which observable changes are appropriately judged for their potential significance within the authorized PCA Support Role and Functional Scope shall be examined.

This Indicator addresses whether the Personal Care Aide appropriately distinguishes ordinary variations from changes that may require communication or escalation.

The Indicator does not require clinical judgment or medical decision-making.

4.9.4 Indicator 5.3 — Timely Communication of Concerns

The extent to which relevant concerns are communicated to the appropriate person or authority in a timely manner shall be examined.

This Indicator addresses whether information that may affect safety, health, daily functioning, or continuity of support is communicated through appropriate channels.

Communication should be accurate, timely, and consistent with applicable service arrangements.

4.9.5 Indicator 5.4 — Appropriate Follow-Through After Escalation

The extent to which appropriate follow-through occurs after communication or escalation shall be examined.

This Indicator addresses whether the Personal Care Aide continues to act within the boundaries of the authorized PCA Support Role and Functional Scope after reporting a concern, including responding to instructions, documenting where required, or continuing support appropriately.

The Indicator does not require the Personal Care Aide to resolve issues that fall outside the Support Role and Functional Scope. It requires that recognized concerns are not ignored after appropriate escalation.

4.10 Factor 6 — Continuity and Accuracy of Support-Relevant Information

4.10.1 General

The Support Intended Function of the Personal Care Aide service depends upon the continuity, accuracy, and appropriate communication of support-relevant information.

This Factor addresses the extent to which information necessary for realizing the Support Intended Function is available, accurately communicated, appropriately protected, and maintained throughout service delivery.

The Factor recognizes that continuity of support requires continuity of relevant information within the boundaries of the authorized PCA Support Role and Functional Scope.

4.10.2 Indicator 6.1 — Accuracy of Information Used to Guide PCA Support

The extent to which information used to guide Personal Care Aide services is accurate, current, and relevant shall be examined.

This Indicator addresses whether support is based upon reliable information rather than assumptions, outdated instructions, incomplete communication, or misunderstanding.

The Indicator does not require the Personal Care Aide to determine the clinical correctness of information received through authorized sources.

4.10.3 Indicator 6.2 — Information Transfer Across Support Workers, Shifts, or Support Arrangements

The extent to which support-relevant information is appropriately transferred across Support Workers, shifts, or other support arrangements shall be examined.

This Indicator addresses whether information necessary for continuity of the Support Intended Function is communicated completely, accurately, and in a timely manner.

The Indicator recognizes that ineffective information transfer may interrupt realization of the Support Intended Function even when individual support activities are performed correctly.

4.10.4 Indicator 6.3 — Consistency with Authorized Service Direction or Person-Directed Instruction

The extent to which Personal Care Aide services are provided consistently with applicable authorized service direction, authorized instructions, or person-directed or consumer-directed Support Service Arrangements shall be examined.

This Indicator addresses whether support reflects the agreed service direction while remaining within the authorized PCA Support Role and Functional Scope.

The Indicator does not prevent appropriate communication or escalation when instructions appear inconsistent with safety or exceed the authorized role.

4.10.5 Indicator 6.4 — Protection from Information Loss, Distortion, or Inappropriate Disclosure

The extent to which support-relevant information is protected from loss, distortion, misunderstanding, or inappropriate disclosure shall be examined.

This Indicator addresses whether information essential to the realization of the Support Intended Function is preserved accurately and communicated only through appropriate channels.

The Indicator recognizes that protection of information contributes both to continuity of support and to respect for the person's privacy, dignity, and rights.

4.11 Factor 7 — Control of Infection and Contamination Risks

4.11.1 General

The Support Intended Function of the Personal Care Aide service includes supporting the person in a manner that appropriately controls infection and contamination risks within the boundaries of the authorized PCA Support Role and Functional Scope.

This Factor addresses the extent to which PCA services contribute to maintaining hygienic conditions and reducing avoidable risks of infection and contamination during service delivery.

The Factor recognizes that responsibility for diagnosis, treatment, or infection control policy remains outside the scope of the authorized PCA Support Role and Functional Scope.

4.11.2 Indicator 7.1 — Maintenance of Hygienic Service Conditions

The extent to which hygienic conditions are maintained during Personal Care Aide service delivery shall be examined.

This Indicator addresses whether the Support Work contributes to maintaining a clean and hygienic service environment appropriate to the support activity being provided.

The Indicator does not require achievement of clinical or institutional infection-control standards beyond the authorized PCA Support Role and Functional Scope.

4.11.3 Indicator 7.2 — Appropriate Use of Clean Technique Within Functional Scope

The extent to which appropriate clean techniques are used within the authorized PCA Support Role and Functional Scope shall be examined.

This Indicator addresses whether accepted hygiene practices appropriate to the support context are consistently applied during service delivery.

The Indicator does not require sterile technique or procedures reserved for licensed healthcare professionals.

4.11.4 Indicator 7.3 — Prevention of Cross-Contamination

The extent to which Personal Care Aide services minimize avoidable cross-contamination shall be examined.

This Indicator addresses whether the Support Work appropriately separates clean and contaminated conditions, materials, equipment, or activities in accordance with the support context.

The Indicator recognizes that prevention of cross-contamination contributes to realization of the Support Intended Function by protecting both the Person Receiving Support and others participating in the service.

4.11.5 Indicator 7.4 — Recognition and Escalation of Infection or Contamination Risks

The extent to which observable infection or contamination risks are recognized and appropriately communicated shall be examined.

This Indicator addresses whether conditions that may require additional attention, communication, or escalation are identified within the authorized PCA Support Role and Functional Scope.

The Indicator does not require diagnosis of infection or independent clinical decision-making. It requires appropriate recognition, communication, and action within the boundaries of the authorized PCA Support Role and Functional Scope.

4.12 Factor 8 — Practice and Judgment Within Functional Scope

4.12.1 General

The Support Intended Function of the Personal Care Aide service is realized through Support Work performed within the boundaries of the authorized PCA Support Role and Functional Scope and through the appropriate exercise of judgment consistent with that role.

This Factor addresses the extent to which Personal Care Aide services are provided within the authorized PCA Support Role and Functional Scope while applying sound judgment appropriate to the Support Service Context.

The Factor recognizes that quality is supported both by appropriate action and by appropriate recognition of the limits of the authorized PCA Support Role and Functional Scope.

4.12.2 Indicator 8.1 — Support Work Within the Authorized Support Role and Functional Scope

The extent to which Personal Care Aide services are provided within the authorized Support Role and Functional Scope shall be examined.

This Indicator addresses whether the Support Work remains consistent with the responsibilities, limitations, and Support Intended Function of the Personal Care Aide occupation.

The Indicator recognizes that acting outside the authorized PCA Support Role or Functional Scope may compromise the Support Service Quality State of the declared Support Service Quality Object.

4.12.3 Indicator 8.2 — Appropriate Judgment Within Functional Scope

The extent to which sound judgment is exercised within the authorized PCA Support Role and Functional Scope shall be examined.

This Indicator addresses whether decisions made during service delivery appropriately consider the person's condition, the Service Context, foreseeable risks, available information, and the Support Intended Function of the service.

The Indicator does not require independent clinical, legal, or supervisory judgment beyond the Support Role and Functional Scope.

4.12.4 Indicator 8.3 — Avoidance of Unauthorized Diagnosis, Treatment, or Reserved Professional Practice

The extent to which Personal Care Aide services avoid unauthorized diagnosis, treatment, prescribing, or other activities reserved for licensed or otherwise authorized professionals shall be examined.

This Indicator addresses whether occupational boundaries are respected while maintaining appropriate continuity of support.

The Indicator recognizes that respecting professional boundaries contributes directly to safe realization of the Support Intended Function.

4.12.5 Indicator 8.4 — Appropriate Pausing, Assistance Seeking, and Escalation

The extent to which the Personal Care Aide appropriately pauses, seeks assistance, requests clarification, or escalates concerns when necessary shall be examined.

This Indicator addresses whether the Personal Care Aide recognizes situations in which continuation of support without additional guidance would be inappropriate, unsafe, or outside the authorized PCA Functional Scope.

The Indicator recognizes that appropriate escalation is itself an essential element of Support Service Quality realization rather than a failure of practice.

5. Context Guides and Context-Specific Quality Outcome Criteria

5.1 General

PCA1 establishes the invariant Core architecture. Context Guides provide bounded Context-Specific Interpretation for defined PCA support contexts while preserving the PCA Support Service Quality Object architecture, Support Intended Function architecture, Core Quality Factors, and Core Quality Indicators. They interpret Context-Specific Quality Outcome Criteria, risks, populations, resources, Support Service Realization Pathways, and real-life service conditions; they shall not redefine WQI Root Concepts, AMSI Applied Concepts, or the governing PCA1 methodology.

5.2 Purpose of a Context Guide

A Context Guide is needed when the invariant Core requires interpretation in a setting where the relevant activities, risks, participants, technologies, environments, or Support Intended Results differ materially. The Guide does not change the Core. It makes the Core usable by defining the bounded context in which criteria and Evidence can be developed and interpreted consistently.

A PCA Context Guide should:

- declare the relevant Service Context, Service Period, Support Service Arrangement, Boundaries, Interfaces, Occupations, Support Roles, and Functional Scope;
- interpret the Support Intended Functions and Support Intended Results in that context;
- identify relevant Support Service Realization Pathways, Failure Modes, Failure-Mode Families, and Critical Service Conditions;
- interpret the invariant Core Quality Factors and Core Quality Indicators without redefining them;
- develop Context-Specific Quality Outcome Criteria;
- identify possible Evidence sources, limitations, Assumptions, and Uncertainty;
- state any applicable Support Service Non-Substitutability or non-compensable conditions; and
- • support Boundary Transparency, Interface Transparency, and a transparent Support Service Quality Claim Boundary.

5.3 Context-Specific Quality Outcome Criteria

Quality Outcome Criteria are context-specific because the expected condition or result must correspond to the actual Service Context and Service Period. The Indicator remains invariant, but the observable condition demonstrating satisfactory realization may differ across bathing, mobility, meal assistance, overnight support, community participation, or another declared context.

A Context-Specific Quality Outcome Criterion states the expected condition or result demonstrating satisfactory realization of an applicable Core Quality Indicator within the declared Service Context, Service Period, and object Boundary. A criterion shall be sufficiently clear to support Evidence evaluation and shall remain traceable to the governing Indicator and Factor.

Criteria may vary because Contexts, risks, technologies, populations, environmental conditions, role arrangements, and Support Intended Results vary. They shall not modify, replace, narrow, or expand the invariant Core Quality Factors and Core Quality Indicators established by PCA1.

5.4 Application Where No Published Context Guide Exists

A PCA1 application may proceed without a published Context Guide when the object, applicable Core Indicators, controlled Context-Specific Interpretation, Context-Specific Quality Outcome Criteria, Evidence basis, Critical Service Conditions, Assumptions, Uncertainty, and Support Service Quality Claim Boundary are explicitly documented and traceable to PCA1 and SCM1.

The absence of a published Context Guide shall not be used to invent new Core Factors or Indicators, omit material conditions, or issue a broader claim than the Evidence supports.

5.5 Population- and Condition-Specific Interpretation

Where relevant, a Context Guide may include informative interpretation concerning intellectual and developmental disabilities, autism, dementia, acquired brain injury, physical disabilities, aging, mental health conditions, chronic medical conditions, communication needs, sensory conditions, or other person-specific characteristics.

Such interpretation may affect criteria, Evidence, risk, Critical Service Conditions, Service Context, Boundaries, Interfaces, and Support Service Realization Pathways. It shall not create a separate Core Standard or additional Core Quality Factors or Core Quality Indicators.

5.6 Relationship Among PCA1, Context Guides, and SCM1

PCA1 defines the invariant quality architecture. A Context Guide or controlled Context-Specific Interpretation defines how that architecture applies within the declared context. SCM1 governs the method by which Evidence is evaluated, the Support Service Quality State is determined, verification and claim decisions are made, and bounded claims are communicated.

6. Evidence, Findings, Interpretation, Support Service Quality State Determination, Verification, and Claims

6.1 Evidence Principle

Evidence does not determine quality independently of the declared object. It becomes meaningful only when connected to the applicable criterion, Service Period, Boundary, Interface, Support Work, Support Result, and known limitations. More Data or more Documentation does not correct an unclear object definition or an unsupported inference.

Evidence concerning the declared PCA Support Service Quality Object shall be relevant, sufficiently reliable, coherent, timely, and proportionate to the Support Service Quality State determination or Support Service Quality Claim Statement being supported. Evidence shall be interpreted in relation to

the applicable Context-Specific Quality Outcome Criteria, Service Period, Service Context, Boundaries, Interfaces, Support Work, Support Results, Assumptions, and known Uncertainty.

6.2 Possible Evidence Sources

- information provided by the Person Receiving Support or authorized representative;
- information provided by the Personal Care Aide and other Support Workers;
- direct or structured observation where lawful, proportionate, respectful, and consented to as required;
- service records, support plans, instructions, schedules, handoffs, and documentation;
- observable conditions, Support Results, continuity patterns, incidents, and relevant artifacts;
- information from supervisors, coordinators, healthcare professionals, family members, or other relevant parties;
- technology-generated Data or outputs that have been appropriately reviewed and validated for the intended use; and
- other relevant and reliable sources consistent with the applicable Context Guide and SCM1.

No single Evidence source is inherently sufficient for every determination. Documentation, absence of a complaint, absence of an incident report, task completion, worker credentials, or provider reputation shall not automatically establish a satisfactory Support Service Quality State.

6.3 Evidence Sufficiency, Contrary Evidence, and Uncertainty

Evidence Sufficiency depends on the claim scope, significance of the conditions being determined, reliability and coherence of available Evidence, risk, Critical Service Conditions, and the consequences of error. Contrary Evidence, missing Evidence, attribution limits, and material Uncertainty shall be evaluated rather than omitted.

Where Evidence is insufficient to determine a material condition, the condition remains unresolved or indeterminate. The object or claim may be restricted, qualified, deferred, or not issued in accordance with SCM1.

6.4 Evidence-Supported Findings

An Evidence-Supported Finding is narrower than a Support Service Quality State determination. It records what the available Evidence supports concerning a Context-Specific Quality Outcome Criterion or Core Quality Indicator without prematurely converting that finding into a conclusion about the entire service whole. This preserves traceability and prevents favorable Evidence in one area from concealing an unresolved or critical condition elsewhere.

Evidence-Supported Findings state what the available Evidence supports concerning the applicable Context-Specific Quality Outcome Criteria for the declared PCA Support Service Quality Object. Findings shall remain bounded by the Service Period, Scale, Boundaries, Interfaces, Evidence Sufficiency, Assumptions, attribution limits, and material Uncertainty.

6.5 Quality Factor Interpretation

Quality Factor Interpretation brings related findings together at the Factor level while preserving contrary Evidence, Uncertainty, and non-compensable conditions. It is an interpretive step rather than a numerical averaging exercise. A Factor cannot be considered satisfactory merely because several lower-consequence findings are favorable when a material condition remains unresolved.

Evidence-Supported Findings are interpreted at the Core Quality Factor level to determine what they collectively indicate about Function Realization. Favorable findings for one Indicator shall not conceal contrary Evidence, unresolved conditions, or failure of another material Indicator.

6.6 Critical Service Condition and Non-Compensability Review

Before the Support Service Quality State is determined, identified Critical Service Conditions and applicable Non-Compensability shall be reviewed. A favorable overall interpretation shall not be issued where an unresolved non-compensable condition prevents responsible determination of a satisfactory Quality State.

6.7 Support Service Quality State Determination

The determination interprets the condition of the declared PCA Support Service Quality Object; it does not create that condition. The conclusion must remain proportionate to the Evidence and bounded by the declared Scale, Service Period, Boundaries, Interfaces, Context, Assumptions, and Uncertainty.

A Support Service Quality State is the interpreted condition of the declared PCA Support Service Quality Object at the relevant time or over the declared Service Period. The determination process does not create the Quality State; it interprets the available Evidence against the applicable criteria, Factor architecture, Critical Service Conditions, and stated Assumptions.

PCA1 supplies the invariant Factors and Indicators. The applicable Context Guide or controlled Context-Specific Interpretation supplies the criteria. SCM1 supplies the controlled determination method.

6.8 Verification and Claim Decisions

Support Service Quality Verification evaluates whether the determination process and supporting Evidence are sufficient and traceable for the intended claim. First-party, second-party, and third-party relationships shall be identified accurately. Only a qualified independent body operating under a separately authorized scheme may issue third-party certification.

6.9 Support Service Quality Claim Statement

A Support Service Quality Claim Statement is the communicable expression of a completed determination, not a substitute for that determination. Its purpose is to state clearly what was assessed, under what conditions, using what Evidence, with what limitations, and for what period. A claim that omits its Boundary, Interfaces, or validity conditions risks being interpreted more broadly than the Evidence supports.

A bounded Support Service Quality Claim Statement should identify, at minimum:

- the PCA Support Service Quality Object and its Scale;
- the applicable edition of PCA1 and any Context Guide or controlled Context-Specific Interpretation;
- the Service Context, Service Period, external Boundary, material internal Boundaries, material internal Interfaces, and material external Interfaces;
- the included Occupations, Support Roles, Functional Scope, and Support Service Arrangement;
- the criteria and Evidence basis;
- the determined Quality State and any Critical Service Conditions;
- the issuing party and claim type;
- material exclusions, Assumptions, limitations, Uncertainty, and unresolved conditions; and
- the Support Service Quality Claim Boundary and validity conditions.

The claim shall identify material assumptions, unresolved conditions, Critical Service Conditions considered, and limitations resulting from insufficient Boundary Transparency or Interface Transparency.

A claim shall not imply quality of unassessed services, persons, organizations, programs, time periods, contexts, or functions. It shall not be broader than the Evidence-supported determination.

7. External Reference Layer, Boundaries, and Interfaces

7.1 General

The PCA Support Service Quality Object exists within a broader Reference Layer. External requirements and systems may support, constrain, authorize, fund, supervise, inform, or otherwise affect the service. Their influence shall be made visible without allowing them to replace the object-level Quality State determination required by Whole Quality.

7.2 Typical Reference-Layer Elements

- federal, state, and local laws and regulations;
- licensing, credentialing, professional, and occupational requirements;
- payer, authorization, reimbursement, procurement, and audit requirements;
- consumer-directed program rules and person-directed instructions;
- clinical direction, healthcare requirements, and emergency procedures;
- provider policies, supervision arrangements, training requirements, and employment obligations;
- equipment instructions, technology controls, privacy and information-security requirements;
- contractual, accreditation, housing, transportation, workplace, and community requirements; and
- other applicable external conditions.

7.3 External Interfaces

External Interfaces may include authorization, referral, supervision, communication, coordination, information exchange, scheduling, funding, training, technology access, equipment support, incident response, regulatory reporting, or other interactions necessary for Function Realization. Material Interface responsibilities, delays, gaps, contradictions, and transfers of work shall be visible.

7.4 Relationship to the Support Service Quality State

An external system may materially affect the PCA Support Service Quality State without becoming part of the declared object. The determination shall distinguish, where Evidence permits, among failures arising primarily within Support Work, failures arising primarily from external support conditions, shared failures, and unresolved attribution.

7.5 Relationship to Compliance

Compliance with an external requirement does not by itself establish satisfactory PCA Support Service Quality. Conversely, a Quality State determination under PCA1 does not establish legal, regulatory, contractual, clinical, payer, accreditation, or licensing compliance unless that conclusion is separately supported and explicitly included within the claim Boundary.

7.6 Boundary Transparency and Interface Transparency

Transparency is methodological visibility, not an additional Core Quality Factor. Boundary Transparency allows the reader to understand what the claim includes and excludes. Interface Transparency allows the reader to understand the material interactions, transfers, dependencies, delays, and responsibility relationships through which Function Realization is enabled or constrained.

Boundary Transparency makes visible the declared extent of the PCA Support Service Quality Object, its Scale, and the basis for including or excluding participants, roles, work, results, technologies, responsibilities, service conditions, and external systems.

Interface Transparency makes visible the significant interactions occurring across material internal Boundaries, through material internal Interfaces, and across the external Boundary through material external Interfaces. These interactions may include communication, consent, direction, coordination,

responsibility transfer, information and Evidence transfer, technology interaction, environmental influence, delay, interruption, and operational dependency. Insufficient Boundary Transparency or Interface Transparency shall be recognized as a limitation of the Support Service Quality State determination and any resulting Support Service Quality Claim Statement. Neither transparency concept constitutes a separate Core Quality Factor.

Annex A (Informative) - Development of Context-Specific Quality Outcome Criteria

A.1 Purpose

This Annex provides a controlled method for developing Context-Specific Quality Outcome Criteria from the invariant Core Quality Indicators in PCA1.

A.2 Controlled Development Sequence

1. Declare the PCA Support Service Quality Object and complete the Structural Checkpoints.
2. **Declare the Service Context, Service Period, Support Service Arrangement, external Boundary, material internal Boundaries, material internal Interfaces, material external Interfaces, Occupations, Support Roles, Functional Scope, and Reference Layer.**
3. Declare the relevant Support Intended Functions and Support Intended Results.
4. Identify the applicable Core Quality Factor and Core Quality Indicator.
5. Identify relevant Support Service Realization Pathways, Failure Modes, Failure-Mode Families, risks, and Critical Service Conditions.
6. State the expected condition or result showing satisfactory realization of the Indicator in the declared context.
7. Identify Evidence sources, Evidence limitations, Assumptions, attribution limits, and material Uncertainty.
8. State any Non-Substitutability or non-compensable condition.
9. **Confirm traceability from the criterion to the Indicator and Factor and identify how Evidence-Supported Findings and Quality Factor Interpretation will be recorded.**
10. Define the intended Support Service Quality Claim Boundary.

A.3 Criterion Drafting Rules

- State an expected condition or result, not merely an activity, document, intention, or administrative requirement.
- Use language that can be interpreted against Evidence within the declared Service Period and Context.
- Avoid embedding provider model, payer design, job title, technology platform, or documentation format unless material to the declared context.
- Do not redefine or bypass the governing Core Quality Indicator.
- Make Critical Service Conditions and non-compensable conditions explicit.
- Avoid absolute claims where the available Evidence and attribution do not support them.

A.4 Illustrative PCA Service Contexts

- Bathing Support;
- Dressing and Grooming Support;
- Toileting Support;
- Mobility and Transfer Support;
- Meal Preparation and Meal Assistance;

- Medication Assistance within authorized PCA Functional Scope;
- Oral Hygiene and Skin Care within authorized PCA Functional Scope;
- Household Support related to PCA services;
- Shopping and Essential Errands;
- Community Participation;
- Transportation Assistance;
- Communication Support;
- Observation and Reporting of Changes;
- Overnight Support;
- Emergency Response within authorized PCA Functional Scope; and
- other sufficiently defined PCA support contexts.

Annex B (Informative) - PCA Context Guide Architecture

B.1 Purpose

This Annex provides a common architecture for PCA Context Guides so that context-specific interpretation remains traceable to PCA1 and consistent across the PCA document family.

B.2 Recommended Structure

- Foreword or Introduction;
- Scope and Purpose;
- Governing References and Relationship to PCA1, AMSI VOC1, ORF1, and SCM1;
- Context Definition and Support Service Quality Object Description;
- Structural Checkpoints;
- Support Intended Functions and Support Intended Results;
- • Service Period, Support Service Arrangement, external Boundary, material internal Boundaries, material internal Interfaces, material external Interfaces, roles, Functional Scope, and Reference Layer;
- Support Service Realization Pathways, Failure Modes, Failure-Mode Families, risks, and Critical Service Conditions;
- Context-Specific Interpretation of Core Quality Factors and Core Quality Indicators;
- Context-Specific Quality Outcome Criteria;
- • Evidence sources, Evidence Sufficiency considerations, Evidence-Supported Findings, Quality Factor Interpretation, Assumptions, limitations, and Uncertainty;
- Support Service Non-Substitutability and non-compensable conditions;
- Support Service Quality Claim Boundary and relationship to SCM1; and
- informative population-, condition-, technology-, or setting-specific annexes where useful.

B.3 Core Preservation Rule

A Context Guide shall not change the PCA Support Service Quality Object architecture, the invariant Core Quality Factors, or the invariant Core Quality Indicators. Where a proposed context appears to require a different Core Factor or Indicator, the issue shall be reviewed as a possible PCA1 revision, a different support-service domain, or a Root-level methodological question rather than silently introduced in the Context Guide.

Annex C (Informative) - Population- and Condition-Specific Interpretation

C.1 Purpose

Population- and condition-specific interpretation helps users understand how person-specific abilities, conditions, communication needs, risks, preferences, and environments affect Function Realization in a defined PCA context.

C.2 General Principles

- Preserve the PCA1 Core architecture and governing Applied Concepts.
- Avoid treating diagnosis or category membership as a substitute for person-specific Evidence.
- Identify person-specific Support Intended Results, risks, communication pathways, consent conditions, and Critical Service Conditions.
- Distinguish observed conditions from assumptions, stereotypes, and unsupported attribution.
- Preserve dignity, autonomy, privacy, accessibility, and the authorized PCA Functional Scope.
- Reflect material Uncertainty and changes over time.

C.3 Illustrative Areas of Interpretation

- intellectual and developmental disabilities;
- autism;
- acquired brain injury;
- dementia;
- physical disabilities;
- aging-related changes;
- mental health conditions;
- chronic medical conditions;
- sensory disabilities;
- communication differences;
- behavioral or emotional support needs; and
- other person-specific conditions affecting the declared PCA Service Context.

C.4 Relationship to Support Service Quality State Determination

Population- and condition-specific interpretation may affect Context-Specific Quality Outcome Criteria, Evidence, Critical Service Conditions, Boundaries, Interfaces, Support Service Realization Pathways, and Support Service Quality Claim scope. It does not create an additional Core Standard or permit a Support Service Quality State determination based solely on diagnosis, category, or generalized expectation.

Annex D (Informative) - Task- and Activity-Specific Contexts

D.1 Purpose

This Annex illustrates how PCA1 may be applied to defined support activities without reducing the PCA Support Service Quality Object to task completion.

D.2 General Principles

- A task or activity is interpreted within the complete declared Support Service Quality Object.
- Support Work and Support Results are both examined.
- The Person Receiving Support, Service Period, Boundaries, Interfaces, Functional Scope, and Service Context remain visible.
- The invariant Core Quality Factors and Core Quality Indicators remain controlling.

- Context-Specific Quality Outcome Criteria, Evidence, risks, and Critical Service Conditions may vary.
- Completion of the activity does not by itself establish satisfactory Function Realization or Support Service Quality.

D.3 Relationship to Population-Specific Interpretation

A task-specific Context Guide may include one or more population- or condition-specific annexes where person-specific characteristics materially affect interpretation. Such annexes support application of the Context Guide and do not modify PCA1.

Annex E (Informative) - PCA Structural Checkpoint Checklist

E.1 Checklist

- Is the PCA Support Service Quality Object clearly identified and sufficiently bounded?
- Is the Scale and Service Period declared?
- Are the Person Receiving Support, Personal Care Aide, and other material participants identified?
- Are the included Support Work and Support Results described?
- Are the Support Intended Functions and Support Intended Results explicit?
- Are the Support Service Arrangement, role and responsibility arrangement, Support Roles, Functional Scope, authorizations, and Competence expectations visible?
- Are internal and external Boundaries and Interfaces identified?
- Is the Service Context and applicable Reference Layer identified?
- Are the governing PCA1 Factors and Indicators and applicable Context-Specific Quality Outcome Criteria identified?
- Are Failure Modes, Critical Service Conditions, Non-Substitutability, and non-compensable conditions visible?
- Are expected Evidence sources, limitations, Assumptions, attribution limits, and Uncertainty visible?
- Is the intended Support Service Quality State determination and Support Service Quality Claim Boundary appropriately restricted?

E.2 Incomplete Checkpoints

An incomplete Structural Checkpoint does not automatically establish poor quality. It establishes that the object or intended determination is not yet described with sufficient completeness. The application shall refine, restrict, qualify, or defer the determination or claim rather than replace missing structure with assumption.

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