I/3586189/2023

File No: S.11030/86/2022-EHS
Government of India
Ministry of Health & Family Welfare
EHS Section

Nirman Bhawan, New Delhi
Dated 01.05.2023

OFFICE MEMORANDUM

Subject: Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities – regarding

The undersigned is directed to enclose herewith the Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities. These guidelines shall come into force from the date of issue of this O.M. and shall be valid till further revision.

2. These guidelines issues with the concurrence of Integrated Finance Division of Ministry of Health & Family Welfare.

Signed by Hemlata Singh
Date: 01-05-2023 13:52:19

(Hemlata Singh)
Under Secretary to the Government of India
Tel. No. 011-23061778

Encl. As above.

To

1. All the Ministries/Departments, Government of India.
2. Director, CGHS, Nirman Bhawan, New Delhi
3. Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
4. AD(HQ), CGHS, R.K. Puram, New Delhi
5. All Addl. Directors/Joint Directors of CGHS cities outside Delhi.
6. Additionar Director (sz)/(cz)/(Ez)/(Nz)/(MSD), MCTC GGHS, New Delhi
7. JD(HQ), JD (Grievance)/lD (R&H), CGHS, Delhi
8. DDG(M), Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
9. Rajya Sabha/ Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.S.C. Dholpur House, New Delhi

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12. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
13. Director, Department of Pension & Pensioners Welfare, Lok Nayak Bhawan, Khan Market, New Delhi.
14. PPS to Secretary (H&FW)/ Secretary (HR), Ministry of Health & Family Welfare
15. PPS to DGHS/SS&DG(CGHS)/AS&FA/AS&MD,NHM/AS(H),MoHFW, New Delhi
16. MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi
17. Hospital Empanelment Cell, CGHS, MoHFW, Nirman Bhawan, New Delhi
18. CGHS-I/II/III/IV, Dte.CGHS, MoHFW, Nirman Bhawan, New Delhi
19. Estt.I/Estt/II/Estt.III/Estt.IV Section, MoHFW, Nirman Bhawan, New Delhi.
20. Secretary, Staff Side, National Council, JCM.
21. Secretary, Staff Side, Departmental Council, JCM.

Guidelines for availing treatment under CGHS for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities:

I. Aim of Occupational Therapy/ / Speech therapy / Applied behavior analysis based behavioral therapy (ABA) / Special education in individuals with Autism Spectrum Disorder

The therapies aims towards minimizing the sensory issues; motor & praxis related problems, challenging behaviors, decreased social communication, and difficulties in the activities of daily living (ADL) experienced in home, school and community. This in turn improves the levels of independence in ADL, acquisition of significant life skills, promotes community integration and mainstreaming of individuals with Autism Spectrum Disorders.

II. Who can diagnose ASD for purpose of reimbursement?

Reimbursement for therapies after diagnosis of Autism Spectrum Disorder will be done if prescribed by Pediatrician/ Developmental Pediatrician/ Pediatric Neurologist/ Psychiatrist/ Child and Adolescent Psychiatrist in public or CGHS Empanelled Hospitals.

III. Ceiling rates for the therapy session

The ceiling rates for Occupational Therapy, ABA based therapy, Speech therapy and special education for individuals with autism spectrum disorder under CGHS shall be Rs 400/- per session irrespective of the type of session.

IV. Eligible Centers

Any centre (Empanelled or Non Empanelled) providing therapy services administered by qualified personnel having **minimum qualifications** (Table-I) as summarized as under:

Therapy	Eligible Personnel	Minimum Qualifications
ABA Therapy	**Clinical Psychologist**	• M Phil in Clinical Psychology or Medical and Social Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised clinical training from a University recognized by UGC or Postgraduate degree in Psychology/ Clinical Psychology or Applied Psychology • Must be registered as a Clinical Psychologist with Rehabilitation Council of India and SMHA (State Mental Health Agency) (wherever applicable) **Mandatory**
	Rehabilitation Psychologist	• M.Phil in Rehabilitation Psychology or its equivalent obtained after completion of a full time course of two years which includes supervised training from a University recognized by UGC. • Must be registered as a Rehabilitation Psychologist with RCI (Rehabilitation Council of India**) Mandatory**
Speech Therapy	**Speech Therapist**	• B. Sc. Degree in Speech and Language Sciences or Bachelor in Audiology, speech and Language Pathology (BASLP) or its equivalent from a recognized University. • Registered with RCI **(Mandatory**)
Occupational Therapy	**Occupational Therapist**	• Bachelor of Occupational Therapy from a recognized University /Institute. • Must also be registered with Central/State Statutory body **(Mandatory).**
Special Education	**Special Educator**	• M. Ed special education or B. Ed Special Education with at least two years experience or D. Ed with at least five years experience, special education or equivalent from a RCI registered institute • Registered with RCI **(Mandatory**)

V. Eligibility to obtain reimbursement for Occupational Therapy / Speech therapy / Applied behavior analysis based behavioral therapy (ABA) / Special education Services:

1. Beneficiaries shall be eligible to receive the proposed therapy if:
    a. They have been evaluated and diagnosed to have Autism Spectrum Disorder as per the standard protocoloutlined by the committee.
    b. The said therapy has been recommended as a necessary component in the management of the affected individual with Autism Spectrum Disorder.
2. The therapies can be taken at empanelled or non-empanelled centers but reimbursement would be done as per the ceiling rate or as per actual whichever is less subject to the condition that
    a. Provision of therapy session notes as per the format (Basic minimum standard guidelines for recording and therapy report) published in the gazette by the central mental health authority as per provisions of the Mental Healthcare Act, 2017. (Annexure-I)
    b. The Therapists are recognized by the competent authorities in their respective fields as documented in Table 1 (Para-4 above).
3. The beneficiary has undergone a detailed assessment by the therapist including sensory profile/ sensory checklist, level of communication, social interaction, stereotypic and repetitive behavior, impact on the school environment / home, impact on motor/ sensory function, activities of daily living, behavioral issues that need to be addressed, parental perception of problems, family coping, strategies, expected family support/ involvement, motivation and expected compliance for the therapy.
4. As autism requires multidisciplinary management, it was proposed that reimbursement should include at least two or more types of therapy including any of ABA based behavioral therapy occupational therapy, speech and language therapy, special education, unless only one type of therapy is available within the reach of the beneficiary.
5. Individualized therapy plan – The therapist has to provide a written individualized therapy Plan (ITP) customized for therapy that specifies the following:
    a. Short term goals: those that are expected to be achieved in three months.
    b. Long term goals: those that are expected to be achieved within a year.
    c. Home based plan
    d. The schedule and frequency of sessions required to achieve the short term and long term goals. This will depend upon the severity of the behavioral issues, the phase of therapy, and the compliance of the caregivers to therapy.
    e. Therapy record for each session: a specific written plan that details home assignments given to parents/ caregivers – the details of activities, how to administer them, the frequency, the duration, etc.
    f. A structured operational system to monitor compliance of caregivers with the home assignments.
    g. A structured operational system of regular evaluation of the impact of the therapy on the functioning of the affected individual.

VI. Frequency of therapy sessions-

- Duration of each session should be attest 40 minutes
- It should be based upon the severity of Autism as diagnosed by the referring clinician and as recommended underneath:

Initial Phase: First 6 Months		Maximum number of sessions per week							
Occupational Therapy		Speech Therapy		ABA Therapy		Special education		Maximum Cumulative total	
Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism	Mild to moderate autism	Severe autism
3-4	5-6	2-3	3-6	1-2	2-3	1-2	2-3	6	7
Follow up phase		Maximum number of sessions per week							
Occupational Therapy		Speech Therapy		ABA Therapy		Special education		Maximum Cumulative total	
Mild to moderate autism	Sever e autism	Mild to moderate autism	Sever e autism	Mild to moderate autism	Sever e autism	Mild to moderate autism	Sever e autism	Mild to moderate autism	Sever e autism
2-3	3-6	2-3	3-6	1-2	3-4	1-2	2-3	5	6

VII. Follow-up to be done every 6 months:

- By referring clinician with the treatment plan and severity rating (Any of CARS2/CARS/ ISAA and preferably ATEC)
- Number of sessions per week to be decided based upon the inputs and recommendations from the treating therapist and referring clinicians as per the upper ceiling of recommended sessions in initial phase.
- Parental compliance to therapy to be ensured by a compliance sheet of home - based program, template to given by the treating therapist and produced at the time of review.

VIII. Screening, Diagnosis and Follow up of individuals with Autism Spectrum Disorders

a. Screening

- Moderate to High risk for autism may be determined by Modified Checklist for Autism in Toddlers (M- CHAT-R/F) from 16-30 months of age.

b. Modified Checklist for Autism in Toddlers (M-CHAT-R/F) for SCORES

i. Total Score 0-2: The score is LOW risk. No Follow-Up needed.
ii. Total Score 3-7: The score is MODERATE risk.
iii. Total Score: 8-20: The score is HIGH risk.

c) Severity grading of ASD should be by:

Severity scores is assessed by using CARS2/CARS/ ISAA scales

Childhood Autism Rating Scale (CARS) scores	**Indian Scale for Assessment of Autism (ISAA) Scores**	**Degree of Autism**
	<70	Normal
Upto 30	70 to 106	Mild Autism
30-37	107 to 153	Moderate Autism
38-60	>153	Severe Autism

ANNEXURE-I

Assessed by		Verified/ supervised by (if applicable)	
Name		Name	
Date		Date	
Qualification		Qualification	
Signature		Signature	

1. Basic Minimum Standard Guidelines for Recording of Therapy Report (facilities where persons with ASD are provided with therapy).

2. Minimum Basic Standard Guidelines for Recording of Therapy (Name of the Institute/ Hospital/Centre with address)

Clinic record no_____

THERAPIST SESSION NOTES

Patient Name: **Age:**

Session Number & Date	**Duration of Session**	**Session Participants**
Nature of treatment (ABA Therapy/ Speech Therapy/ Occupational Therapy/ Special Education)	**Objectives of Session** **1.** **2.** **3.** **4.**	

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  - **Short term Goals.**
  - **Long term Goals.**
  - **Progress.**

Therapist observations and reflections:

Plan for next session: Date for next session:

Therapist Supervised by (if applicable)