



GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE GENERAL OF HEALTH SERVICES
F-17, KARKARDOOMA, DELHI-110032
(DELHI GOVERNMENT EMPLOYEES HEALTH SCHEME)

No. F 25(III)/DGEHS/1310/DGHS(HQ)/2020-21/- 2776-88

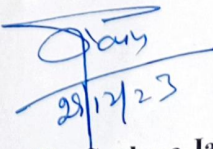
Dated: - 01-01-24

OFFICE MEMORANDUM

It is to inform all concerned that the following Office Memorandums are being adopted under DGEHS with effect the date of their issuance:-

S.N.	Name of the Ministry/Deptt.	OM. No. and date	Subject
1.	Ministry of Health & Family Welfare, Govt. of India (EHS Section), Nirman Bhawan, New Delhi-110011.	S.11030/86/2022-EHS dated 01.05.2023	Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioural therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities-regarding.
2.	Ministry of Health & Family Welfare, Govt. of India (EHS Section), Nirman Bhawan, New Delhi-110011..	Z-42011/11/2021-MG/EHS dated 01.12.2023	Ceiling Rates for Lung Transplant, Heart Transplant Surgery in respect of CGHS/CS(MA) beneficiaries-reg.
3.	Ministry of Health & Family Welfare, Govt. of India (EHS Section), Nirman Bhawan, New Delhi-110011..	Z15025/32/2023/DIR/CGHS dated 19.12.2023	Revision of CGHS rates for Cardiology Procedures, inclusion of 2 new procedures and revision of Rates of PET CT Scan-regarding.

This issues with prior approval of Competent Authority.

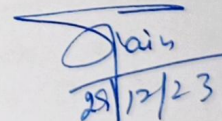

28/12/23

(Dr. Sushma Jain)
Additional Director, DGEHS

No. F 25(III)/DGEHS/1310/DGHS(HQ)/2020-21/-2776 - 88
Copy for information to:-

Dated: 01-01-24

1. Secy to Hon'ble Chief Minister, Govt. of NCT of Delhi.
2. Secy. To Hon'ble Minister of Health, Govt. of NCT of Delhi.
3. OSD to Chief Secretary, Govt. of NCT of Delhi.
4. Secy. (Health), Govt. of NCT of Delhi.
5. Registrar, Delhi High Court.
6. All Heads of Department of Govt. of NCT of Delhi.
7. Director General Health Services, GNCTD.
8. Medical Director/Superintendent of all Delhi Govt. hospitals/private empanelled hospital under DGEHS.
9. Controller of Accounts, GNCTD (with request to forward a copy of OM to all PAOs).
10. All HOOs/CDMOs under DGHS (with request to inform all concerned).
11. All branches of DGHS (HQ).
12. The In-charge, Computer Cell, DGHS (HQ) with the request to upload it on our website (http://www.delhi.gov.in/wps/wcm/connect/doit_health/Health/Home/Directorate+of+Health+Services/DGEHS/)
13. Guard File.


28/12/23

Dr. Sushma Jain)
Additional Director, DGEHS

91/2023

F No Z15025/32/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate of CGHS

CGHS Bhawan,
RK Puram -Sector-13, New Delhi.
Dated the 19th December, 2023

OFFICE MEMORANDUM

**Subject: Revision of CGHS rates for Cardiology Procedures ,
inclusion of 2 new procedures and revision of Rates of
PET CT Scan-regarding**

I am directed to convey the approval of Competent Authority for revision of CGHS rates for Cardiology Procedures , inclusion of 2 new procedures and revision of rates of PET CT Scan as per the details given below:

(all Figures are in Rupees)

S No	TREATMENT PROCEDURE and Investigations in CARDIOLOGY	CGHS package rates for NABH Hospitals	CGHS package rates for Non- NABH Hospitals
1	Balloon coronary angioplasty/PTCA	92,000	78,200
2	Balloon coronary angioplasty/PTCA without Vascular Closure Device	83,725	71,150
3	Rotablation	56,206	47,775
4	Balloon Mitral Valvotomy / Percutaneous transvenous mitral commissurotomy (PTMC) -	90,700	77,000
5	Cardiac Catheterization (CATH)	13,545	11,510
6	Coaractation dilatation	71,600	60,860
7	Temporary Pacemaker Implantation (TPI) (Temporary Cardiac Pacing) Single Chamber	19,200	16,320
8	Permanent pacemaker implantation (PPI)- Single chamber	32,000	27,200

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9	Permanent pacemaker implantation- Dual Chamber	43,000	36,550
10	Permanent pacemaker implantation (PPI)- Biventricular	49,625	42,180
11	Automatic implantable Cardioverter defibrillator AICD Single chamber	50,000	42,500
12	Automatic implantable Cardioverter defibrillator AICD - Dual Chamber	52,350	44,500
13	Combo device implantation	59,000	50,150
14	Diagnostic Electrophysiological studies conventional(including catheter)	66,000	56,100
15	Ambulatory BP monitoring	1,000	1,000
16	External Loop/event recording (maximum up to 7 days)	1,500 first day and 1,000 for subsequent days	1,500 first day and 1,000 for subsequent days
17	Radiofrequency (RF) ablation conventional	96,000	81,600
18	Radiofrequency (RF) ablation Atrial Tachycardia/with 3-D mapping - all inclusive	1,81,000	1,53,850
19	Endomyocardial biopsy	Deleted	Deleted
20	Intra-aortic balloon pump (IABP) including Cost of Balloon	50,000	42,500
21	Intravascular coils	75,000	63,750
22	Septostomy- Balloon	30,000	25,500
23	Aortic valve balloon dilatation (AVBD) / Pulmonary valve Balloon Dilatation(PVBD)	56,400	47,940
24	Digital subtraction angiography-Peripheral artery	14,610	12,400
25	Digital subtraction angiography- venogram	14,610	12,400

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26	Peripheral Angioplasty	55,500	46,750
27	Renal Angioplasty	55,000	46,750
28	Intravascular ultrasound (IVUS) -	50,000	50,000
29	Holter analysis	2,500	2,125
30	Inferior Vena Cava (IVC) filter implantation (Cost of Filter extra)	30,000	25,500
31	ASD/VSD/PDA device closure	ASD 98,900 VSD 1,09,900 PDA - 55,000	ASD 84,065 VSD 93,415 PDA 46,750
32	Head--up tilt test (HUTT)	4,000	3,400
33	Stress Myocardial Perfusion Imaging(MPI)-exercise	9000	7,650
34	Stress Myocardial Perfusion Imaging (MPI) - pharmacological	9000	7,650
35	Coronary angiography	13225	11,240
36	Pericardiocentesis	10,000	8,,500
37	Intracoronary optical coherence tomography (OCT) / Intravascular optical coherence tomography (IVOCT) /Intravascular Ventricular Assist System	65,000	65,000
38	Fractional Flow Reserve (FFR) inclusive of cost of wire	Rs.30,000	30,000
New Procedures included			
1	TAVI/TAVR Implant	12,84,000	12,84,000
	TAVI/TAVR Procedure cost	1,00,000	85,000
2	IVL (Coronary Intra Vascular Lithotripsy / Short wave Lithotripsy) - including GST	2,68,000	2,68,000

Revised rates for PET-CT Scan

FDG Whole body PET/CT Scan	11,500	10,000
Brain/Heart FDG PET/CT Scan		
Gallium-68 Peptide PET/CT imaging for Neuroendocrine tumor		

2. These rates are applicable in all CGHS Cities.
3. These rates are in supersession of the hitherto existing CGHS package rates for the above items. The other terms and conditions of empanelment shall remain unchanged.
4. The revised rates shall be applicable from the date of issue of this OM and shall be valid till further orders.
5. This issues with the approval of Competent Authority and concurrence of Integrated Finance Division, Ministry of H&FW vide **CD No. 2820 dated 19.12.2023.**

Signed by
(Dr. Manoj Jain)
Director, CGHS
Date: 19-12-2023 17:57:19

To

1. All empanelled HCOs through Additional Director of concerned City.
2. All Ministries / Departments, Government of India through CGHS Website
3. Addl.CEO, National Health Authority
4. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health & Family Welfare
5. Admn.I / Admn.II Sections of Dte.GHS
6. Addl. Director, CGHS(HQ) / Addl.DDG(HQ)/Addl. Directors of CGHS Cities
7. Rajya Sabha / Lok Sabha Secretariat
8. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
9. Under Secretary, U.P.S.C.
10. Under Secretary Finance Division
11. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor Saradar Patel Bhawan, Sansad Marg, New Delhi
12. PPS to AS&MD, NRHM / AS (H) /DGHS
13. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
14. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
15. All Offices / Sections / Desks in the Ministry
16. Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS Web-site

Copy to

PPS to Secretary, HFW
PPS to AS&DG, CGHS, MoHFW
PPS to JS, CGHS, MoHFW

Copy for information to

PS to Hon'ble HFM
PSs to Hon'ble MOSs

File No. Z-42011/11/2021-MG/EHS
Government of India
Ministry of Health & Family Welfare
EHS Section

Nirman Bhawan, New Delhi-110011

Dated 1st December, 2023

OFFICE MEMORANDUM

Subject: Guidelines & Ceiling Rates for Lung Transplant, Heart Transplant surgery in respect of CGHS/CS(MA) beneficiaries-reg.

The undersigned is directed to refer to above mentioned subject and to say that proposal for issuing guidelines & ceiling rates for Lung Transplant and Heart Transplant was examined in this Ministry, in consultation with Dte. of CGHS and Dte. General Health Services. The under signed is now, directed to convey the approval of the Competent Authority to issue guidelines for Lung Transplant/ Heart Transplant surgery in respect of CGHS/CS(MA) beneficiaries as per the details given below:

i. The ceiling rates for the surgery are as under:

a) Lungs Transplant	Rs.25 lakhs
b) Heart Transplant	Rs.15 lakhs
c) Heart & Lungs transplant (combined)	Rs.35 lakhs

ii. Government has constituted Standing Committees for consideration of requests for Lung / Heart Transplant cases from CGHS/CS(MA) beneficiaries as per the details given below:

A) Composition of Standing Committee for CGHS beneficiaries:

i.	DDG(P) for CS(MA) beneficiaries/ Director, CGHS for CGHS beneficiaries	Chairman
ii.	HOD, Respiratory Medicine, AIIMS	Member
iii.	HOD, Respiratory Medicine, VMMC & Hospital	Member
iv.	HOD, Respiratory Medicine, LHMC	Member
v.	HOD, Respiratory Medicine, R&R, Hospital	Member
vi.	HOD, CTVS, AIIMS	Member
vii.	HOD, CTVS, Safdarjung Hospital	Member
viii.	HOD, CTVS, Dr. RML Hospital	Member
ix.	CMO (SAS-III) for CS(MA) beneficiaries/ AD(R&H) for CGHS beneficiaries	Member Secy.

B) Composition of Standing Committee for CS(MA) beneficiaries:

i.	DDG(P)	Chairman
ii.	HOD, Respiratory Medicine, AIIMS	Member
iii.	HOD, Respiratory Medicine, VMMC & Hospital	Member
iv.	HOD, Respiratory Medicine, LHMC	Member
v.	HOD, Respiratory Medicine, R&R, Hospital	Member

vi	HOD, CTVS, AIIMS	
vii	HOD, CTVS, Safdarjung Hospital	Member
viii	HOD, CTVS, Dr. RML Hospital	Member
ix.	CMO (SAS-III)	Member Secy.

- iii. Since, Lung/Heart transplant surgery is a planned procedure, prior permission has to be obtained before the surgery is undertaken.

However, if for any reason it was undertaken under medical emergency to save the life of a patient, the Standing Committees shall consider the cases referred to them for consideration of grant of ex-post-facto approval, on a case to case basis.

iv. Procedure for submission of Application:

- CGHS beneficiaries shall submit the requests for permission for Lung/Heart transplant surgery to the Additional Director, CGHS of concerned city through the concerned Ministry/Department for placing the same before the duly constituted Standing Committee. Pensioner CGHS beneficiaries, etc., shall submit the applications to the additional Director of concerned Zone/City through the Wellness Centre.
- In case of CS(MA) beneficiaries shall submit the requests for permission for Lung/Heart transplant surgery to the Under Secretary, EHS, MoHFW through the concerned Ministry/Department for placing the same before the duly constituted Standing Committee.

- These guidelines has the approval of Competent Authority and concurrence of Integrated Finance Division, MoHFW vide CD No. 2401 dated 09.11.2023.

Signed by

Hemlata Singh

Date: 01.12.2023 16:15:09

(Hemlata Singh)

Under Secretary to the Government of India
Tel. No. 011-23061778

To

- All the Ministries/Departments, Government of India.
- Director, CGHS, Nirman Bhawan, New Delhi
- Addl.DDG(HQ), CGHS, MoHFW, Nirman Bhawan, New Delhi
- AD(HQ), CGHS, R.K. Puram, New Delhi
- All Addl. Directors/Joint Directors of CGHS cities outside Delhi.
- Additionar Director (sz)/(cz)/(Ez)/(Nz)/(MSD), MCTC GGHS, New Delhi
- JD(HQ), JD (Grievance)/ID (R&H), CGHS, Delhi
- DDG(M), Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
- Rajya Sabha/ Lok Sabha Secretariat, New Delhi
- Registrar, Supreme Court of India, New Delhi
- U.P.S.C. Dholpur House, New Delhi
- Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
- 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/AS&DG(CGHS)/AS&FAIAS&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.

S.11030/86/2022-EHS

1/3586189/2023

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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

S.11030/86/2022-EHS

1/3586189/2023

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.

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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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Bachelor of Occupational Therapy from a recognized University /Institute. Must also be registered with Central/State Statutory body (Mandatory).
Special Education	Special Educator	<ul style="list-style-type: none"> 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:
 - a. They have been evaluated and diagnosed to have Autism Spectrum Disorder as per the standard protocol outlined 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 at least 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	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	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
2-3	3-6	2-3	3-6	1-2	3-4	1-2	2-3	5	6

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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

- Total Score 0-2: The score is LOW risk, No Follow-Up needed.
- Total Score 3-7: The score is MODERATE risk.
- 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

24/11

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.	

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

Therapist observations and reflections:

Plan for next session:

Therapist

Date for next session:

Supervised by (if applicable)