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Ministry of Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt -110010


B/49769/AG/ECHS

02 Sep 2024

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres

**GUIDELINES FOR AVAILING TREATMENT BY ECHS BENEFICIARIES 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**

1. The guidelines for availing treatment under ECHS for Occupational Therapy, Speech Therapy and Applied Behaviour Analysis (ABA) Based Behavioural Therapy in individuals with Autism Spectrum Disorder (ASD)/non-autistic person/ children with ADHD and specific learning disability as per GoI, MoD/DoESW letter No 22D(09)/2023/WE/D(Res-1) dated 28 Aug 2024 is fwd herewith for further necessary action please.
2. This has the approval of MD ECHS.


(AC Nishil)
Col
Dir (Med)
For MD ECHS

Encl :- As above

Copy to:-

MoD/DoESW
CGDA
UTI- ITSL (BPA)
SDCPL

} - for info pl.

Internal

All Sec - for info
Stats & Automation Sec - for uploading on website and issue
necessary instr to UTI-ITSL (BPA).



No 22D(09)/2023/WE/D(Res-1)
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare
Sena Bhawan, New Delhi

Dated 28 Aug, 2024


To

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

SUBJECT : GUIDELINES FOR AVAILING TREATMENT BY ECHS BENEFICIARIES FOR OCCUPATIONAL THERAPY, SPEECH THERAPY AND APPLIED BEHAVIOUR ANALYSIS (ABA) BASED BEHAVIOURAL THERAPY IN INDIVIDUALS WITH AUTISM SPECTRUM DISORDER(ASD)/NON-AUTISTIC PERSON/CHILDREN WITH ADHD AND SPECIFIC LEARNING DISABILITIES

Sir,

1. Refer MoH&FW OM No. S.11030/86/2022-EHS dated 01 May 2023(copy enclosed).
2. The guidelines for availing treatment under ECHS for Occupational Therapy, Speech Therapy and Applied Behaviour Analysis (ABA) Based Behavioural Therapy in individuals with Autism Spectrum Disorder(ASD)/non-autistic person/children with ADHD and specific learning disabilities are laid down as under.
3. **Aim of Occupational Therapy/Speech therapy/Applied behaviour analysis based behavioural therapy (ABA)/Special education in individuals with Autism Spectrum Disorder:-** The therapies aim towards minimizing the sensory issues, motor & praxis related problems, challenging behaviours, 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.
4. **Who can diagnose ASD for purpose of reimbursement?** Reimbursement for therapies after diagnosis of Autism Spectrum Disorder will be done if prescribed by Pediatrician/Development Pediatrician/Pediatric Neurologist/Psychiatrist/Child and Adolescent Psychiatrist in Service Hospital or ECHS Empanelled Hosp/Govt Hosp.
5. **Ceiling rates for the therapy session.** The ceiling rates for Occupational Therapy, ABA based therapy, speech therapy and special education for individual with

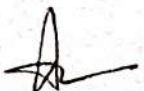

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OSD (WE/IRC)

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autism spectrum disorder under ECHS shall be Rs 400/- per session irrespective of the type of session.

6. **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	Minimum Qualifications
ABA Therapy	Clinical Psychologist	<ul style="list-style-type: none"> • M Phill in Clinical Psychology or Medical and Social Psychology or its equivalent obtained after completion of a full time course of two years which included supervised clinical training from a University recognized by UGC or Post graduate degree in Psychology/Clinical Psychology or Applied Psychology • Must be registered as 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 for two years which included supervised training from a University recognized by UGC • Must be registered as 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)


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7. Eligibility to obtain reimbursement for Occupational Therapy/Speech Therapy/Applied behaviour analysis based behavioural therapy (ABA) /Special Education Services:

- (a) Beneficiaries shall be eligible to receive the proposed therapy if:
 - (i) They have been evaluated and diagnosed to have Autism Spectrum Disorder as per the standard protocol outlined by the committee.
 - (ii) The said therapy has been recommended as a necessary component in the management of the affected individual with Autism Spectrum Disorder.
- (b) 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
 - (i) 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 (Appx).
 - (ii) The Therapists are recognized by the competent authorities in their respective fields as documented in Table 1 (Para 6 above).
- (c) The beneficiary has undergone a detailed assessment by the therapist including sensory profile/sensory checklist, level of communication, social interaction, stereotypic and repetitive behaviour, impact on the school environment/home, impact on motor/ sensory function, activities of daily living, behavioural issues that need to be addressed, parental perception of problems, family coping, strategies, expected family support/involvement, motivation and expected compliance for the therapy.
- (d) As autism requires multidisciplinary management it was proposed that reimbursement should include at least two or more types of therapy including any ABA based behavioural therapy occupational therapy, speech and language therapy, special education, unless only one type of therapy is available within the reach of the beneficiary.
- (e) Individualized therapy plan – The therapist has to provide a written individualized therapy plan (ITP) customized for therapy that specifies the following:
 - (i) Short term goal: those that are expected to be achieved in three months.


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- (ii) Long term goal: those that are expected to be achieved within a year.
- (iii) Home based plan.
- (iv) The schedule and frequency of sessions required to achieve the short term and long term goals. This will depend upon the severity of the behavioural issues, the phase of therapy, and the compliance of the caregivers to therapy.
- (v) 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.
- (vi) A structured operational system to monitor compliance of caregivers with the home assignments.
- (vii) A structured operational system for regular evaluation of the impact of the therapy on the functioning of the affected individual.

8. Frequency of therapy sessions.

- (a) Duration of each session should be at least 40 minutes.
- (b) 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	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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9. **Follow-up to be done every 6 months:**

- (a) By referring clinician with the treatment plan and severity rating (Any of CARS2/CARS/ISAA and preferably ATEC).
- (b) 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.
- (c) Parental compliance to therapy to be ensured by a compliance sheet of home – based program, template to be given by the treating therapist and produced at the time of review.

10. **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.
 - (i) Total Score 8-20: The score is HIGH risk.
- (c) **Severity grading of ASD:** Severity scores is assessed by using CARS2/CAR/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

11. The instructions will be implemented from the date of issue of this letter.

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12. This has the concurrence of MoD (Fin/Pen) vide their ID No 32(14)/2024/Fin./Pen. Dated 14.08.2024.

Your faithfully,



(Dr. P. P. Sharma)
OSD(WE/I&C)

Copy to :-

1. PPS to RM
2. PPS to RRM
3. CGDA, New Delhi
4. AG, IHQ of MoD(Army)
5. COP, IHQ of MoD(Navy)
6. AOA, IHQ of MoD(Air)
7. MD ECHS

Copy for information to :-

1. PPS to Secretary, ESW
2. PPS to JS (ESW)
3. PPS to Addl. FA & JS(DR)

Copy signed in Ink to :-

PCDA/CDA

Appx

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:

Date for next session:



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