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|  |  | <p>केन्द्रीय विद्यालय संगठन (मु.)/ Kendriya Vidyalaya Sangathan (HQ) 18 संस्थागत क्षेत्र/18 Institutional Area, शहीद जीत सिंह मार्ग/Shahed Jeet Singh Marg, नई दिल्ली – 110016/New Delhi -110016 दूरभाष/Telephone No.: 011-26858570 Email- budget.section@kvs.gov.in</p> |
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फ.स.110239/51/2023/बजट/केवीएस(मुख्या°)

दिनांक: 07.07.2023

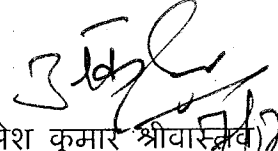
भारत सरकार द्वारा जारी निम्न वर्णित कार्यालय ज्ञापन/आदेश/ अधिसूचना, सूचना एवं आवश्यक कार्रवाई हेतु केन्द्रीय विद्यालय संगठन की वेबसाइट पर अपलोड किये जा रहे हैं।

1. भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के कार्यालय ज्ञापन सं. Z-15025/1/2023/DIR./CGHS, दिनांक 01.05.2023 – Validity of CGHS Card in all CGHS Centres.
2. भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के कार्यालय आदेश सं. Z-28017/27/2023-SAS-III(FTS-8216801), दिनांक 12.05.2023 – Instructions of Doctors in the Central Government Hospitals/CGHS Wellness Centres/Polyclinics to prescribe Generic Medicines.
3. भारत सरकार, एमएचयूए के कार्यालय ज्ञापन सं. 1-17015/2(2)/2022/H.III/5, दिनांक 27.03.2023 – Applicable rate of interest on House Building Advance(HBA) for Central Government Employees during 1-4-2023 till 31.03.2024.
4. भारत सरकार, कार्मिक एवं प्रशिक्षण विभाग के अधिसूचना सं. A-24011/6/2023-Estt.(Leave), दिनांक 15.05.2023 – Amendment of CCS(Leave) Rules, 1972 .
5. भारत सरकार, वित्त मंत्रालय के कार्यालय ज्ञापन सं. 1/6/2023-PPD, दिनांक 24.05.2023 – Proportionality in Performance Security for multi-year service contracts.
6. भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के कार्यालय ज्ञापन सं. S.11030/86/2022-EHS, दिनांक 01.05.2023 – Guidelines for availing treatment under CGHS and CS(MA) Rules, 1944, for Occupational Therapy, Speech Therapy and Applied Behaviour Analysis(ANA)- based behavioural therapy in individuals with Autism Spectrum Disorder(ASD)/non-autistic person/children with ADHD and specific learning disabilities.
7. भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के कार्यालय ज्ञापन सं. S.11030/120/2022-EHS, दिनांक 16.05.2023 – Guidelines regarding reimbursement of Continuous Subcutaneous Insulin Infusion(CSII) Pump Therapy under CGHS/CS(MA) Rules,1944.

Contd.P/2

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8. भारत सरकार, कार्मिक एवं प्रशिक्षण विभाग के कार्यालय जापन सं. 36012/1/2020-Estt. (Res-II), दिनांक 26.04.2023 – Litigation involving reservation in promotion to Persons with Benchmark Disabilities(PwBD).


(अखिलेश कुमार श्रीवास्तव)
सहायक आयुक्त (वित्त)

वितरण :

1. उपायुक्त, के. वी. एस., सभी क्षेत्रीय कार्यालय एवं मुख्यालय ।
2. वित्त अधिकारी, के.वी.एस., सभी क्षेत्रीय कार्यालय एवं मुख्यालय ।
3. सभी अधिकारी/अनुभाग, के. वी. एस. (मु.) ।
4. प्राचार्य, के. वी. काठमांडू, मास्को एवं तेहरान ।
5. महासचिव, सभी मान्य संघ ।
6. निदेशक, जीट ग्वालियर, मुंबई, मैसूर, चंडीगढ़ एवं भूवनेश्वर।
7. उपायुक्त, ई डी पी, के वी एस (मु.) को के वी एस (मु.) की वैबसाइट के शीर्ष “ सूचना पट (Announcements)” के अंतर्गत अपलोड करने हेतु प्रेषित ।
8. आर टी आई, के वी एस (मु.)।
9. गार्ड फ़ाइल

F No Z 15025/1/2023/DIR/CGHS
Govt. of India
Min. of Health & Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS

RK Puram Sector-13, New Delhi.
Dated the 1st May, 2023

OFFICE MEMORANDUM


Subject: Validity of CGHS Card in all CGHS Centres

The undersigned is directed to draw attention to the Order No Misc 6024/2007/CGHS(HQ)/CGHS(P) dated the 17th December 2012 and to reiterate that CGHS Card is valid at any CGHS Wellness Centre in the Country for availing CGHS benefits as per the details given under:

- i) CGHS Card is valid in any Wellness Centre in India and no additional document / attachment is required.
- ii) Medicines shall be issued for upto to '3' months, in case of beneficiaries undergoing treatment for chronic illnesses.
- iii) Referral / endorsement for treatment from private HCOs empanelled under CGHS shall be issued from any CGHS Wellness centre.

Additional Directors, CGHS are advised to ensure that these guidelines are complied with by CMOs in Charge and other staff of CGHS Wellness Centres.

The contents of this order are to be brought to the notice of Members of the Local Advisory Committees/Zonal Advisory Committee.


(Dr. Manoj Jain)
Director, CGHS

To

1. Addl. Director, CGHS(HQ) / Addl.DDG(HQ)/Addl. Directors of CGHS Cities/ Zones
2. All CGHS Wellness Centres through Additional Directors, CGHS
3. All Ministries / Departments, Government of India
4. Rajya Sabha / Lok Sabha Secretariat
5. Registrar, Supreme Court of India / Punjab & Haryana High Court, Chandigarh
6. Under Secretary, U.P.S.C.
7. Under Secretary Finance Division
8. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor Saradar Patel Bhawan, Sansad Marg, New Delhi
9. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi

10. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg,
Delhi

11. Nodal Officer, MCIC, CGIS with a request to upload a copy of OM on CGIS website.

Copy to

PPS to Secretary, HFW

PPS to SS&DG, CGIS, MoHFW

PPS to JS, CGIS, MoHFW

Copy for information to

PS to Hon'ble HEM

PS to Hon'ble MOS

File No.Z.28017/27/2023-SAS-III (FTS-8216801)

Govt. of India
M/o Health & Family Welfare
Directorate General of Health Services

निर्माण भवन, नई दिल्ली
दिनांक 28.03.2023

Office Order

It is to be noted that all the Doctors in the Central Government Hospitals/CGHS Wellness Centers / Polyclinics have been instructed time and again to prescribe Generic Medicines ONLY. Despite this, it has been observed that Doctors (including Residents) in some instances continue to prescribe branded medicines. This has been viewed strictly by the competent authority.

2. This may be noted by all head of institutions, and they may ensure strict compliance by the doctors working under them.
3. If anyone continues to be non-compliant, he/she shall be liable for further action.
4. Further, it may be ensured that visits of Medical Representative to hospitals premises are completely curtailed. Any information about a new launch may be communicated by way of email only.



(Dr. Atul Goel)
Director General Health Services

To:

1. Joint Secretary (CGHS)- For circulation to CGHS.
2. Medical Superintendent, Safdarjung Hospital, New Delhi.
3. Medical Superintendent, Dr. RML Hospital, New Delhi.
4. Director, LHMC & Associated Hospitals, New Delhi.

Copy to:

- PS to Hon'ble HFM.
- PSO to Secy. (Health).
- PPS to Spl.Secy. (Health).

I-17015/2(2)/2022/H.III/5
Government of India
Ministry of Housing & Urban Affairs
(Housing-III-Section)


Nirman Bhawan, New Delhi
Dated 27.03.2023

OFFICE MEMORANDUM

Subject: - Applicable Rate of Interest on House Building Advance (HBA) for Central Government Employees during 01.04.2023 till 31.03.2024.

In pursuance to revision of interest rate by Ministry of Finance, Dept of Economic Affairs vide OM 5(2)-B(PD)/2023 dated 20.03.2023, the rate of interest applicable on House Building Advance sanctioned to Central Government Employees during FY 2023-24 (i.e. **1st April, 2023 to 31st March, 2024**) will be **7.5% till further orders.**

2. This issues with the approval of Competent Authority.


(Amita Gupta)
Under Secretary to the Govt. of India
Tel: 23061476

To

All the Central Government Ministries/Departments

Copy for information to:

1. PS to Hon'ble Minister, Ministry of Finance, North Block, New Delhi.
2. PS to Hon'ble Minister, Housing & Urban Affairs Minister, Nirman Bhawan, New Delhi.
3. Copy to NIC to upload on website of Ministry of Housing & Urban Affairs.
4. Copy to IT Cell for uploading in E-Office.

F.No. A-24011/6/2023-Estt. (Leave)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel & Training

Old JNU Campus, New Delhi 110 067
Dated: 26.05.2023

OFFICE MEMORANDUM

Subject: **Guidelines Governing Adoption of Children, 2015 under Juvenile Justice (Care and Protection of Children) Act, 2000 - reg.**

The undersigned is directed to say that the CCS (Leave) Rules, 1972 have been amended *vide* Notification G.S.R. No. 374(E) dated 18.05.2023 (copy enclosed) to bring them in conformity with the Guidelines Governing Adoption of Children, 2015 under the Juvenile Justice (Care and Protection of Children Act, 2000.

2. In the Central Civil Services (Leave) Rules, 1972 (hereinafter referred to as the said rules), in rule 43-AA, in sub-rule (1), for the portion beginning with the words "surviving children, on valid adoption" and ending with the words "six months from the date of valid adoption", the following shall be substituted, namely: -

"surviving children, on accepting a child in pre-adoption foster care or on valid adoption of a child below the age of one year, may be granted Paternity Leave for a period of 15 days, within a period of six months, from the date of accepting the child in pre-adoption foster care or on valid adoption, as the case may be:

Provided that in a case where the pre-adoption foster care is not followed by valid adoption of the child, the Paternity Leave already availed shall be debited from any other kind of leave available to the credit of such male Government Servant".

3. In the said rules, in rule 43-B, in sub-rule (1), for the portion beginning with the words "surviving children, on valid adoption" and ending with the words "after the date of valid adoption", the following shall be substituted, namely: -

"surviving children, on accepting a child in pre-adoption foster care or on valid adoption of a child below the age of one year, may be granted child adoption leave, by an authority competent to grant leave, for a period of 180 days, immediately after accepting the child in pre-adoption foster care or on valid adoption, as the case may be:



Provided that in a case where the pre-adoption foster care is not followed by valid adoption of the child, the leave already availed shall be debited from any other kind of leave available to the credit of such female Government Servant".

4. These orders are to be effective from date of their publication in the Official Gazette.



(Sunil Kumar)
Under Secretary to the Govt. of India

To

1. All Ministries / Departments of the Government of India (As per standard mailing list)
2. NIC, DoPT – To upload the same on DoPT website


भारत का राजपत्र
The Gazette of India

सी.जी.-डी.एल.-अ.-18052023-245936
CG-DL-E-18052023-245936

असाधारण
EXTRAORDINARY
भाग II—खण्ड 3—उप-खण्ड (i)
PART II—Section 3—Sub-section (i)
प्राधिकार से प्रकाशित
PUBLISHED BY AUTHORITY

सं. 302]
No. 302]

नई दिल्ली, बृहस्पतिवार, मई 18, 2023/वैशाख 28, 1945
NEW DELHI, THURSDAY, MAY 18, 2023/VAISAKHA 28, 1945

कार्मिक, लोक शिकायत और पेंशन मंत्रालय
(कार्मिक और प्रशिक्षण विभाग)

अधिसूचना

नई दिल्ली, 15 मई, 2023

सा.का.नि. 374(अ)—राष्ट्रपति, संविधान के अनुच्छेद 148 के खंड (5) के साथ पठित अनुच्छेद 309 के परंतुक द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, और भारतीय लेखा परीक्षा और लेखा विभाग में सेवारत व्यक्तियों के संबंध में भारत के नियंत्रक-महालेखा परीक्षक के परामर्श के पश्चात्, केन्द्रीय सिविल सेवाएं (छुट्टी) नियमावली, 1972 में और संशोधन करने के लिए, निम्नलिखित नियम बनाती हैं, अर्थात् :--

1. संक्षिप्त नाम और प्रारंभ—(1) इन नियमों का संक्षिप्त नाम केन्द्रीय सिविल सेवाएं (छुट्टी) (संशोधन) नियम, 2023 है।

(2) ये राजपत्र में उनके प्रकाशन की तारीख से प्रवृत्त होंगे।

2. केन्द्रीय सिविल सेवाएं (छुट्टी) नियमावली, 1972 (जिसे इसमें इसके पश्चात् उक्त नियम कहा गया है) के नियम 43कक के उपनियम (1) के स्थान पर, निम्नलिखित नियम रखा जाएगा, अर्थात् :--

“43कक. कोई पुरुष सरकारी कर्मचारी (अप्रेटिस सहित), जिसके दो से कम जीवित बच्चे हों, दत्तक ग्रहण स्वीकार करने से पूर्व पोषक देखरेख करने या एक वर्ष से कम उम्र के बच्चे को वैध रूप से दत्तक लेने पर, यथास्थिति, दत्तक स्वीकार करने से पूर्व पोषक देखरेख करने या वैध रूप से दत्तक लेने की तारीख से छह मास की अवधि के भीतर 15 दिन की अवधि के लिए पैतृत्व छुट्टी प्रदान की जाएगी :

परंतु ऐसे मामलों में, जहां किसी बच्चे के विधिपूर्ण दत्तक ग्रहण पर पूर्व दत्तक ग्रहण पालन पोषण नहीं किया जाता है, वहां पहले की उपयोग की जा चुकी पैतृत्व छुट्टी, ऐसे पुरुष सरकारी कर्मचारी के किसी अन्य प्रकार की उपलब्ध जमा छुट्टी से काटी जाएगी।”।

3. उक्त नियम के नियम 43ख के उपनियम (1) के स्थान पर, निम्नलिखित नियम रखा जाएगा, अर्थात् :—

“43ख. महिला सरकारी कर्मचारी, जिसके दो से कम जीवित बच्चे हैं, दत्तक ग्रहण से पूर्व पोषण देखरेख स्वीकार करने पर या एक वर्ष से कम उम्र के बच्चे को वैध रूप में दत्तक लेने पर, सक्षम प्राधिकारी द्वारा, यथास्थिति, दत्तक-पूर्व पोषण देखरेख या विधिपूर्ण दत्तक में बच्चे को स्वीकार करने के तुरंत पश्चात् 180 दिन की अवधि के लिए छुट्टी प्रदान की जा सकेगी:

परंतु ऐसे मामलों में, जहां किसी बच्चे के विधिपूर्ण दत्तक द्वारा दत्तक-पूर्व पोषण देखरेख का पालन नहीं किया जाता है, पहले से ली गई छुट्टी को ऐसी महिला सरकारी कर्मचारी के खाते में उपलब्ध किसी अन्य प्रकार की छुट्टी से काट लिया जाएगा।”।

[फा. सं. ए-24011/6/2023-स्था.(छुट्टी)]

मनोज कुमार द्विवेदी, अपर सचिव

टिप्पण : मूल नियम भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (ii), तारीख 8 अप्रैल, 1972 में संख्यांक का.आ. 940, तारीख 15 मार्च, 1972 द्वारा प्रकाशित किए गए थे और भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (i), तारीख 14 दिसंबर, 2018 में प्रकाशित अधिसूचना संख्यांक मा.का.नि. 1209(अ), तारीख 11 दिसंबर, 2018 द्वारा अंतिम बार संशोधित किए गए थे।

MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS
DEPARTMENT OF PERSONNEL AND TRAINING
NOTIFICATION

New Delhi, the 15th May, 2023

GSR. 374(E).—In exercise of the powers conferred by proviso to article 309 read with clause (5) of article 148 of the Constitution and after consultation with the Comptroller and Auditor General of India in relation to the persons serving in the Indian Audit and Accounts Department, the President hereby makes the following rules further to amend the Central Civil Services (Leave) Rules, 1972, namely: -

1. Short title and commencement.—(1) These rules may be called the Central Civil Services (Leave) (Amendment) Rules, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Central Civil Services (Leave) Rules, 1972 (hereinafter referred to as the said rules), in rule 43-AA, in sub-rule (1), for the portion beginning with the words “surviving children, on valid adoption” and ending with the words “six months from the date of valid adoption”, the following shall be substituted, namely: -

“surviving children, on accepting a child in pre-adoption foster care or on valid adoption of a child below the age of one year, may be granted Paternity Leave for a period of 15 days, within a period of six months, from the date of accepting the child in pre-adoption foster care or on valid adoption, as the case may be: -

Provided that in a case where the pre-adoption foster care is not followed by valid adoption of the child, the Paternity Leave already availed shall be debited from any other kind of leave available to the credit of such male Government Servant”.

3. In the said rules, in rule 43-B, in sub-rule (1), for the portion beginning with the words “surviving children, on valid adoption” and ending with the words “after the date of valid adoption”, the following shall be substituted, namely: -

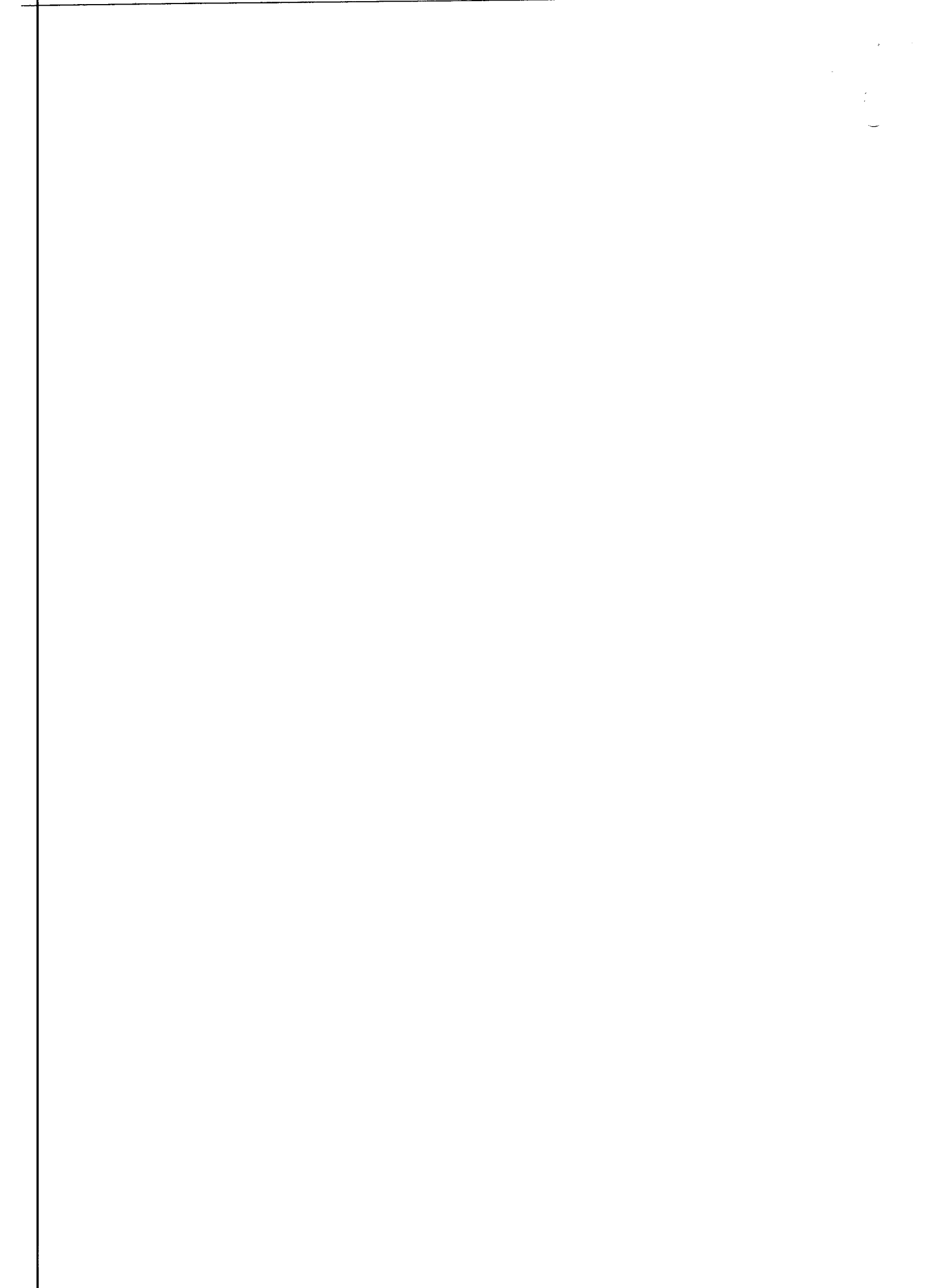
“surviving children; on accepting a child in pre-adoption foster care or on valid adoption of a child below the age of one year, may be granted child adoption leave, by an authority competent to grant leave, for a period of 180 days, immediately after accepting the child in pre-adoption foster care or on valid adoption, as the case may be:

Provided that in a case where the pre-adoption foster care is not followed by valid adoption of the child, the leave already availed shall be debited from any other kind of leave available to the credit of such female Government Servant”.

[F.No. A-24011/6/2023-Estt. (Leave)]

MANOJ KUMAR DWIVEDI, Addl. Secy.

Note : The principal rules were published in the Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (ii), dated 8th April, 1972 *vide* number S.O. 940, dated the 15th March, 1972 and last amended *vide* notification number G.S.R. 1209(E), dated the 11th December, 2018 published in the Gazette of India, Extraordinary, Part II, Section III, Sub-section(i), dated the 14th December, 2018.



No.F.1/6/2023-PPD
Government of India
Ministry of Finance
Department of Expenditure
Procurement Policy Division
513, Lok Nayak Bhawan, New Delhi,
24.05.2023.

OFFICE MEMORANDUM

Subject: Proportionality in Performance Security for multiyear service contracts.

This Department is in receipt of representation from the industry regarding amount of Performance Security (PS) amount being sought by procuring entities in case of service contracts spanning over multiple number of the years. In such cases, PS is retained by the procuring entities over the complete contract period, which may be of 5-7 years or may be more.

2. The right quantum of performance security has to strike a balance between protecting the procuring entity's interest in case of default in performance vs. avoiding increase in tendered price and /or reduced competition. If the security is low, the entity may be adversely affected if and when default occurs. If it is high, the extra financial cost of furnishing such security will be factored in by bidders when quoting prices & hence the cost may increase.

3. In this context, it is clarified that the Rule 171 (i) of the General Financial Rules (GFRs), 2017 states as follows:

To ensure due performance of the contract, Performance Security is to be obtained from the successful bidder awarded the contract. Unlike contracts of Works and Plants, in case of contracts for goods, the need for the Performance Security depends on the market conditions and commercial practice for the particular kind of goods.

Therefore, sufficient flexibility is already available in the GFRs to design the performance security for procurement of services, both value and duration, duly considering the market conditions and commercial practice for the particular kind of service.

4. Further to above, procuring entities may consider to proportionately keep reducing performance security in proportion to the balance service period, wherever feasible.

5. Wherever, it is decided to take lower or proportionally reducing PS, tender conditions may be suitably modified for the future cases.

6. This issues with the approval of Finance Secretary.

Usha Rani
24/05/2023
(Usha Rani)

Under Secretary(Procurement Policy)
Tel.No. 23621304;Email: usha.rani64@gov.in

To
Secretaries of All Ministries/ Departments of Government of India for information and necessary action.

**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

I/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.

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 if:
 - 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 | 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 |

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 |

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:

Date for next session:

Therapist

Supervised by (if applicable)

File No: S.11030/120/2022-EHS
Government of India
Ministry of Health & Family Welfare
EHS Section

Nirman Bhawan, New Delhi
Dated 16.05.2023

OFFICE MEMORANDUM

Subject: Guidelines regarding reimbursement of Continuous Subcutaneous Insulin Infusion (CSII) Pump Therapy under CGHS/CS(MA) Rules, 1944 - regarding

The undersigned is directed to refer to representations seeking permission/ex-post facto approval for use /reimbursement of Insulin Pump under CGHS/CS(MA) Rules. This matter has been examined by a Committee of Experts, of the Directorate General of Health Services, in the field. Based on the recommendations of the Expert Committee; this Ministry has framed following guidelines for use/reimbursement of Cost of Insulin Pump:

A. ELIGIBLE PATIENTS

The following criteria must be met:

- i. Patients with Type -I Diabetes
- ii. Duration of diabetes greater than 2 years
- iii. The child and family have received adequate diabetes education at a centre experienced in taking care children with Type-I, Diabetes Mellitus.
- iv. Despite multiple daily doses of Insulin and proper adherence to diet in last 6 months, HbA1C level is not below 8.5 %.
- v. Recurrent and unexplained hypoglycemia on multiple doses of insulin despite proper adherence to diet in last 6 months.

B. PREREQUISITES

Should be on multiple daily doses of Insulin (basal bonus) therapy for a minimum of 6 moths. During the period there should be

- i. At least 2 HBA1c readings over these 6 months
- ii. Strict Self- monitoring Blood Glucose (**SMBG**) with minimum 4 readings or be on Continuous Glucose Monitoring System(**CGS**)
- iii. Should have a concept of carbo-counting (Counting number of grams of Carbohydrate in a meal) and its application in diabetes management, as certified by the treating pediatric endocrinologist / endocrinologist/ diabetes clinic specialist
- iv. The family can understand pump usage, to calculate bolus and basal insulin doses as required, and has demonstrated motivation to follow guidelines related to SMBG monitoring and diet.
- v. Regular follow-up with a pediatric endocrinologist / endocrinologist/ diabetes clinic specialist
- vi. No history of psychiatric illness in patient.

C. APPROVAL

A committee under the chairpersonship of Addl. Director General with 2-3 pediatric endocrinologists / endocrinologists/ diabetes clinic specialists as members will examine each request, on case to case basis, as per the guidelines. The cases, which may not be covered under these guidelines, to be taken up, on case to case basis.

- In case of CGHS beneficiaries, Additional Director (R&H) / Addl DDG(HQ) , CGHS shall be Member Secretary.
- In case of CS(MA) beneficiaries, Chief Medical Officer of MG Section shall be the Member Secretary.
- The concerned Ministry / Department of the serving central Government employees in CGHS covered cities shall forward the requests for permission to the Additional Director, CGHS of city concerned.
- Pensioner shall submit their request to their parent CGHS Wellness Centre to which they are registered and that request will be further sent to Additional Director, CGHS of the city concerned, for consideration.
- In case of CS(MA) beneficiaries the concerned Ministry / Department of the serving central Government employees shall forward the requests for permission to the Under Secretary , EHS Section , Ministry of Health & Family Welfare.

D. VALIDITY

- a. Initial approval shall be for one year. Both basic as well as sensor augmented Insulin Pumps may be considered as prescribed by treating endocrinologist.
- b. Re-approval will be done only if the following criteria are met:
 - i. Regular follow-up (at 3-month intervals at least) during the past one year.
 - ii. Regular self monitoring of blood glucose (SMBG).
 - iii. HbA1c test every 3 months over past one year with at least two HbA1c values below 8.5%.
- c. If re-approval is not granted as above, the patients can re-apply after 6 months, if he/she meets these criteria - HbA1c less than 8.5% at least one in last 6 months.

E. CEILING RATE FOR CONTINUOUS SUBCUTANEOUS INSULIN INFUSION (CSII) PUMP THERAPY UNDER CGHS/CS(MA) RULES

- Ceiling rate for basic version of Insulin Pump are fixed at 2 Lakhs.
- Ceiling rate for a sensor-augmented Insulin Pump are fixed at Rs. 3.0 Lakhs.
- In addition, the monthly cost for the consumables is fixed at Rs 5,000/- (reservoir, infusion set and Insulin).

2. These guidelines issues with the approval of competent authority and concurrence of IFD vide CD No. 385 dated 15.05.2023.

(Hemlata Singh)

Signed by

Hemlata Singh

Date: 16-05-2023 11:25:17

**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)/ID (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
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/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.

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No. 36012/1/2020-Estt. (Res-II)
Government of India
Ministry of Personnel, Public Grievances & Pensions
Department of Personnel & Training

North Block, New Delhi- 110 001

Dated the 26th April, 2023.

Office Memorandum

Subject: Litigation involving reservation in promotion to Persons with Benchmark Disabilities (PwBD)-regarding

The undersigned is directed to say that in pursuance of the Order, dated 28.9.2021 delivered by the Hon'ble Supreme Court of India in the 'Application for Clarification' in the matter of '*Siddaraju vs. State of Karnataka*' in the Civil Appeal No.1567/2017 and in pursuance of the provisions contained in Section 34 of the Rights of Persons with Disabilities Act, 2016, this Department has issued detailed guidelines for providing reservation in promotions to Persons with Benchmark Disabilities (PwBDs), vide O.M. No.36012/1/2020-Estt (Res.-II), dated 17.5.2022. However, before the issuance of the aforesaid O.M., dated 17.5.2022, certain contempt petitions had been filed by some affected parties. In addition, there are certain Orders given by Hon'ble High Courts and Hon'ble Supreme Court of India directing the Government to implement their orders in the matter of reservation in promotion for PwBDs. There may be some other cases also which may have been filed by the affected parties in various Courts before the issuance of the aforementioned O.M., dated 17.5.2022, and some directions might have been issued by different Courts which have not been brought to the notice of this Department.

2. It is stated that the judgment/orders given by the Hon'ble Courts are required to be complied with within the time frame given by the Hon'ble Courts. In case, any Department finds any difficulty in implementing the order of the Hon'ble Court, the Department is required to consult the Department of Legal Affairs in the matter and file a suitable affidavit before the Court of Law within time bringing out the difficulties being faced by it in implementing the said order. However, it is not appropriate to neither implement the Order of the Hon'ble Court nor to bring it to the notice of the Hon'ble Court within the time frame indicating the difficulty in implementing the order in such case. In one such case, it has come to the notice of this Department that neither the order of the Hon'ble Court was implemented nor any legal remedy was sought on the said order, which invited the displeasure of the Hon'ble Court.

3. In view of the above, all the Ministries/Departments of the Government of India, including their attached/subordinate offices,

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CPSEs, autonomous bodies and other organizations are requested to ensure that all such cases, where the Hon'ble Court has given some directions, may be examined for implementation of the same and in case of any difficulty in implementing such orders of the Hon'ble Courts, appropriate legal remedy may be obtained in consultation with Department of Legal Affairs within the time frame provided by the Hon'ble Court and submit an affidavit before the Hon'ble Court explaining the difficulty in implementing the orders passed by the Hon'ble Court.

4. It is also stated that this Department has issued instructions to all the Ministries/Departments regarding handling of Court cases by them, vide OM No. 28027/1/2016-Estt. A.III, dated 16.03.2016 (copy enclosed). It is reiterated that the Department of Personnel and Training is the nodal Department that formulates policies on service matters and issues instructions on reservation matters from time to time. These instructions are to be followed by the Ministries/Departments of the Central Government scrupulously. All the Court cases filed by employees have to be defended on the basis of the facts available with the Administrative Ministry/Department concerned, keeping in view the instructions issued on the subject by this Department. Attention is also invited to the Cabinet Secretariat's D.O letter, dated 25.02.1994, and 16.06.2016 (copies enclosed), addressed to all the Secretaries to the Government of India, requesting that a common counter reply may be filed in each case, unless otherwise directed by the Court, so that the different Departments do not take divergent positions/individual interpretation in court cases.

5. This issues with the approval of Secretary (P).

Encls. As above.


(Debabrata Das)

Under Secretary to the Government of India

To

1. The Secretaries of all the Ministries/Departments of the Government of India for ensuring strict compliance of the above instructions.
2. The Secretary, Department of Financial Services, Jeevan Deep Building, Sansad Marg, New Delhi.
3. The Secretary, Department of Public Enterprises, Lodhi Estate, CGO Complex, New Delhi.
4. The Secretary, Railway Board, Ministry of Railways, Rail Bhawan, New Delhi.

5. The Secretary, Union Public Service Commission, Shahjahan Road, New Delhi.
6. The Secretary, Staff Selection Commission (HQ), CGO Complex, Lodhi Road, New Delhi.
7. Office of Comptroller and Auditor General of India, 10, Bahadurshah Zafar Marg, New Delhi.
8. Supreme Court of India/Election Commission of India/ Lok Sabha Secretariat/ Rajya Sabha Secretariat/ Cabinet Secretariat/ Central Vigilance Commission/ President's Secretariat/ Vice President's Secretariat/ Prime Minister's Office/ Niti Aayog.
9. Office of Chief Commissioner for Persons with Disabilities (Divyangjan) 5th Floor, NISD Building, Plot No. G-2, Sector-10, Dwarka, New Delhi-110075.
10. The Director, ISTM.

Copy also to:

1. The Director (AIS), DoPT. *Rej Kumar 26/4/23*
2. The Director (Admn), DoPT
3. Deputy Secretary (CS-I), DoPT, Lok Nayak Bhawan, New Delhi.
4. Deputy Secretary (CS-II), DoPT, Lok Nayak Bhawan, New Delhi.

Amind
26/4/23

P/C

