

**HARYANA POWER GENERATION CORPORATION LIMITED**

AN ISO:9001,ISO:14001 &amp; OHSAS:45001 CERTIFIED COMPANY

Regd. Office: C-7, URJA BHAWAN, SECTOR-6, PANCHKULA.

Corporate Identity Number:- U45207HR1997SGC033517

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HPGCL

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Office Order No. **273** /CE/Admn.Dated:- **24** 02.2026

HPGCL is pleased to adopt notification no. 2/173/2023-1HB-III dated 10.10.2024 **(Copy Enclosed)** regarding the reimbursement of Occupational Therapy, Speech Therapy and Applied Behaviour Analysis (ABA) based behavioural therapy, Autism Spectrum Disorder (ASD)/Non-autistic person/children with ADHD and specific learning disabilities for the Employees/Pensioners and their dependent of HPGCL.

This issue in pursuance to the decision taken by Whole Time Directors, HPGCL in its 112<sup>th</sup> meeting held on 09.02.2026.

DA/As Above.

(Sidharth Choudhary)

Dy. Secy./Genl.

for Chief Engineer/Administration  
HPGCL, Panchkula.Endst. No. Ch- **158** GB/HPGC-536 (Vol-III) /**2543**Dated:- **24** 02.2026.

A copy of above is being forwarded to the following for information and necessary action, please.

1. All Chief Engineers in HPGCL.
2. Chief Accounts Officer, HPGCL, Panchkula.
3. Company Secretary, HPGCL, Panchkula w.r.t memo dated 20.02.2026 (under agenda no. 112.28).
4. LR, HPU, Panchkula.
5. SE/Technical (HQ), HPGCL, Panchkula.
6. XEN/FTPS, HPGCL, Faridabad.
7. All FAs & CAOs in HPGCL.
8. XEN/IT, HPGCL, Panchkula for uploading the same on ~~HPGCL~~ website, please.
9. All Dy. Secy./Under Secy./Admn., Officer in HPGCL.
10. The Sr. Consultant (Medicine), HVPNL, Panchkula.

DA/As Above

(Sidharth Choudhary)

Dy. Secy. /Genl.,

for Chief Engineer/Administration  
HPGCL, Panchkula.

CC:-

1. SPS to Managing Director, HPGCL, Panchkula.
2. SPS to Director/Finance, HPGCL, Panchkula.
3. SPS to Director/Technical-I/II/III, HPGCL, Panchkula.
4. PS to CE/Admn., HPGCL, Panchkula.
5. SE/Admn., HPGCL, Panchkula.



# Haryana Government Gazette

## EXTRAORDINARY

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No. 155-2024/Ext.] CHANDIGARH, THURSDAY, OCTOBER 10, 2024 (ASVINA 18, 1946 SAKA)

HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 10th October, 2024

No. 2/173/2023-IIB-III.— In continuation of State Government Notification No. 2/173/2023-IIBIII dated 11-01-2024, the State Government has decided to adopt the guidelines for reimbursement of Occupational Therapy, Speech Therapy and Applied Behaviour Analysis (ABA) based behavioural therapy for Haryana Government regular employees, pensioners and their dependents, suffering from Autism Spectrum Disorder (ASD), Non-autistic person/children with ADHD and specific learning disabilities, as mentioned in the OM No. S.11030/86/2022-EHS dated 01.05.2023.

This issues with the concurrence of Finance Department conveyed vide their U.O. No.2/1/2022-1FDII/14232, dated 16-07-2024.

SUDHIR RAJPAL,  
Additional Chief Secretary to Government Haryana,  
Health Department.

11340 -CS--HGP, PKI

(3356)

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"> <li>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</li> <li>Must be registered as a Clinical Psychologist with Rehabilitation Council of India and SMHA (State Mental Health Agency) (wherever applicable) Mandatory</li> </ul>
	Rehabilitation Psychologist	<ul style="list-style-type: none"> <li>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.</li> <li>Must be registered as a Rehabilitation Psychologist with RCI (Rehabilitation Council of India) Mandatory</li> </ul>
Speech Therapy	Speech Therapist	<ul style="list-style-type: none"> <li>B. Sc. Degree in Speech and Language Sciences or Bachelor in Audiology, speech and Language Pathology (BASLP) or its equivalent from a recognized University.</li> <li>Registered with RCI (Mandatory)</li> </ul>
Occupational Therapy	Occupational Therapist	<ul style="list-style-type: none"> <li>Bachelor of Occupational Therapy from a recognized University/Institute.</li> <li>Must also be registered with Central/State Statutory body (Mandatory).</li> </ul>
Special Education	Special Educator	<ul style="list-style-type: none"> <li>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</li> <li>Registered with RCI (Mandatory)</li> </ul>

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)



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## EXTRAORDINARY

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No. 8-2024/Ext.] CHANDIGARH, THURSDAY, JANUARY 11, 2024 (PAUSA 21, 1945 SAKA)

HARYANA GOVERNMENT

HEALTH DEPARTMENT

Notification

The 11th January, 2024

No. 2/173/2023-III-B-III.— The State Government has decided to revise the list of chronic diseases issued vide instruction no. 2/640/2003-III-B-III, dated 08.06.2005 for the purpose of medical reimbursement. The revised list of chronic diseases is tabulated as below:-

Sr. No.	System	Disease/Medical Condition
1	Cardiovascular System	<ul style="list-style-type: none"><li>• Coronary Artery Diseases</li><li>• Chronic Heart Diseases (Congenital or acquired), including Cardiomyopathy &amp; Heart Failure.</li><li>• Hypertensive Heart Disease (Hypertension with end organ damage e.g. renal involvement)</li><li>• Chronic Cardiac Dysrhythmias</li></ul>
2	Respiratory System	<ul style="list-style-type: none"><li>• Chronic Obstructive Pulmonary Disease (COPD)</li><li>• Interstitial Lung Disease (ILD)</li><li>• Cystic Fibrosis</li><li>• Bronchial Asthma</li></ul>
3	Liver & GIT	<ul style="list-style-type: none"><li>• Ulcerative Colitis</li><li>• Crohn's Disease</li><li>• Celiac Disease</li><li>• Cirrhosis of Liver</li><li>• Chronic Hepatitis 'B'</li><li>• Chronic Hepatitis 'C'</li><li>• Chronic Pancreatitis</li></ul>
4	Urology & Kidney	Chronic Renal Failure

(57)

5	Nervous System	<ul style="list-style-type: none"> <li>• Epilepsy</li> <li>• Paraplegia/ Quadriplegia/ Hemiplegia</li> <li>• Parkinson's Diseases</li> <li>• Degenerative Disorders of Nervous System e.g. Motor Neuron Disease</li> <li>• Chronic Demyelinating disorders of central &amp; peripheral nervous system.</li> <li>• Autism Spectrum Disorders</li> </ul>
6	Brain Tumors & CVA	<ul style="list-style-type: none"> <li>• Brain Tumors</li> <li>• Intracranial space occupying lesions</li> <li>• Cerebral Vascular Accident (CVA)</li> </ul>
7	Endocrine System	<ul style="list-style-type: none"> <li>• Diabetes Mellitus</li> <li>• All endocrinopathies requiring lifelong substitution of hormones or therapy to control excessive production of hormones e.g. <ul style="list-style-type: none"> <li>➤ Hypothyroidism</li> <li>➤ Hyperthyroidism</li> <li>➤ Addison's Disease</li> <li>➤ Cushing Syndrome</li> </ul> </li> </ul>
8	Musculoskeletal System	<ul style="list-style-type: none"> <li>• Rheumatoid Arthritis</li> <li>• Osteo-Arthritis</li> <li>• Multiple Sclerosis</li> <li>• Myasthenia Gravis</li> <li>• Ankylosing Spondylitis</li> <li>• Myopathies</li> <li>• Kyphosis/Scoliosis/Kyphosecoliosis</li> <li>• Spina Bifida with neurological deficit</li> </ul>
9	Haematology	<ul style="list-style-type: none"> <li>• Thalassemia</li> <li>• Haemophilia</li> <li>• Aplastic Anaemia</li> <li>• Cyclic Neutropenia</li> <li>• Myelodysplastic disorders</li> <li>• Myeloproliferative disorders</li> </ul>
10	Dermatology	<ul style="list-style-type: none"> <li>• Psoriasis</li> <li>• Chronic Eczema</li> <li>• Vitiligo</li> <li>• Hidradenitis Suppurativa</li> <li>• Chronic Spontaneous Urticaria</li> <li>• Lamellar Icthyosis</li> </ul>
11	Cancers	All types of Malignancies
12	Psychiatry	<ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Bipolar Disorder</li> <li>• Severe Obsessive Compulsive Disorder</li> <li>• Dementia</li> </ul>
13	Ophthalmology	Glaucoma

14	Immunological disorders	AIDS
15	Autoimmune & Connective Tissue Disorders	<ul style="list-style-type: none"> <li>• Wegner's Granulomatosis</li> <li>• Scleroderma</li> <li>• Systemic Lupus Erythematosus (SLE)</li> <li>• Polyarteritis Nodosa</li> <li>• Sjögren's Syndrome</li> </ul>
16	Organ Transplantation	Post Organ transplantation status (Heart/Liver/Kidney/Lung/Intestine)
17	Rare Diseases	As notified under the 'National Policy for Rare Diseases, 2021' and amendments thereof. The diagnosis shall be confirmed at any of the designated 'Centres of Excellence'.
18	Any other medical condition/ disease	Any other medical condition of chronic nature, certified by duly constituted Medical Board of AIIMS Delhi or PGIMER Chandigarh and counter signed by Director/Medical Superintendent of such institute, shall also be considered as chronic disease.

The terms and conditions laid down in the Reimbursement Policy w.r.t. Chronic Diseases issued *vide* letter no. 2/54/2020-1113-111 dated 14.07.2020 and amendment dated 06.07.2021 shall remain same and this will come into force with immediate effect.

This issues with the concurrence of Finance Department conveyed *vide* their U.O. No. 2/1/2022-2110-11(A)/27130 dated 02.01.2024.

DR. G. ANUPAMA,  
Additional Chief Secretary to Government Haryana,  
Health Department.



HPGCL

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Telephone No.0172-5023425

Fax No.0172-5022434

Office Order No. ( ) /CE/Admn.

Dated:-

30.01.2024.

HPGCL is pleased to adopt the revised list of chronic diseases issued by Additional Chief Secretary to Government Haryana, Health Department vide notification no. 2/173/2023-1HB-III dated 11.01.2024 for the purpose of medical reimbursement for the Employees/Pensioners and their dependent of HPGCL.

This issue in pursuance to the decision taken by Whole Time Directors, HPGCL in circulation.

DA/As Above.

(Varun Kumar)  
Dy. Secy./Genl.  
for Chief Engineer/Administration  
HPGCL, Panchkula.

Endst. No. Ch-

67 GB/HPGC-536 (Vol-III) / 8629

Dated:-

30.01.2024

A copy of above is being forwarded to the following for information and necessary action please.

1. All Chief Engineers in HPGCL.
2. Controller of Finance, HPGCL, Panchkula.
3. Controller of Accounts, HPGCL, Panchkula.
4. Company Secretary, HPGCL, Panchkula.
5. LR, HPUs, Panchkula.
6. SE/Technical (HQ), HPGCL, Panchkula.
7. SE/FTPS, HPGCL, Faridabad.
8. All FAs & CAOs at HPGCL, Projects,
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DA/As Above

(Varun Kumar)  
Dy. Secy. /Genl.  
for Chief Engineer/Administration  
HPGCL, Panchkula.

CC:-

1. Sr. PS to Managing Director, HPGCL, Panchkula.
2. Sr. PS to Director/Finance, HPGCL, Panchkula.
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