

Draft Guidelines for standardisation of Therapy Centres in the area of Disabilities.

As per the Rights of Persons with Disabilities Act 2016. Section 50, “no person shall establish or maintain any institution for persons with disabilities except in accordance with a certificate of registration issued in this behalf by the competent authority” Hence Department of Social Justice is bringing out a guidelines for registration and standardisation of Therapy Centres, working for persons with disabilities in the State.

In this context a draft guideline is hereby publishing and inviting comments and suggestions from all stake holders through email to therapy.kssm@gmail.com on or before 6th February 2019. Please click the link below for draft guidelines

Draft Guideline for Standardisation of Therapy centres

Introduction

People with disabilities often face disadvantages in the form of poor health, lower educational and developmental achievements, low economic status and poverty, worldwide. Children with disabilities are more vulnerable group. According to 2011 census, there are about 26,242 children with disabilities in the age group of 0-6 years in Kerala of which 54.1% are male and 45.9% are females. Persons with Disabilities and their parents face different physical (structural), emotional, economic, psychological, educational, cultural, health & medical issues in their daily life and a myriad of economic challenges. Each category of the disability poses a different set of problems. Their state of affairs becomes more complex when disability combines with poverty and exclusion.

In Kerala, care for the children with disabilities is primarily provided by the family members. Children with intellectual disabilities, autism etc. require special attention and care from both family and the society. There are evidences which suggest that the family members also experience difficulties in caring children with disabilities due to lack of proper knowledge regarding the condition of their child. Mothers who take care of the children with disabilities often develop strain and stress. Inadequate social support also reduce their ability to take care of the disabled child and thereby affecting the functioning of the entire family. It is crucial to provide training and mental support for the parents/ caretakers of differently abled to reduce their level of strain and equip them with proper knowledge and skill to take care of their children with disabilities with positive attitude.

Most of these disabilities demand lifelong therapies which will be a financial burden for many poor families. Early screening and identification of the disabilities are important to treat it timely and make the child more productive in doing day to day activities of living. Therapies would improve their skills so that they can survive in the society. Early screening and comprehensive intervention modalities can improve the mobility of many children with disabilities to a greater extent especially children with autism and other neurodevelopment disorders. The role of therapy centres will be to improve the quality of life of children with disabilities. Physiotherapy, Occupational Therapy, Speech therapy are proved to be effective in the rehabilitation of the disabled to provide them with maximum quality of life. But the caretakers are abstaining from continuing the therapies due to various reasons such as accessibility issues, financial barriers, lack of knowledge of the caretaker of the child regarding the medical condition and caring options, parents are clueless about the therapy methods, lack of social support, psychological issues of caretakers, approach of the therapists towards the children with disability, abuses faced by children from various therapy centres

Need for the therapy centres/Rationale

A therapy centre providing comprehensive quality care which caters the need of the children with disabilities at an affordable cost needs to be envisaged. But, the current scenario is that the needy people are not getting the quality care due to following reasons:

- Mushrooming of private therapy centres which are either attached to hospitals or as separate centres are usually money driven which are unaffordable
- Therapy centres in the Government sectors are scarce to cater the needs of the persons with disabilities.
- The quality of therapy and the services provided varies across the centres and there is not a standard criterion to ensure the minimum standard of therapy centres.
- Proper goal setting is lacking in most of the centres leading to never ending therapy sessions
- Therapies are not time bound and hence it results in loss of money and no notable improvement in child
- Most of the centres are not registered or accredited.
- Cold approach of the therapists towards the children with disability
- Abuses faced by children and parents from various therapy centres
- Lack of adequate regulatory mechanism for therapy centres
- Lack of proper training for the parents regarding the medical condition, caring involved, therapies etc. for the children with disabilities
- Unscientific training by non-professionals

Government would like to address these issues with caution by empowering therapy centres across the state, to ensure equity in the provision of standard, innocuous, affordable and accessible services to the neediest children with disabilities. Government empanelled therapy centres will assure minimum facility, minimum human resource and minimum service provision.

Objectives

1. To establish Government empanelled model therapy centres across the state.
2. To ensure quality services to the children with disabilities irrespective of their economic status.
3. To provide accreditation for all the therapy centres in the State.

Methodology

- I. **Workshop to formulate guidelines**
 - a. Meeting with Beneficiaries
 - b. Meeting with Industry Players
 - c. Meeting with all the Stakeholders including Service Providers

State level workshops conducted to formulate guidelines and to ensure minimum standard of care provided in the therapy centres (Infrastructure, manpower, services). NGOs, Non Profit Organizations and resource persons working in the field of disability were invited for the workshop. Community participation ensured by LSGD representatives. Based on the debate and discussions, standard guidelines formulated.

Therapy Centres can be the Centre for excellence in each of its services rendered. Once the disability of a child is detected it is essential that Persons with disabilities shall be provided with proper medical support and appropriate therapies after proper medical opinion, so that their disability can either be corrected or the magnitude and manifestations of the disability can be minimized. In order to accomplish this situation, the children with disabilities have to undergo various therapies like physiotherapy, occupational therapy, development therapy, speech and language therapy, psychological therapy, etc depending the nature and severity of the disability. Along with this process their parents are also be trained in various aspects of follow up and to develop confidence to them. This refers to a wide range of practices and supports in different times and depending on the nature and gravity of disability. The intervention shall be designed in such a way that it suits the level of functioning and development, developmental age and condition of the disabled. Therefore therapy services become the integral part of disability management. Therapy includes a wide range of tools, services and teaching methods. Depending on the nature and severity of disability appropriate therapy, duration frequency, etc are decided and practiced.

Therapy centres specialised in Autism, Locomotor Disability, Intellectual Disability, Speech & Hearing Impairment and Activities of Daily Living (ADL) are to be shaped. All therapies should be given after proper assessment and evaluation of the child by concerned medical specialist like physiatrist, ENT Specialist, Psychiatrist etc depending on the case. Periodic re-evaluation should be done by these professionals to track the progress of the child by modifying the existing goal, if required.

1. **Therapy for Locomotor Disability (Physiotherapy & Occupational Therapy)**

Physiotherapy focuses on improving gross and fine motor skills, balance & coordination, and strength and endurance. After assessment and evaluation of the child by a physiatrist, the therapist will provide appropriate therapy to improve muscle and joint function mobility, strength and endurance, posture and balance

Occupational Therapy focuses on enabling people to participate in the meaningful activities of everyday life. Occupational therapists address barriers to participation brought about by lack of skills and abilities, features of the activities, or lack of environmental supportiveness. The basic philosophy of occupational therapy states that engagement in meaningful occupations promotes health, well-being and quality of life.

2. **Speech and Language Therapy**

Speech therapy is a clinical program aimed at improving speech and language skills and oral motor abilities like feeding, talking etc. This means talking, using sign language, or using a communication aid. Children who are able to talk may work on making their speech clearer, or on building their language skills by learning new words, learning to speak in sentences, or improving their listening skills.

3. Therapy for Autism & Intellectual Disability

Autism is one of five developmental disorders included under the umbrella of the Pervasive Developmental Disorders. Autism is characterized by deficits in social interaction and communication, and unusual and repetitive behaviour. Cognitive abilities in people with autism vary between those with average to above average intelligence, to borderline and mild mental retardation, and others who function within the moderate to profoundly mentally retarded range.

Parents / Family members are the best teachers and trainers as far as intellectually disabled are concerned. By providing proper training to them in home based care and methodology of therapy practices, they can be effectively utilized as care takers of their own children/ siblings etc and their services shall be shared to others also with similar disabilities. The therapy centre for Intellectually Disabled and Autism can

- Facilitate the learning of skills and functions essential for adaptation to social environment
- Promote individual's participation in activities of daily living, self defined occupations by means of occupational therapy
- Accomplish certain task to restore support and enhance performance

In most cases of disability continuous therapy is required, perhaps it is lifelong. The therapy is to be provided by using necessary equipments and under the guidance of a qualified Therapist. Continuous practice is essential for obtaining better result and improvement.

II. Registration & Grading:

The therapy centres are to be registered under Section : 49, 50, 51 of Rights of Persons with Disabilities Act 2016.

Section 49 : Competent authority : - The State Government shall appoint an authority as it deems fit to be a competent authority for the purposes of Registration of Institutions and Grants to such institutions.

Section 50 : Registration : - Save as otherwise provided under this Act, no person shall establish or maintain any institution for persons with disabilities except in accordance with a certificate of registration issued in this behalf by the competent authority.

Section 51 : - Application and grant of certificate of registration : - Every application for a certificate of registration shall be made to the competent authority in such form and in such manner as may be prescribed by the State Government.

The centres will be classified based on the infrastructure, Services and HR and will be grouped based on the standard guidelines. The centres will be categorised as Primary, Secondary and Tertiary based on their performance and quality in the service provision (Service, infrastructure, manpower) where Tertiary will be the best performing centre and primary will be the centre with minimum facility

- Primary Therapy Centre - Benchmark (Basic)
- Secondary Therapy Centre - Advanced
- Tertiary Therapy Centre - State of the Art (Excellent)

III. Beneficiary Categorization:

Persons with disabilities may be classified into A, B & C categories for the payment of fees :

Category A : - Government approved rates

- a) Person/Children with disabilities
- b) Annual Family income above Rs. 2 Lakhs.

Category B : - 50% of Government approved rates

- a) Person/Children with disabilities
- b) Annual Family income below Rs. 2 Lakhs.

Category C : - Free

- a) Person/Children with disabilities
- b) Belong to BPL Family.

IV. General Guidelines

i. Infrastructure

The physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors. It shall be situated in a place having clean surroundings and shall comply with local laws in force, if any from time to time. The minimum space requirements for carrying out the basic functions of the facility are given separately in each section under primary, secondary and tertiary.

The area shall be well illuminated, ventilated and clean with adequate water supply, toilet facility and rest room. The total area requirement can be broadly classified into two categories viz. Common Area and Treatment area. The common area shall

include facilities such as reception and waiting area. The treatment area shall include space requirements for main equipment and for ancillary services.

The facility shall be adequately provided with working space to allow orderly and logical placement of equipment, material and movement of personnel so as to maintain safe operations. The space requirement in treatment area shall be as per the scope of service and workload.

Common area can be shared between the different divisions/sections of the centre or establishment. Within the centre various work sections can also share the resources and space, without compromising the quality of work.

The centre shall have a prominent board/signage displaying the name of the centre in local language at the gate or on the building.

The following signage shall be well displayed in the centre

- a. Name of Medical Professional - Physiatrist, ENT Specialist, Paediatrician, Psychiatrist etc. should be displayed
- b. Name of the professional giving therapy service with qualification and display RCI registration number
- c. List of services provided and fee structure
- d. Timings of the center (For ex - from 9am -5pm)

ii. Furniture & Fixtures

Furniture and fixtures shall be available in accordance with the activities and workload of the centre. The furniture and fixtures shall be functional all the time.

iii. Equipment/Instruments

- The centre shall have essential equipment required for the therapy
- Requirement of other equipment as per the scope of service and work load should be made available
- Adequate space for storage of equipment
- All equipment shall be in good working condition at all times
- Periodic inspection, cleaning, calibration and maintenance of equipment should be done
- Subjective and Objective calibration of equipment should be done once in 6 months by the concerned company professionals and certificate of the same to be procured by the organization

iv. Human Resource

- All therapists should be registered with the concerned authorising/certifying body and shall possess a valid registration
- Should possess a valid registration number

- The services provided by the professionals should be in consonance with their qualifications, training and registration.
- Personnel record containing personal and professional information shall be maintained for each staff.
- Periodic skill enhancement/up gradation /refresher trainings shall be provided for all professionals relevant to their job profile.

v. Legal/statutory Requirements

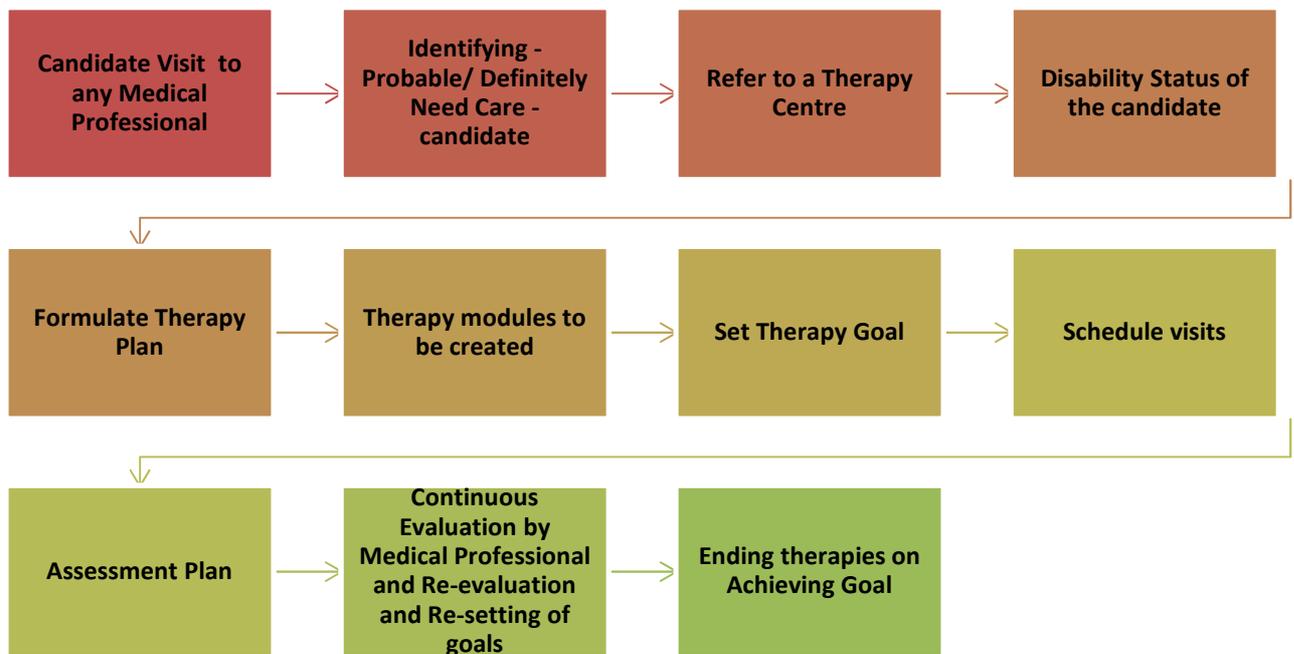
Every application must be accompanied with the documents confirming compliance with local regulations and law of Government Authority from time to time.

vi. Record Maintenance and Reporting

Each client enrolled in the organization should have a separate document comprising of assessment results, therapy plan, progress reports, etc. Copies of all records and statistics shall be kept for at least 5 years or in accordance with the RPWD Act - 2016 or government regulation.

vii. Process

- Registration: Every patient visiting the centre should be registered.
- Only cases referred by concerned specialist doctor should be given admission in a therapy centre
- Disability status of the candidates to be recorded, as per disability certificate.
- Therapy plan should be formulated
- Individual therapy module to be created for each individual
- Visits to be scheduled and to be communicated to candidate & parent/caretaker.
- Assessment and plan of care to be devised
- Periodic reassessment in regular intervals by concerned medical professional (Specialist Doctor)



viii. **Safety Considerations**

- The establishment shall make effort to take care of patient safety aspects and can maintain barrier free environment
- The establishment shall make effort to keep the centre pest and termite free.
- The establishment shall oblige to statutory safety requirement as per the law of the land. Eg. Fire.

ix. **Grievance cell/ Feedback mechanism**

Every organization should have a mechanism to address the concerns/ complaints/ feedback of parents/children with disabilities.

x. **Inspection in organizations**

Every organization shall undergo a process of inspection for recognition. Inspection is at two levels: District level & State level

❖ **District level Inspection team**

- District Social Justice Officer
- Medical Professional viz. Physiatrist/Psychiatrist/ENT Surgeon with 3 years experience.
- Concerned Senior Therapist with minimum of 5 years experience
- Secretary of Panchayat/ Municipality/ Corporation

❖ **State level Inspection team**

- Director of Social Justice
- Medical Professional viz. Physiatrist/Psychiatrist/ENT Surgeon with 5 years experience.
- A Concerned Senior Therapist with minimum of 5 years experience
- Secretary of Panchayat/ Municipality/ Corporation

xi. **Monitoring & Evaluation**

Government have the power to monitor and evaluate the activities of the therapy centre. Any action found contravening the provision of RPWD Act 2016 or State rules or regulations made thereunder, shall be punishable as per the provisions of RPWD Act 2016.

The template with requirements has been given below assuming that the needs of 10 children per day per centre will be catered

Template

Categorization of Therapy Centre for individuals with Hearing Disability

Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability

Infrastructure requirements (Space)

Primary	Secondary	Tertiary
Room for reception where patients are registered	- do -	- do -
Waiting area for clients	- do -	- do -
Room for speech and language assessments Minimum one room size of 8ft X 7 ft	- do -	- do -
Staff room Minimum size of 8ft X 7 ft	- do -	- do -
Ancillary area / space:	- do -	- do -
Ancillary area/space for storage of records, reagents, consumables, stationary etc shall be available in accordance with the workload		
Sanitary facilities- separate for staff and clinical population.	- do -	- do -
Speech therapy rooms (sound proof with full partition upto ceiling) with two way mirror (a panel of glass that can be seen through from one side and is a mirror on the other). Room should have adequate space to accommodate therapist, child and one parent.	Speech therapy rooms (partially sound treated, with carpets thick drapers/curtains) with two way mirror (a panel of glass that can be seen through from one side and is a mirror on the other). Room should have adequate space to accommodate therapist, child and one parent.	Speech therapy rooms (soundproof with air conditioned) with two way mirror (a panel of glass that can be seen through from one side and is a mirror on the other). Room should have adequate space to accommodate therapist, child and one parent.
	Sound treated audiology double room (Two room audiometric suite) for Conditioning audiometry/Pure tone audiometry, Behavioural observation audiometry/Visual Reinforcement audiometry/aided audiogram + Impedance audiometry Room should be with permissible noise level as per ANSI S3-1-1999 standards in both rooms. It should be certified by a government institutions or govt approved agency.	- do -
	One room (Patient room size should be minimum 6ft X 6 ft and audiologist room size should be minimum 6 ft x 5 ft)	- do -
	Room for Medical consultant / Psychological Counselling	Consultation room for Visiting Professionals
		Room For psychology Counselling
		Sound treated room for mapping (for children with cochlear implant) (8 ft x 8 ft) and facilities for mapping and programming of hearing aids.
		Sound treated room for Hearing aid fitting & Verification (8 ft x 8 ft)
		Sound treated audiology room for Electrophysiology Tests (BERA,OAE,ASSR) (8 ft x 8 ft)
		Earmold lab Minimum size of 8ft X 7 ft
		Outlet for dispensing hearing aid and implant accessories.
		Feeding room/baby care room.

Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability

Equipment		
Primary	Secondary	Tertiary
Test materials for assessing auditory, speech and language skills <ul style="list-style-type: none"> • Assessment of Language Development (ALD) • Functional Auditory Performance Evaluation (FAPI) • Malayalam Articulation Test Revised (MAT -R) 	- Do -	- Do -
Desirable: Malayalam Language Test(MLT), Early Speech Perception in Malayalam	- Do -	- Do -
	<ul style="list-style-type: none"> • 2 channel diagnostic audiometer with Accessories such as earphone, ear cushion combination with adjustable headband, B.C. vibrator, transducers like microphone and matching loudspeakers (minimum 1 number) 	- Do -
	<ul style="list-style-type: none"> • Clinical immittance audiometer (Desk model) with accessories (minimum 1 number) 	- Do -
	<ul style="list-style-type: none"> • Auditory training and Screening material 	- Do -
	<ul style="list-style-type: none"> • Otoscope (minimum 1 number) 	<ul style="list-style-type: none"> • Otoscope (minimum 2 numbers)
		<ul style="list-style-type: none"> • Desktop computer / Laptop
		<ul style="list-style-type: none"> • Hearing aid programming interface
		<ul style="list-style-type: none"> • Different types of Hearing Aids (Mild to strong class digitally programmable hearing aids)
		<ul style="list-style-type: none"> • Clinical BERA with ASSR (minimum 1 number)
		<ul style="list-style-type: none"> • Otoacoustic emission Screener (minimum 1 number)
		<ul style="list-style-type: none"> • Toys essential for conditioning (e.g. Stacking rings, Stacking Cups, Building blocks)

Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability		
Furniture & Fixtures		
Primary	Secondary	Tertiary
Consultation Table and chair - 1 each - in one room	- do -	- do -
Patient Chairs - Minimum of 2 - in one room	- do -	- do -
Storage Cabinet for records etc. - As per requirements in each room.	- do -	- do -
For therapy- low table and low chairs of same height in all therapy rooms or normal size table with high chair for children 1 set each in therapy room (1 table and minimum of 3 chairs)	- do -	- do -
		Air condition in audiology room -1 each

Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability		
Services		
Primary	Secondary	Tertiary
<u>Assessment (Speech and Language)</u>	<u>Assessment (Hearing, Speech and Language)</u> <ul style="list-style-type: none"> • Pure Tone Audiometry • Speech Audiometry • Behavioral Observation Audiometry / Conditioned Play Audiometry / Visual Reinforcement Audiometry • Immittance Audiometry • Speech and Language Skill assessment. 	- do -
		<u>Assessment (Hearing, Speech and Language) Additional</u> <ul style="list-style-type: none"> • Oto Acoustic Emissions (Diagnostics) • Auditory Brainstem Responses (BERA) • Auditory Steady State Responses (ASSR) • Hearing aid trial and fitting • Hearing aid programming • Cochlear implant mapping • Making of custom ear mould • Speech, Language and auditory skill assessment

<p>Intervention: Auditory verbal therapy (AVT) Auditory training and Speech & Language Intervention Speech Correction/ Remedial speech therapy Sign language teaching for children with hearing impairment (if required)</p>	<p>- do -</p>	<p>- do -</p>
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Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability

HR Requirements & specification

Primary	Secondary	Tertiary
<p>AUDIOLOGIST</p> <p>(MSc. Audiology/ MASLP)/ BASLP undergraduate with minimum 200 hours in Audiology in Clinical Competence Certificate (CCC) with RCI registration</p>	<p>AUDIOLOGIST</p> <p>(MSc. Audiology/ MASLP) with minimum 1 years of clinical experience with RCI registration BASLP undergraduate with minimum 2 years of clinical experience with RCI registration. (Desirable: Clinical experience in conducting auditory verbal therapy (AVT)).</p>	<p>AUDIOLOGIST</p> <p>(MSc. Audiology/ MASLP) with minimum 2 years of clinical experience with RCI registration. (Desirable: MSc. Audiology/ MASLP with experience in conducting auditory verbal therapy (AVT)/ BASLP with minimum 3 years of clinical experience in conducting AVT</p>
<p>SPEECH LANGUAGE PATHOLOGIST</p> <p>(MSc. Speech Language Pathology / MASLP)/ BASLP undergraduate with minimum 200 hours in Audiology in Clinical Competence Certificate (CCC) with RCI registration.</p>	<p>SPEECH LANGUAGE PATHOLOGIST</p> <p>(MSc. Speech Language Pathology / MASLP) with RCI registration (Desirable: MSc. Speech Language Pathology/ MASLP with experience in conducting auditory verbal therapy (AVT)/ BASLP undergraduate with minimum 2 years of clinical experience with RCI registration. (Desirable: Clinical experience in conducting auditory verbal therapy (AVT)).</p>	<p>SPEECH LANGUAGE PATHOLOGIST</p> <p>(MSc. Speech Language Pathology / MASLP) with RCI registration (Desirable: MSc. Speech Language Pathology/ MASLP with experience in conducting auditory verbal therapy (AVT)/ BASLP with minimum 3 years of clinical experience in conducting AVT</p>
		<p>Special Educator with qualification - Diploma/Degree in Special Education - Hearing Impairment with 1 year experience.</p>
<p>Supporting staff:</p> <ul style="list-style-type: none"> • Staff for front desk/reception • Housekeeping staff 	<p>- do -</p>	<p>- do -</p>
	<ul style="list-style-type: none"> • Clinical Psychologist (post graduate degree in clinical psychology with 1 year of experience) for counseling and behavioral modification at least once a month. 	<p>- do -</p>

	<ul style="list-style-type: none"> • Social Worker (MSW with 1 year of experience preferably in medical/ disability sector) 	<ul style="list-style-type: none"> • Social Worker (Master in Social Work with 2 years of experience preferably in medical/ disability sector)
	<ul style="list-style-type: none"> • ENT Specialist, Occupational Therapist <p><i>at least once a month</i></p>	<ul style="list-style-type: none"> • ENT Specialist, OT on consultant basis <p><i>at least once a week</i></p>
		<ul style="list-style-type: none"> • Ear mould technician with RCI registration

Template/Requirements -Categorization of Therapy Centre for individuals with Hearing Disability		
Time Schedule		
Primary	Secondary	Tertiary
<p>Intervention</p> <ol style="list-style-type: none"> Based on assessment, a therapy plan comprising of goals, activities and materials required should be prepared. The responses of the child for each goal should be documented after each session Next phase of goals should be prepared accordingly Re-evaluation after every 3 months of intervention is mandatory to track the progress of the child. <p>Client Management</p> <ol style="list-style-type: none"> Number of clients handled by single clinician (intervention)= 50 Therapy slots handled by single clinician= 3-4 slots per day Therapy sessions for each client= 2 per week Number of assessments= 1-2 per day Each individual therapy session should be of 45 minutes duration Following which home training goals and activities should be counseled to the parents Child's/Parent/ caregiver's presence is mandatory and they should be actively present in the session Home training activities suggested by therapist has to be carried out at home for better prognosis of the child. 	- do -	- do -

Template

Categorization of Therapy Centre for

individuals with

Autism

Template/Requirements -Categorization of Therapy Centre for individuals with Autism

Infrastructure& Equipment Requirements & Specification

Primary	Secondary	Tertiary
SPACE REQUIRED : 500 sqft ,The center should have essential facilities like wash basin , wash room etc	- do -	- do -
Welcoming and child Friendly in nature	- do -	- do -
Therapy room (at least 12x12 ft)	- do -	Therapy room (at least 14 x14 ft)
Family Therapy Room (12x12ft)	- do -	Family Therapy Room (14 x14 ft)
	Play therapy Room (20x20 ft)	- do -
	Consultation Room for Visiting Professional	- do -
		Room For Psychology Counselling
		Occupational Therapy Room (20 x 20 ft)
		Group Therapy Room (20 x 20 ft)
IQ assessment batteries - Seguin Form Board, VSMS, Bhatia's Battery, MISIC, WISC, BKT	- do -	- do -
Intervention Room= 8x8 table =1 Chair=3/4 Mat=1 Shelf/Cupboard=2 Room should be less crowded/Congested	- do -	- do -
	OT= Sensory Room (Minimal level for the activities) Room should be less crowded/Congested	- do -
ISAA,INCLINE-IND AIMS Modification	Assessment tools for assessing the severity of Autism, ADHD, SLD and other childhood disorders including MINI Kid, CARS, ISAA, Conner's Rating Scale, NIMHANS SLD Battery.	- do -
Assessment materials MCHAT;INCLIN-ASD;ISAA;CARS; Communication Matrix	- do -	- do -
		Appropriate materials (both computer software and paper &pencil based) for cognitive training/attention training/neuropsychological rehabilitation
		Assessment materials for special education - FACP, BASIC - MR
	Age appropriate play therapy materials to develop social and emotional skills - soft toys, situational toy kits such as kitchen set, family set, doctor set etc.	Age appropriate play therapy materials to develop social and emotional skills - soft toys, situational toy kits such as kitchen set, family set, doctor set etc.
		Age appropriate therapy materials for the use of special educator such as peg boards, puzzles, beads, charts, flashcards (for shapes, pictures, numbers, letters)
Assessment rooms intervention rooms =1 SLP- Assessment room=8x8 Table=1 Chair=4 Shelf/Cupboard=1 Equipped with test materials and accessories such as toys, mat, torch, tongue depressor for informal evaluation.	Assessment rooms and intervention rooms for each concerned professional FLOOR : cushioned or mat Furniture and Fixtures : Chairs - 3 Table - 1 Storage Cabinet - 1	SLP- Assessment /intervention room=8x8 Table=1 Chair=4 Shelf/Cupboard=1 Equipped with test materials and accessories such as toys, mat, torch, tongue depressor for informal evaluation. Intervention Room group session =10x10 desirable Either low table or bean shaped table =1 Chair=3/4 Mat=1 Mirror=1 Shelf/Cupboard=2

Template/Requirements -Categorization of Therapy Centre for individuals with Autism

Infrastructure& Equipment Requirements & Specification

Primary	Secondary	Tertiary
		Occupational therapy room 500 sqft FLOOR : cushioned Furniture and Fixtures Chairs - 3 Table - 1 Examination Table/Couch - 1 Screens - 1 Foot Step - 1 Storage Cabinet-1
Therapy mat Sensory Integration - Therapy ball, Swing, Trampoline - one each. Puzzle, Building blocks, peg board	OT Equipment Weighted blanket [48”*24” with 2 kg weight] -1 Mirror -1 , led light reflector - 1 Interactive touch and feel box - 1 Sensory/ tactile texture floor mats [set/six block] -1 Rattle toy for sensory motor [set 5 toys] -1 Brush and touch stimulation set -1 Activity fun gym [indoor] - 1 Therapy ball 60cm - 1 Therapy ball 90cm - 1 Vestibular or swing system -1 Ball pool - 1 Trampoline -1 Therapy mat (6’x6’) -1 Puzzle, Building blocks, peg board	OT Equipment Weighted blanket [48”*24” with 2 kg weight] - 1 nos Weighted jacket [small with 2 kg weight] - 1 nos Mirror ball -1 led light reflector - 1 Interactive touch and feel box -1 Sensory/ tactile texture floor mats [set/six block] -1 Rattle toy for -1 sensory motor [set 5 toys] -1 Brush and touch stimulation set -1 Activity fun gym [indoor] -1 Therapy ball 60cm- 1 Therapy ball 90cm-1 Vestibular or swing system-1 Ball pool -1 Trampoline-1 Therapy mat (6’x6’)-2 Bolster - 1 Wedges - 1 Scooter board -1 Squatting table - 1 Simple puzzle - 1 Coloured bead and cords for threading -1 Therapy mat (6’x6’)-1 Corner chair/ CP Chair - 1 standing table/slender - 1 Peg board -Graded, tripod &v dexterity -1 Thera-putty/clay -1 walkers small (Paediatric) -1
		Reception and waiting Area, ALD
		Refreshment Zone
		Toilet facility separate for staff and clients/Patients
		Nursing area/feeding area
		Sensory garden/park
		Parking area
		Play area

Template/Requirements - Categorization of Therapy Centre for individuals with Autism

Service Requirements & Specification

Primary	Secondary	Tertiary
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<p>IQ and other neuro cognitive/ psycho diagnostic assessments Applied Behaviour Analysis and other behaviour therapies Social Skills Training Family Therapy sensory integration therapy, Hand therapy and FMS , ADL Training, Developmental therapy, Therapeutic group, Cognitive training, Speech Therapy "Mother should be a part of the session Individual Session (1 hour)"</p>	- do -	- do -
		Management of Learning Disability
	Counselling Zone addressing families	- do -
	Social Skills Training	- do -
	Cognitive training, attention training and neuropsychological rehabilitation	- do -
	Play Therapy	- do -
	<p>Detailed Assessment Individual Session (1 hour) Session targeting early intervention (Intensive, minimum of 15-20 session in a month) Counselling Zone addressing families Educator service (in collaboration with the school) Knowledge Dissemination activities= conducting Seminars and Workshop Conducting Parent Awareness Program</p>	- do -
		Group Therapy

Template/Requirements - Categorization of Therapy Centre for individuals with Autism		
HR Requirements & specification		
Primary	Secondary	Tertiary
<p>SPEECH LANGUAGE PATHOLOGIST BASLP</p>	<p>SPEECH LANGUAGE PATHOLOGIST MASLP/BASLP + 2 years experience</p>	<p>SPEECH LANGUAGE PATHOLOGIST MASLP/BASLP + 3 years experience</p>

<p>Occupational Therapist</p> <p>Qualification- Bachelor of occupational therapy, from UGC recognized university(also affiliated to AIOTA), Registration : AIOTA registration ,mandatory , Experience 1 yrs/ MOT</p>	<p>Occupational therapist -1</p> <p>Qualification- Bachelor of occupational therapy, from UGC recognized university(also affiliated to AIOTA), Registration : AIOTA registration ,mandatory , Experience 1 yrs/ MOT</p>	<p>Full time occupational therapist - 1</p> <p>Qualification- Bachelor of occupational therapy/ Master of occupational therapy , from UGC recognized university (also ailiated to AIOTA), Registration : AIOTA registration- mandatory, Experience :BOT with 3 yrs/MOT with 0 yrs office assistant-1 AYA -1</p>
<p>Clinical Psychologist :(M.Phil in Clinical Psychology)/Rehabilitation psychologist (M. Phil in Rehabilitation) Psychology and RCI Registration</p>	<p>- do -</p>	<p>- do -</p>
<p>Review all Medical procedures atleast once in 3 months, assist or make them review at nearby centre where there medical professional are available (GH, Taluk/ DIEC or any govt centre/ Private Centre with proper maintenance of records in such speciality)</p>	<p>Special Educator : DEd SpED(ASD), and RCI Registration</p>	<p>Special Educator : DEd SpED(ASD), and RCI Registration</p>
	<p>Psychiatrist (Visiting) : MD Psychiatry or DPM& atleast once a month</p>	<p>Psychiatrist (Visiting) : MD Psychiatry or DPM atleast once a week</p>
	<p>Pediatrician(Visiting) : MD in pediatric or DCH atleast once a month</p>	<p>Pediatrician(Visiting) : MD in pediatric or DCH atleast once a week</p>
	<p>Physiatrist(Visiting) ; MDPMR/DPMR - to do goal setting once in 3 months ADL & Locomotor Disability Associate</p>	<p>Physiatrist (Visiting) - Atleast once a month</p>
	<p>Social Worker :MSW(Specialized in Medical and Psychiatry/MA Social work Disability studies and action(RCI recognized)</p>	<p>Psychiatric Social Worker : 2 years full time MPhil Psychiatric Social Work</p>

Template

Categorization of Therapy Centre for

individuals with

Locomotor Disability

Template/Requirements - Categorization of Therapy Centre for individuals with Locomotor Disability

Infrastructure & Equipment Requirements & Specification

Primary	Secondary	Tertiary
Reception and waiting area	- do -	- do -
One consultation room for Visiting Professional (Optional)	One consultation room for visiting professional (15 x 15 ft)	2 consultation room one for visiting professional and one for Psychological Counselling
Ancillary area/space for storage of records, reagents, consumables, stationary etc shall be available in accordance with the workload	-DO-	-do-
2 Therapy room- one for Physiotherapist and other for Occupational Therapist	3 Therapy room - two for Physiotherapist and one for Occupational Therapist	5Therapy rooms - 2/3 for Physiotherapy and 2/3for Occupational Therapist
	Small feeding room with one table and 2 chair	Feeding/baby care room with one table and 4 chair
Staff room Minimum size of 8ft X 7 ft	-do-	-do-
One bath room (Disabled friendly)	- do -	- do -
One toilet (Disabled friendly)	Separate toilets for staffs and patients. atleast One Disabled friendly	Separate toilets for staffs and patients. atleast One Disabled friendly .
Wheel chair 1	- do -	Wheel chair 2
One table and one cushioned examination couch in each therapy room	- do -	- do -
One computer with printer	One computer with printer and internet facility	Two computer with printer and internet facility
Chair with soft padded 10 nos	Chair with soft padded 12 nos	Chair with soft padded 20 nos
Ramp with railings	- do -	- do -
<p>Specifications</p> <p>minimum 300 sqft for Occupational and 300 sq feet for Physio therapy</p> <p>Therapy mat 6*6 -2 nos Therapy ball different size 2 nos Bolster set of 2 Prone wedge set of 2 Balance board 1 Floor sitter 1 Standing frame 1 Cerebral palsy chair 1 Parallel bar with mirror paediatrics 1 Walking aids 2 each Sensory motor stimulating toys 2 set Crawler- 1 Basic exercise equipment for Co-ordination (Eg:Peg Boards, Puzzles) 2 nos Basic equipments for sensory integration therapy(trampoline, swing, sensory kit,, ball pit, sensory path etc) Basic equipments for balance activities(balance board)</p> <p>Basic exercise equipment for Strengthening and kids tricycle -2 Storage Cabinet for records /</p>	<p>Specifications</p> <p>minimum 300 sqft Occupational Therapy room 300 sqft for Physiotherapy</p> <p>Weighted blanket [48"*24" with 2 kg weight] -1 Mirror -1 , led light reflector - 1 Interactive touch and feel box - 1 Sensory/ tactile texture floor mats [set/six block] -1 Rattle toy for sensory motor [set 5 toys] -1 Brush and touch stimulation set -1 Activity fun gym [indoor] - 1 Therapy mat 6*6 -3 nos Therapy ball different size 3 nos Bolster set of 3 Prone wedge set of 3 Balance board 1 Floor sitter 1 Standing frame 1 Cerebral palsy chair 2 Parallel bar with mirror paediatrics 1 Walking aids 2 each Sensory motor stimulating toys 2 set Crawler- 1</p>	<p>Specifications</p> <p>minimum 300 sqft Occupational Therapy room 300 sqft for Physiotherapy</p> <p>Weighted blanket [48"*24" with 2 kg weight] - 1 nos Weighted jacket [small with 2 kg weight] - 1 nos Mirror ball -1 led light reflector - 1 Interactive touch and feel box -1 Sensory/ tactile texture floor mats [set/six block] -1 Rattle toy for -1 sensory motor [set 5 toys] -1 Brush and touch stimulation set -1 Activity fun gym [indoor] -1 Vestibular or swing system-1 Ball pool -1 Scooter board -1 Squatting table - 1 Simple puzzle - 1 Coloured bead and cords for threading -1 standing table/slander - 1 Peg board –Graded, tripod &v dexterity -1 Thera-putty/clay -1 walkers small (Paediatric) -1 Therapy mat 6*6 -4 nos Therapy ball different size 4 nos Bolster set of 5</p>

Template/Requirements - Categorization of Therapy Centre for individuals with Locomotor Disability

Infrastructure & Equipment Requirements & Specification

Primary	Secondary	Tertiary
toys/equipment- 2nos Weighing Machine-1 Assessment kit (torch, tape, rattles, simple toys Waste bin 4 nos Screen / Partition Goniometer, Percussion hammer PT equipments: Shoulder exercise unit Wrist and hand exercise unit Paraffin wax bath IR/UVR Lamp Weighted Cuffs/dumbbells Mobilisation/stabilising belt.	Balance beam-1 Basic exercise equipment for Co-ordination (Eg :Peg Boards, Puzzles set of 5nos Basic exercise equipment for Strengthening and kids tricycle -2 Storage Cabinet for records / toys/equipment- 3nos Weighing Machine-1 Assessment kit (torch, tape, rattles, simple toys Waste bin 5nos Screen / Partition PT equipments: Cryotherapy Quadriceps table Shoulder exercise unit Wrist and hand exercise unit Paraffin wax bath IR/UVR Lamp Ladder & Overhead pulley Weighted Cuffs/dumbbells Mobilisation/stabilising belt.	Prone wedge set of 5 Balance board 1 Floor sitter 2 Standing frame 2 Cerebral palsy chair 2 Parallel bar with mirror paediatrics 1 Walking aids 2 each Adaptive stools and benches 2 each Hydrotherapy unit 1 Sensory motor stimulating toys 2 set Crawler- 2nos Ball pool -one Balance beam-1 Basic exercise equipment for Co-ordination (Eg :Peg Boards, Puzzles set of 5nos "Basic exercise equipment for Strengthening Treadmill, rowing machine 1 Static cycle -1 and kids tricycle -2" Storage Cabinet for records / toys/equipment- 4nos Weighing Machine-1 Assessment kit (torch, tape, rattles, simple toys Waste bin 5 nos Tilt Table -1 Screen / Partition PT equipments : CPM machine Supinator and pronator exerciser Ankle exerciser Electrical muscle stimulator Shoulder exercise unit Wrist and hand exercise unit Paraffin wax bath IR/UVR Lamp Ladder & Overhead pulley Weighted Cuffs/dumbbells Mobilisation/stabilising belt.
	Sand bag -2	Sand bag -4
Periodic inspection,cleaning and maintenance of equipment	- do -	- do -
small indoor play area with swings /climbing /push pull toys/ tricycle/	- do -	- do -
assistive devices like AFO,KAFO, Gaiter -4 pairs of different size		
Registration book / file/ assessment booklets/	- do -	- do -
	Television at waiting area	- do -
	Notice board size 3*4 -1nos	Notice board size 3*4 -2nos
Waste management facility for both degradable and nondegradable things	- do -	- do -

Template/Requirements - Categorization of Therapy Centre for individuals with Locomotor Disability		
Infrastructure & Equipment Requirements & Specification		
Primary	Secondary	Tertiary
Stationary (A 4 size paper, pen , file, stapler, scissor, gum, punch, ink, seal, envelop etc.	- do -	- do -
		Basic cooking facility/canteen
Drinking water	Drinking water	Drinking water
Total area - minimum: 1000 sqfeet	1600 sq ft	2500 sq ft

Template/Requirements - Categorization of Therapy Centre for individuals with Locomotor Disability		
Service requirements & specification		
Primary	Secondary	Tertiary
Detailed history and evaluation should be recorded in the therapy diary /patient book	- do -	- do -
Therapy service based on the clinical evaluation around 45 minutes - 1 hour	- do -	- do -
	Developmental assessment using standardized tools	- do -
Regular monitoring of progress by reevaluation every 1 or 2 months and discuss with parents	- do -	- do -
Parent training program for home based therapy/ and group therapy session	- do -	- do -
Working hours 8AM/9AM to 5PM/6PM with one hour lunch break	- do -	- do -
Timely referral system	Proper referral system	- do -
	Other professional monthly consultation facility	Other professional weekly consultation facility
		Multi-disciplinary case discussion about the child with parents as an important member of the team
	Awareness program about the condition /govt. scheme and benefits, camp etc	- do -
Regular therapy diary -counter signed by therapist parent and any other authority	- do -	- do -
Any change in treatment plan only with parent consultation	- do -	- do -
Parents should be provided with summary of the evaluation and treatment plan	- do -	- do -
		Home visit

Template/Requirements - Categorization of Therapy Centre for individuals with Locomotor Disability

HR Requirements & specification		
Primary	Secondary	Tertiary
ONE THERAPIST CATER A MAXIMUM OF 10 BENEFICIARIES PER DAY	ONE THERAPIST CATER A MAXIMUM OF 10 BENEFICIARIES PER DAY	ONE THERAPIST CATER A MAXIMUM OF 10 BENEFICIARIES PER DAY Chief physiotherapist: who assess, plan the therapy service and supervise the service delivery. He work as the unit Head with MPT in Pediatrics or neurology with Minimum 3 year experience or BPT with PGDEI from a Rec. university
Clinical therapist BPT from a Rec. University minimum 2 years of experience in pediatrics conditions	Clinical therapist BPT from a Rec. University minimum 4 years of experience in pediatrics conditions	Clinical therapist BPT from a Rec. University minimum 4 years of experience in pediatrics conditions
Helper cum cleaning staff	- do -	- do -
	physiotherapy assistant -multi rehabilitation therapist(Optional)	- do -
	Receptionist / documentation / data entry	- do -
OCCUPATIONAL THERAPIST	Occupational Therapist	Occupational Therapist for ADL & Fnal training
Visiting Physiatrist once in 3 months or Review at a centre where there is Physiatrist atleast once in 3 months	Physiatrist (Visiting) <i>atleast once a month</i>	Physiatrist (MBBS, MPPMR/DPMR) with Register no: to be displayed - Atleast Once a week

Template

**Categorization of Therapy Centre for
individuals with
Intellectual Disability**

Template/Requirements – Categorization of Therapy Centre for individuals with Intellectual Disability

Infrastructure & Equipment Requirements & Specification

Primary	Secondary	Tertiary
Therapy rooms (at least two – 8x8 ft each) with table, chair and examination couch in each	Therapy rooms (at least three – 8x8 ft each)	Therapy rooms (at least Four – 10x10 ft each) Reception area (8x7 ft)
	Special education Training room	Special education Training room -12x12
Waiting hall (12 x 6 ft)	Waiting hall (12 x 6 ft)	Waiting hall (14 x 6 ft)
		Family Therapy Room (12x12 ft)
		Group therapy room12x12
Storage Cabinet	Storage Cabinet	Storage Cabinet
Soft padded chairs	Soft padded chairs	Soft padded chairs
Cushioned examination couch	Cushioned examination couch	Cushioned examination couch
		Occupational Therapy 500 sqft trampoline, swing, sensory path, ball pit
		Small feeding room with one table and 4 chair
		Wheel chair 2
		Two computer with printer and internet facility
	Toilet Facility One bath room (Disabled friendly) Two toilet (one Disabled friendly)	- do -
PT Equipments- Physiotherapy mat Basic equipments for balance (wobble board , disc etc.), for ROM(marine wheel, CPM machine), for coordination(peg board,puzzles) for strengthening(quadriiceps table, overhead pulley, weighted cuffs etc), for neuromuscular development and functional re-education (bolster, swings, age appropriate toys), also walking aids, parallel bars,foot steps Assessment kit(torch, goniometer, tape etc) Basic equipments for speech therapy- tongue depressor, voice assessment soft ware, mirror (hand and wall), educational toys Basic equipments for occupational therapy- puzzles, peg boards, building blocks, therapy ball, sensory kit, balance board	- do -	- do -
		For PT- And tread mill, static cycle, tilt table, standing frame, sand bag, wheel chair
IQ assessment batteries – Seguin Form Board, VSMS, Bhatia’s Battery, MISIC	- do -	- do -
		Child Neuropsychological Battery – NIMHANS Battery

Assessment tools for assessing the severity of Autism, ADHD and other childhood disorders including ISAA and Conner's Rating Scale.	- do -	- do -
Speech evaluation proforma and test materials – REELS, ALD, MAT	- do -	- do -
Age appropriate speech and language therapy materials	- do -	- do -
Assessment materials for special education – FACP, BASIC – MR	- do -	- do -
	Appropriate materials (both computer software and paper& pencil based) for cognitive training/attention training/neuropsychological rehabilitation	- do -
Age appropriate therapy materials for the use of special educator such as peg boards, puzzles, beads, charts, flashcards (for shapes, pictures, numbers, letters)	- do -	- do -
		Basic medical equipment for the use of Psychiatrist – Stethoscope, BP apparatus

Template/Requirements – Categorization of Therapy Centre for individuals with Intellectual Disability		
Service Requirements & Specification		
Primary	Secondary	Tertiary
IQ and other neurocognitive assessments	- do -	- do -
Behavior Therapy	Applied Behavior Analysis and other behavior therapies	Applied Behavior Analysis and other behavior therapies
Family Therapy	- do -	- do -
	Social Skills Training	- do -
		Group therapy
Speech therapy	- do -	- do -
	Psychiatry Consultation	- do -
Remedial training and special education	Remedial training and special education	- do -
	Rehabilitation and vocational planning	- do -
	Disability benefits and legal assistance/counseling	- do -
		Cognitive training, attention training and neuropsychological rehabilitation
Rehab therapy (Occupational and Physiotherapy)	Rehab therapy (Occupational and Physiotherapy)	Rehab therapy (Occupational and Physiotherapy)
		Psychoeducation
Parental Counselling, training, etc	Parental Counselling training, etc	Parental Counselling, training, etc
		Handwriting training, ADL, etc

Template/Requirements - Categorization of Therapy Centre for individuals with Intellectual Disability		
HR Requirements & specification		
Primary	Secondary	Tertiary
REHAB/CLINICAL PSYCHOLOGIST: MPhil Clinical Psychology and RCI Registration	REHAB/CLINICAL PSYCHOLOGIST: MPhil Clinical Psychology and RCI Registration	REHAB/CLINICAL PSYCHOLOGIST: MPhil Clinical Psychology and RCI Registration
SPECIAL EDUCATOR : B.EdSplEdn (MR)	SPECIAL EDUCATOR : B.EdSplEdn (MR)	SPECIAL EDUCATOR : B.EdSplEdn (MR)/DEd SpED(MR), and RCI Registration
Social Worker MSW (Specialized in Medical and Psychiatry/MA Social work Disability studies and action)	Social Worker MSW (Specialized in Medical and Psychiatry/MA Social work Disability studies and action(RCI recognized))	Psychiatric Social Worker : 2 years full time MPhil Psychiatric Social Work
Desirable : Psychiatrist (Visiting) : MD Psychiatry or DPM Paediatrician(Visiting) : MD in pediatric or DCH <i>Review Once in 3 months or refer to the concerned specialist</i>	Psychiatrist (Visiting) : MD Psychiatry or DPM Paediatrician(Visiting) : MD in pediatric or DCH <i>Atleast once in a month</i>	Paediatrician(Full time): MD in paediatric or DCH Psychiatrist - <i>Atleast a week</i>
Physiatrist if Locomotor Disability and ADL dependence <i>Once in 6 months or refer to the concerned specialist</i>	Physiatrist - MDPMR/DPMR once in 3 months (If required, care of Locomotor Disability and for ADL for goal setting)	Physiatrist <i>Atleast once in a month to deal LD and for ADL goal setting</i>
Speech Therapist (Visiting) <i>Once a month</i>	Speech Therapist : BASLP	Speech Therapist : BASLP/ MASLP, and RCI Registration
Occupational therapist (visiting) Physiotherapist(optional)	Occupational Therapist - BOT PHYSIOTHERAPIST(VISITING)- BPT	Occupational Therapist - BOT and Physiotherapist- BPT