

- (b) These instructions are largely being followed.
- (c) The above instructions have been re-iterated recently by Directors CGHS.

**Physiotherapists for paraplegic CGHS beneficiaries**

632. SHRI RAM KUMAR KASHYAP: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether there is any proposal to provide the facility of Physiotherapist at home to paraplegic CGHS beneficiaries, if not, the reasons therefor;
- (b) the details of measures taken to provide best medical care facilities to paraplegic CGHS beneficiaries; and
- (c) the total number of paraplegic CGHS beneficiaries and whether there is any proposal to issue special cards to paraplegic CGHS beneficiaries and if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) There already exists provision for domiciliary rehabilitation medical intervention including physiotherapy for CGHS beneficiaries as per the guidelines issued *vide* this Ministry's Office Memorandum No. S-11011/24/2011-CGHS (P) dated 1.6.2011 (copy enclosed).

(c) CGHS does not maintain separately the record of the number of paraplegic CGHS beneficiaries.

At present, there is no proposal to issue separate cards to paraplegic beneficiaries. It is difficult to issue special cards to the CGHS beneficiaries suffering from a particular disease.

**Government of India  
Ministry of Health and Family Welfare  
Department of Health & Family Welfare  
Nirman Bhawan, New Delhi 110 108**

No: S. 11011/24/2011-CGHS (P)

Dated, the 1st June, 2011

**OFFICE MEMORANDUM**

**Subject: Guidelines for domiciliary rehabilitation medicine intervention for reimbursement to CGHS beneficiaries.**

The undersigned is directed to as per extant instructions, domestic rehabilitation of CGHS beneficiaries is not permitted and the patients have to go to hospitals for physiotherapy, etc. CGHS received representations with the request that domiciliary

physiotherapy rehabilitation may be permitted since in many cases it is not possible for the patients to be transported / shifted to hospitals for physiotherapy, etc. The request was examined by a committee of experts / specialists in Government hospitals, and it has been decided to issue the following guidelines for domiciliary rehabilitation medical intervention for reimbursement to CGHS beneficiaries:

### **Guidelines**

Domiciliary (home based) care is medically justified in the practice of rehabilitation medicine which involves the care of the patient with chronic diseases or temporary or permanent disability or functional limitation due to lack of health or disease. It is justified as such persons find ambulation practically impossible or are significantly dependent on care giver or the cost of visiting the hospitals become higher than the cost of treatment given. In view of this, it would be necessary to consider providing holistic domiciliary rehabilitation medicine service instead of piecemeal home based physiotherapy only, to CGHS beneficiaries as part of their routine health coverage.

### **Scope of the service**

The following allied health services need to be considered for domiciliary case as stated above:

- (i) Physiotherapy;
- (ii) Occupational therapy; and
- (iii) Speech therapy (for patients of stroke / head injury).

The decision to provide domiciliary care should be based on thorough evaluation and specific prescription including the exact intervention and frequency by a PMR specialist. In a situation of non-availability of PMT specialist, the treating Government specialist having allopathic Post- Graduate qualifications in Ortho / Neurology / Neurosurgery / ENT may allow such benefits following the specific prescription criteria for conditions listed below:-

### **Conditions requiring domiciliary rehabilitation intervention and recommended duration if domiciliary therapy:**

- (1) **Orthopaedic disorders:** Post joint replacement surgery in acute phase: physiotherapy upto two weeks, post-discharge;
- (2) **Neurological disorders (for upto six weeks):**
  - (i) Post stroke: Occupational Therapy (OT), Physiotherapy (PT), and Speech Therapy (ST);

- (ii) Traumatic brain injury: OT, PT and ST;
- (iii) Gullian-Barre syndrome: OT and PT;
- (iv) Spinal cord injury with significant disability / deformity: OT and PT;  
and
- (v) Motor neuron disease: OT, PT and ST.

(3) **Locomotor disabilities**, with a disability of over 80% or those who are totally dependent on care-giver based on the opinion of two Government specialists, by certified care-giver. [Care-giver means Rehabilitation Council of India certified personnel + Physiotherapist and Occupational therapist (duly qualified diploma / degree holder)].

**Prescription information:**

The prescription for home based rehabilitation programme should include the following descriptive specifics:

- (1) The therapy to be used:
  - (a) Electrotherapy;
  - (b) Active Exercise Therapy;
  - (c) ADL Training;
  - (d) Speech Therapy;
  - (e) Gait Training; and
  - (f) Passive Exercises.
- (2) The technical person required to institute the therapy;
- (3) The frequency of the therapy required by the patient; and
- (4) Duration of the therapy programme.

**Admissible rates for reimbursement:**

The following rates may be reimbursed:

- (1) **Physiotherapist.** Maximum of ₹ 300/- (Rupees Three hundred only);
- (2) **Occupational Therapist.** Maximum of ₹ 300/- (Rupees Three hundred only);

- (3) **Speech Therapist.** Maximum of ₹ 300/- (Rupees Three hundred only);
  - (4) **Certified Care Giver.** Maximum of ₹ 150/- (Rupees One hundred and fifty only) or ₹ 3,000/- (Rupees Three thousand only) per month for long-term requirements, whichever is less; and
  - (5) No reimbursement to be allowed for the purchase / hiring of therapy equipment / devices.
2. The guidelines will take effect from the date of issue of the Office Memorandum.
  3. This issues with the concurrence of IFD, *vide* Dy. No: 790 / SS & FA dated the 23rd May, 2011.
  4. Hindi version of the guidelines will follow.

[R Ravi] Director

[Tel: 2306 3483]

To

1. All Ministries / Departments, Government of India
2. Additional Secretary, Cabinet Secretariat, Rashtrapati Bhawan, New Delhi
3. The Managing Director, Central Organisation ECHS, Army (Hq), Maude Line, Delhi Cantonment, New Delhi 110 010
4. Director, CGHS, Nirman Bhawan, New Delhi
5. All Additional Directors /Joint Directors of CGHS cities outside Delhi
6. All Pay & Accounts Officers under CGHS
7. Addl DDG (Hqrs) / Additional Director (Hqrs) / Additional Director (SZ) / Additional Director (NZ) / Additional Director (CZ) / Additional Director (EZ), CGHS, New Delhi
8. JD (Gr.)/JD(R&H), CGHS Delhi
9. CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte.GHS, Nirman Bhawan, New Delhi
10. Estt.I/ Estt.II/ Estt.III/ Estt.IV Sections, Ministry of Health and Family Welfare
11. Admn.I / Admn.II Sections of Dte.GHS
12. Rajya Sabha / Lok Sabha Secretariat

13. Registrar, Supreme Court of India
14. U.P.S.C.
15. Finance Division
16. Deputy Secretary (Civil Service News), Department of Administrative Reforms & Public Grievances, 5th Floor, Sardar Patel Bhawan, New Delhi.
17. PPS to Secretary (H&FW) / Secretary (AYUSH) / Secretary (HR) / Secretary (AIDS Control), Ministry of Health & Family Welfare
18. PPS to DGHS / SS & FA / SS & MD, NRHM / AS (H) / AS & DG (CGHS)
19. Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, Chennai 600028
20. Nabhi Publications, P. O. Box No: 37, New Delhi 110 001
21. Bahri Brothers, 742 Lajpat Rai Market, Delhi 110 006
22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozeshah Road, New Delhi
23. All Staff Side Members of National Council (JCM) (as per list attached)
24. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
25. All Offices / Sections / Desks in the Ministry
26. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi, with the request to upload on the website of the CGHS
27. Office Order folder
28. Guard File.

#### **Setting up of new cancer research centres**

633. SHRI KIRANMAY NANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether World Health Organisation has suggested prioritizing cancer prevention and control programmes to deal with rising number of cancer cases, if so, the details thereof and the follow up action taken by Government;

(b) whether Government proposes to set up new cancer care centres/institutes and hospitals under Public Private Partnership (PPP) in the country and if so, the