



STANDARD FOR AUTISM SPECTRUM DISORDER CARE MANAGEMENT

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Document Title:	Standard For Autism Spectrum Disorder Management		
Document Ref. Number	DoH/ST/HQS/SASDM/V1/2025	Version:	V1
New / Revised:	New		
Publication Date:	December 2025		
Effective Date:	Jan 2026		
Document Control:	DoH Strategy Sector		
Applies To:	DoH licensed Healthcare Providers to provide Autism services		
Owner:	Healthcare Quality Sector		
Revision Date:	October 2028		
Revision Period:	3 years		
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1. Standard Scope

- 1.1 This Standard establishes the mandatory regulatory, clinical, and operational requirements governing the provision of autism spectrum disorder (ASD) diagnostic and care management services within the Emirate of Abu Dhabi. It applies to all Department of Health–licensed healthcare providers that seek designation as Autism Spectrum Disorder Diagnostic (ASD) Hubs and/or provide ASD-related diagnostic, care coordination, or management services.
- 1.2 The Standard governs Clinical ASD services, including early identification and referral, multidisciplinary diagnostic assessment, evaluation of functional needs and co-occurring conditions, development of individualized care and management plans, referral for early intervention, and ongoing monitoring, follow-up, and continuity of care.
- 1.3 This Standard applies primarily to the pediatric population and supports continuity of care during transition to adult services where applicable. Autism Spectrum Disorder Diagnostic Hubs are defined as system-level centers responsible for standardized diagnosis, multidisciplinary care planning, system coordination, and professional support to referring healthcare providers.
- 1.4 This Standard does not regulate education service provision or replace other applicable Department of Health standards and shall be read in conjunction with Professional Qualification Requirements (PQR), data privacy, infection prevention and control, medication management, and accreditation standards.
- 1.5 The purpose of this Standard is to standardize and enhance the quality, safety, accessibility, and effectiveness of ASD diagnostic and care management services in Abu Dhabi, ensuring alignment with international evidence-based practices and national disability frameworks.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Abu Dhabi Disabilities Classification Guide – Third edition (2020)	It is a classification guide to provide a unified and reliable reference in naming the categories of disabilities adopted in Abu Dhabi and in alignment with the National disabilities classification system, along with the definitions, types, and services' track thereof, and in identifying the responsibilities and tasks of the entities that are related to the services that are being provided to such categories. Abu Dhabi Disabilities Classification Guide 2020 includes (11) Main classification of Disabilities as following: Autism Spectrum Disorder, Intellectual Disability, Communication Disorders, Specific Learning Disorder, Attention Deficit Hyperactivity Disorder, Deaf-Blind Disability, Hearing Impairment, Visual Impairment, Physical Disability, Psycho\Emotional Disorders and Multiple disability
2.2	ADI-R	Autism Diagnostic Interview-Revised – a structured interview used to diagnose autism based on parental reports.

2.3	ADOS	Autism Diagnostic Observation Schedule – a standardized observation tool used to assess social and communication behaviors associated with autism.
2.4	Applied Behavior Analysis (ABA)	A scientific discipline applying learning principles to behavior.
2.5	ASD Diagnostic Hub	A DoH-designated healthcare entity providing coordinated ASD diagnosis and care management.
2.6	Autism Spectrum Disorder (ASD)	A neurodevelopmental condition defined by ICD-10 and DSM-5-TR. Autism Spectrum disorders is a complex neurodevelopmental disorder associated with spectrum of symptoms that include but not restricted to "persistent deficits in social communication and social interaction across multiple contexts" and "restricted, repetitive patterns of behavior, interests, or activities".
2.7	CARS	Childhood Autism Rating Scale
2.8	Disability	A total or partial impairment, whether permanent or temporary, in a person's physical, sensory, mental, communicative, educational, or psychological capabilities, to the extent that it reduces their ability to meet their ordinary requirements in circumstances like those of individuals without disabilities.
2.9	Case Manager / Care Coordinator	A professional coordinating continuity and navigation of ASD services.
2.10	Crisis Intervention	Immediate support aimed at addressing and mitigating crises affecting individuals with ASD and their families.
2.11	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, Established based on law No. (10) of 2018.
2.12	DSM-5 TR	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision.
2.13	Family-Centered Care	An approach to care that recognizes the pivotal role that families play in their loved one's treatment, ensuring their involvement in decisions and care planning.
2.14	ICD-10	International Classification of Diseases, Tenth Revision.
2.15	Multidisciplinary Team (MDT)	A collaborative group of licensed professionals delivering ASD care.
2.16	Occupational Therapist (OT)	A licensed professional specializing in functional performance and sensory processing.
2.17	People of Determination (POD)	Individuals who have long-term impairments in their physical, sensory, mental, communicative, educational, or psychological abilities, which, when interacting with barriers, prevent them from fully and effectively participating in society on an equal basis with others.
2.18	PQR	Professional Qualification Requirements – the standards set for healthcare professionals' qualifications and competence in providing services.
2.19	Speech-Language Pathologist (SLP)	A licensed professional specializing in communication and language disorders.

3. Standard Requirements and Specifications

Autism Spectrum Disorder Diagnostic Hubs shall be designated by the Department of Health and shall demonstrate the capacity to deliver comprehensive, timely, standardized, and multidisciplinary diagnostic assessment, care planning, and coordination for individuals with suspected or confirmed ASD. Designated Hubs shall act as referral centers and system anchors within the broader ASD ecosystem.

3.1 Infrastructure and Therapeutic Environment

Facilities shall be sensory-informed, accessible, and safe, supporting individualized and group-based assessment and intervention, family consultation, and multidisciplinary collaboration.

3.1.1 Physical Environment and Sensory-Considerate Design

3.1.1.1 Quiet Rooms: Incorporate dedicated quiet rooms or calm areas where individuals can retreat when feeling overwhelmed. These rooms should be equipped with soft lighting, comfortable seating, and minimal sensory stimulation.

3.1.1.2 Incorporate sensory outdoor gardens with a variety of plants, textures, and sounds, allowing individuals to engage with nature in a safe setting.

3.1.1.3 Provide the waiting areas with comfortable flexible seating offering calming toys, books, and visual distractions.

3.1.1.4 Use visual pathways and color cues for way finding and signages with symbols and images

3.1.2 Tactile Exploration Areas: Use sound-absorbing materials (like acoustic panels and carpets) to minimize noise levels, creating a calmer environment

3.1.3 Lighting and Visual Environment

3.1.3.1 Install Adjustable and dimmable lighting options and maximize natural light where possible.

3.1.3.2 Avoid harsh or fluorescent lighting

3.1.3.3 Use clear visual support and non-distracting color schemes

3.1.4 Safety Features

3.1.4.1 Ensure all furnishings, toys, and materials are Non-Toxic

3.1.4.2 Use furniture with rounded edges to prevent injuries.

3.1.4.3 Implement discreet surveillance and Security systems

3.1.5 Inclusive facilities and Resources

3.1.5.1 Provide Accessible Restrooms with safety features

3.1.5.2 Establish multi-sensory rooms with visual, auditory, and tactile elements

3.1.6 Technology and Interactive Tools

3.1.6.1 Provide assistive Technologies to support communication and engagement

3.1.6.2 Install interactive displays for calming or structured activities

3.2 Policies/Procedures/SOPs

3.2.1 Comprehensive Diagnostic Assessment Protocols

3.2.2 Treatment and Intervention Protocols

3.2.2.1 Pharmacological Management Protocols: Use of medication for associated conditions like anxiety, ADHD, or seizures, if clinically indicated.

3.2.2.2 Mental Health Support Protocols to ensure access to appropriate psychological therapies

3.2.3 Family and Caregiver counselling / Support Protocols

3.3 Crisis Management

Procedures shall incorporate a specification of ASD children's safety during crises, and manage severe or uncooperative behaviors in ASD children

3.4 Workforce and Multidisciplinary Team Requirements

Autism Spectrum Disorder Diagnostic Hubs shall maintain a multidisciplinary team (MDT) comprising

appropriately licensed and credentialed professionals practicing within their approved scope of practice. Diagnostic authority for ASD rests with licensed physicians and/or clinical psychologists, supported by MDT input. The MDT shall include, at a minimum:

- 3.4.1** Neurodevelopmental Pediatrician / Pediatric Neurologist with training in developmental assessments: Conduct specialized assessments, manage medical care, and coordinate intervention strategies based on developmental needs.
- 3.4.2** Child and Adolescent Psychiatrist: Address mental health challenges associated with ASD, oversee medication management, and provide behavioral strategies in conjunction with therapies.
- 3.4.3** Clinical Psychologist: Conduct thorough psychological assessments, provide therapies (e.g., cognitive-behavioral therapy), and engage in diagnostic evaluations.
- 3.4.4** Speech-Language Pathologist (SLP): Focus on enhancing communication skills through individualized and group therapy sessions, employing methods such as transformative language intervention.
- 3.4.5** Occupational Therapist: Assist in developing daily living skills and sensory awareness through personalized interventions that foster independence.
- 3.4.6** Applied Behavior Analysis (ABA) Analyst: to form individualized behavioral intervention plans based on thorough assessments that focus on developing communication, social skills, and adaptive behaviors.
- 3.4.7** Care Coordinator / Case Manager / Social Worker: to coordinate the services and ensure all aspects of care are integrated and aligned with the comprehensive plan and supported needs.

3.5 Training and Workforce Development

All staff shall receive ASD awareness training. Clinical staff shall receive role-specific and advanced training related to ASD diagnostic pathways, management of co-occurring conditions, family-centered care, communication of diagnosis, and crisis management.

- 3.5.1** General Awareness (All Staff): This initial awareness provides essential knowledge for anyone who may come into contact with ASD children, including administrative staff, receptionists, and ancillary staff.
- 3.5.2** Clinical and Specific Role Training (Professionals & Managers)
 - 3.5.2.1** Patient Pathways and Care Management
 - 3.5.2.2** Advanced Communication and Behavior
 - 3.5.2.3** Specific Medical Issues and Co-morbidities
- 3.5.3** Specialized Certification (Key Personnel) - Key staff members (e.g., lead clinicians, service managers) can pursue formal certifications such as the Advanced Certified Autism Specialist credential which requires ongoing education and experience.

3.6 Access and Referral

All Suspected cases shall be referred to ASD Diagnostic Hubs. Initial assessment shall be scheduled within two (2) weeks of referral.

- 3.6.1** All designated ASD Diagnostic Hubs shall comply with the DoH approved referral pathways, ensuring equitable allocation of cases across hubs. Referral sources shall include, but are not limited to:
 - 3.6.1.1** Well child screening centers
 - 3.6.1.2** Other Healthcare facilities
 - 3.6.1.3** Nurseries and schools
 - 3.6.1.4** Self-referral by parents or legal guardians.
- 3.6.2** All ASD Diagnostic Hubs shall assess service capacity upon receipt of a referral. In cases where the hub is unable to accommodate the suspected ASD child within the required timelines, the hub shall redirect the referral to another DoH-designated ASD Diagnostic Hubs in accordance with established referral pathways.
- 3.6.3** All licensed healthcare facilities under DoH are authorized to refer suspected ASD children to any ASD Diagnostic Hubs designated by the DoH, in accordance with established referral pathways.

- 3.6.4** Parents or legal guardians can initiate self-referrals with the right to select any ASD Diagnostic Hubs designated by the DoH.

3.7 Diagnostic Assessment and Confirmation

ASD diagnostic assessment shall be physician-led, MDT-supported, and based on ICD-10 and/or DSM-5-TR criteria. Assessment shall include developmental and medical history, direct observation, functional needs assessment, evaluation of co-occurring conditions, and use of standardized diagnostic instruments when clinically indicated. Diagnosis shall be confirmed within (6) weeks of initial assessment.

- 3.7.1** The initial assessment shall be conducted by one of the following:

- 3.7.1.1 Neurodevelopmental Pediatrician
- 3.7.1.2 Child and Adolescent Psychiatrist
- 3.7.1.3 Pediatric Neurologist with training in developmental assessments

- 3.7.2** The assessment must be comprehensive, which must include the following components:

- 3.7.2.1 Comprehensive medical history, including prenatal, perinatal, postnatal, family history, and past and current medical conditions
- 3.7.2.2 Detailed concerns from parents or caregivers and, where appropriate, from the child
- 3.7.2.3 Review of the child's experiences in home, educational, and social care environments
- 3.7.2.4 Detailed developmental history, with emphasis on behavioral and developmental features consistent with DSM-5-TR (use of autism-specific history-taking tools is recommended)
- 3.7.2.5 Comprehensive physical examination:
 - 3.7.2.5.1 General Physical examination shall be performed
 - 3.7.2.5.2 Signs of skin stigmata suggestive of neurofibromatosis or tuberous sclerosis should be considered
 - 3.7.2.5.3 Signs of injury, including self-harm or child maltreatment should be considered
 - 3.7.2.5.4 Congenital anomalies and dysmorphic features, including macrocephaly or microcephaly should be considered
- 3.7.2.6 Direct assessment and structured observation of social communication skills and behaviors
- 3.7.2.7 Systematic assessment of co-existing conditions
- 3.7.2.8 Consideration of differential diagnoses
- 3.7.2.9 Further workup / investigation shall be performed if clinically indicated:
 - 3.7.2.9.1 Request additional diagnostic assessments or information, including validated tools such as ADOS-2, ADI-R, or CARS-2, when clinically indicated
 - 3.7.2.9.2 Genetic tests, if there are specific dysmorphic features, congenital anomalies and/or evidence of a learning (intellectual) disability
 - 3.7.2.9.3 Electroencephalography or Neuroimaging
- 3.7.2.10 Final diagnostic decisions shall be based on integrated information from all sources and clinical judgment
- 3.7.2.11 Development of a holistic profile of the child's strengths, skills, impairments, and needs, incorporating family and educational context, to establish a needs-based management plan
- 3.7.2.12 The ASD diagnostic hubs MDT team shall apply breaking news communication protocol in delivering information to the parent / or family with clarity, compassion, and professionalism
- 3.7.2.13 All ASD diagnostic hubs shall complete the comprehensive diagnostic assessment within (6) weeks of initial assessment and shall ensure timely referral of confirmed cases to appropriate intervention and early support services
- 3.7.2.14 The confirmed ASD child should be reassessed every 6 months with the MDT

3.8 Care Planning and Management

Following diagnosis, the MDT shall develop an individualized, documented care plan with measurable goals, expected outcomes, and defined review intervals. Care plans shall prioritize home, educational, and community-based interventions and address co-occurring conditions.

- 3.8.1** The plan should include clearly defined, measurable, and time-bound goals. These goals must be realistic, prioritized, and reviewed periodically to assess progress.
- 3.8.2** Family and caregiver involvement must be explicitly addressed in the care plan. Their insights,

- capacity, and goals should inform decision-making and service coordination
- 3.8.3** Expected outcomes of interventions must be specified in the care plan, with mechanisms for evaluating their effectiveness over time
 - 3.8.4** Intervention should be evidence-based, structured, and appropriate to the developmental and functional needs of the child in association with the parents and family. Intervention must have a larger component of home, education and community-based interventions rather than merely clinic-based.
 - 3.8.5** The plan must include assessment and management of co-occurring conditions and comorbidities, including but not limited to intellectual disability, ADHD, anxiety, depression, epilepsy, and sleep or gastrointestinal disturbances. Effective management of these conditions is essential for optimal developmental and behavioral outcome
 - 3.8.6** Treatment programs should be monitored to ensure appropriate response to therapy. The program should be reviewed and modified, as the child's abilities and needs change over time preparing them through their adolescence and adulthood.
 - 3.8.7** All individuals must be reassessed at regular pre-defined intervals to evaluate their response to intervention and to update the care plan accordingly.

3.9 Treatment and Intervention

Treatment for ASD shall be multidisciplinary and individualized. Interventions may include ABA, speech and language therapy, occupational therapy, special education services, psychotherapeutic support, parent training, and pharmacological management of co-occurring conditions. Pharmacological treatment shall not be used in isolation.

- 3.9.1** The treatment of ASD requires a multidisciplinary team approach.
- 3.9.2** Treatment for ASD must be tailored to incorporate the intensity and duration, the complexity and breadth of treatment goals, and the level of direct intervention needed.
- 3.9.3** Applied Behavioral Analysis (ABA)-based interventions should be implemented across multiple settings (e.g. home, school/educational, community etc.) and involve multiple individuals in the child's environment including parents, siblings, peers, and caregivers. This multisystem delivery is essential for promoting the generalization and maintenance of learned skills across real-life contexts.
- 3.9.4** Speech and language therapy plays a critical role in supporting communication development, including receptive and expressive language, pragmatic (social) communication skills, and alternative and augmentative communication (AAC) when appropriate.
- 3.9.5** Occupational therapy focuses on improving fine and gross motor skills, sensory processing, coordination, and functional independence in daily living activities
- 3.9.6** Parent training and psychoeducation should be provided regularly, primarily by psychologists or behavior therapists, and supported by the broader Multidisciplinary team (MDT), to enhance family capacity, reduce stress, and promote consistent intervention across settings.
- 3.9.7** Psychotherapeutic support should be made available to both children and their families to address emotional, behavioral, and relational challenges, and to support coping, adjustment, and well-being throughout the care journey.
- 3.9.8** Pharmacological interventions: Pharmacological treatment may be considered as part of a broader, multi-component intervention plan for individuals with autism spectrum disorder (ASD). The following principles should guide its use:
 - 3.9.8.1.1** Pharmacological interventions should be used only as part of a comprehensive treatment plan and must not be used in isolation
 - 3.9.8.1.2** Medications may be indicated to manage specific symptoms or co-occurring psychiatric or neurodevelopmental conditions, such as ADHD, anxiety, irritability, or sleep disturbances
 - 3.9.8.1.3** Clinicians must carefully evaluate the potential benefits and risks of each pharmacological option and engage in shared decision-making with the family, ensuring informed consent and ongoing monitoring.

3.10 Family Engagement and Support

Families and caregivers shall be actively engaged across all stages of care. ASD Diagnostic Hubs shall provide

psychoeducation, counseling, and support in navigating health, education, and social services.

- 3.10.1** The MDT shall offer educational resources and counseling to help families navigate the complexities of ASD, including managing expectations and enhancing coping strategies
- 3.10.2** ASD diagnostic hubs shall dedicate an area for resources and materials about ASD treatment options, and community support services for families
- 3.10.3** ASD diagnostic hubs shall establish and maintain a patient and family satisfaction survey system. This system shall routinely gather, review, and act upon feedback from patients and families to enhance service quality and ensure patient-centered care

3.11 Continuity of Care and Transitions

A designated Case Manager or Care Coordinator shall ensure continuity of care, coordination across providers, and structured transitions between levels of care, including discharge and transfer.

4.Key stakeholder Roles and Responsibilities

Healthcare facilities shall meet the service specifications and requirements set out in this standard and other relevant DoH regulations.

4.1 Healthcare facilities Designated as ASD diagnostic hubs

- 4.1.1.1** The healthcare facility shall incorporate the Abu Dhabi disabilities classification in their medical record and ensure that all their data is disaggregated by disability and audit its implementation.
- 4.1.1.2** The healthcare facility shall design and deliver community education and awareness programs to improve public knowledge, engagement and understanding of relevant health services and patient care processes.
- 4.1.1.3** The healthcare facility shall develop and implement structured, evidence-based training programs for relevant healthcare professionals to enhance competencies and promote best clinical and operational practices.
- 4.1.1.4** The healthcare facility shall maintain a recognized accreditation such as the Joint commission international (JCI) or the Commission on Accreditation of Rehabilitation Facilities (CARF) or an equivalent authority. The facility shall demonstrate ongoing compliance with the accreditation standards and submit evidence of continued accreditation status as required.
- 4.1.1.5** The healthcare facility shall develop and submit formal corrective action and improvement plan in response to audits conducted by the Department of Health within the timeframe specified. Submit improvement plan for the Audit conducted by DoH.
- 4.1.1.6** Conduct training programs for other healthcare facilities who referred frequently patient to them
- 4.1.1.7** Conduct community Awareness campaigns

5. Monitoring and Evaluation

Healthcare providers shall report ASD-related indicators through approved DoH platforms, including early detection, timeline of diagnosis, access to early intervention, and functional outcomes.

5.1 The ASD diagnostic hubs shall report the quality measures below in JAWDA portal:

- 5.1.1 Functional Improvement Score: Average improvement score across standardized domains from baseline to follow-up (annual)
Assesses improvement in the child's daily functional abilities, including language, sensory processing, and adaptive behavior. The assessment is conducted collaboratively by the speech and language therapist, occupational therapist, and clinical psychologist/ABA, reflecting the child's development in both home and school environments.
- 5.1.2 Social Communication Skill Improvement: Change in standardized scores from initial to follow-up assessments (annual) - Measures the child's progress in initiating and maintaining social interaction, including verbal and non-verbal skills.

5.2 The operational KPIs will be monitored as follows:

- 5.2.1 Third available appointment for children referred to the diagnostic hubs within 14 calendar days.
- 5.2.2 Percentage of children who complete their diagnostic assessments within (6) weeks from initial referral.
- 5.2.3 Percentage of Children with ASD who were diagnosed before the age of 36 months.

6. Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the Healthcare sector.

7. Exempted from Scope

NA

8. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2006	Federal Law No (29) of 2006 Concerning the Rights of Persons with Special Needs	https://uaelegislation.gov.ae/en/legislations/1172/download
2	April 2007	Policy for Infection Control in the HCF	https://www.doh.gov.ae/en/resources/standards
3	May 2007	Medical Waste Management in Health Care Facilities	https://www.doh.gov.ae/en/resources/standards
5	Feb 2008	Patient Rights and Responsibilities: Ministerial Resolution No. 14 of 2021 on Patient Rights & Responsibilities	https://www.doh.gov.ae/en/resources/standards
6	2010	The Building Regulation & Facilities for the Disabled United Arab Emirates Code	https://www.moei.gov.ae/assets/download/9517172f/The%20Building%20Regulation%20Facilities%20For%20the%20Disabled-en.pdf.aspx
7	May 2010	Community-based rehabilitation: CBR guidelines	https://www.who.int/publications/i/item/9789241548052
8	2011	World Report on Disability 2011	https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability
10	2025	Standard for Well-Child Visits	https://www.doh.gov.ae/en/resources/standards
12	2025	Standard for Newborn Screening Requirements	https://www.doh.gov.ae/en/resources/standards
13	Jan 2014	Neurodevelopmental Disorders: Psychotropic Medication Recommendations for Target Symptoms in Youth	https://dcf.psychiatry.ufl.edu/files/2014/04/Neurodevelopmental_Guidelines_FINAL_version_1_23_141.pdf
14	Jan 2014	Autism	https://www.nice.org.uk/guidance/qs51/resources/autism-pdf-2098722137029
15	June 2014	Behavioral Health Standards manual	https://www.transformationsllc.net/wp-content/uploads/2016/02/2013-Behavioral-Health-Standards-Manual-2.pdf
16	July 2015	Standard for Medical Record, Health Information Retention and Disposal	https://www.doh.gov.ae/en/resources/standards
17	Nov2015	WHO global disability action plan 2014-2021	https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021

18	Dec 2016	HAAD Standard for Managing the Supply and Safe Use of medications in licensed Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
19	Feb 2017	Dubai Universal Design Code	https://www.dha.gov.ae/uploads/112021/2b372137-cade-4be0-88a2-4828fac05deb.pdf
20	Mar 2017	OSHAD SF	https://www.adphc.gov.ae/en/Legislation/Manual
21	Nov 2017	Healthcare providers Manual	https://www.doh.gov.ae/en/resources/policies
22	Dec 2017	Autism spectrum disorder in under 19s: recognition, referral and diagnosis	https://www.nice.org.uk/guidance/cg128/resources/autism-spectrum-disorder-in-under-19s-recognition-referral-and-diagnosis-pdf-35109456621253
23	2018	National classification of disability (people of determination) symbols In the United Arab Emirate	UAE National Standard Classification of Disabilities (People of Determination) 2018 (Available in Arabic only) Arab Digital Inclusion Platform (uneswa.org)
24	April 2018	Features of a disabled friendly hospital	https://expresshealthcaremanagement.blogspot.com/2018/04/features-of-disabled-friendly-hospital.html
25	July 2018	Standard for Clinical Complaints Management in Healthcare Facilities	https://www.doh.gov.ae/en/resources/standards
26	Jan 2019	Standards for people of determination	https://www.dha.gov.ae/uploads/112021/bb73302e-47f7-4196-94b1-eed2a5f30758.pdf
27	2019	Standardizing Proper Medical Care for Individuals with Autism	https://ariconference.com/enews/ARRI_medical_care.pdf
28	Oct 2019	Standards of diagnostic assessment for autism spectrum disorder	https://cps.ca/documents/position/asd-diagnostic-assessment
29	Dec 2019	American Academy of Pediatrics (AAP): Standard of Care for Autism	https://tacanow.org/family-resources/aap-standard-of-care-for-autism/
30	Jan 2020	Identification, Evaluation, and Management of Children with Autism Spectrum Disorder	https://publications.aap.org/pediatrics/article/145/1/e20193447/36917/Identification-Evaluation-and-Management-of?autologincheck=redirected
31	Sep 2020	standard on patient Healthcare data privacy	https://www.doh.gov.ae/en/resources/standards
32	2020	Abu Dhabi Disability Classification Guide	https://zho.gov.ae/Media-Centre/News/Zayed-Higher-Organization-Launches-the-Third-Edition-of-the-Disability-Classification-Manual
33	2020	Inclusive health services for people with disabilities	https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2022/01/Inclusive-Health-English.pdf

34	2020	Disability-inclusive Health services TOOLKIT	https://iris.who.int/bitstream/handle/10665/336857/9789290618928-eng.pdf?sequence=1
35	2020	Federal Law No. (13) of 2020 on the Public Health	https://uaelegislation.gov.ae/en/legislations/1456/download
36	Sep 2020	Standard on Tele-Medicine	https://www.doh.gov.ae/en/resources/standards
37	Jan 2021	Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter	https://mohap.gov.ae/assets/d67042d0/Ministerial%20Resolution%20No.%2014%20of%202021.pdf.aspx
38	April 2021	JAWDA Quarterly Waiting Time Guidelines for (Specialized and General Hospitals)	https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines
39	Aug 2021	Dubai Clinical Practice Guidelines for Autism Spectrum Disorder (ASD) in Children and Adolescents	https://www.dha.gov.ae/uploads/112021/f5d3aa75-37c3-4237-ba9a-d9e4fba52531.pdf
40	2022	Autism spectrum Disorders	https://iapindia.org/pdf/Ch-094-Autism-Spectrum-Disorders.pdf
41	2022	Professional Qualification Requirements (PQR)	https://www.doh.gov.ae/en/pqr
42	2022	JAWDA Quarterly Guidelines for (Specialized and General Hospitals)	https://www.doh.gov.ae/en/programs-initiatives/muashir/jawda-indicators-submission-guidelines
43	2022	Disability medical assessment and Categorization guidelines	http://guidelines.health.go.ke:8000/media/Disability Medical Assessment and Categorization Guidelines 2022.pdf
44	Mar 2022	Normalizing Disability in the Healthcare Workplace	https://eap.partners.org/news_posts/disabilities-article/
45	Nov 2022	SOP for Speech Therapist/ Speech & Language Pathologist	https://www.doh.gov.ae/en/resources/scope-of-practice
46	Jan 2023	Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organization across health, social care and education	https://www.nice.org.uk/guidance/ng213/resources/disabled-children-and-young-people-up-to-25-with-severe-complex-needs-integrated-service-delivery-and-organisation-across-health-social-care-and-education-pdf-66143773521349
47	2023	Convention On The Rights Of Persons With Disabilities	https://legal.un.org/avl/pdf/ha/crpd/crpd_e.pdf
48	Mar2023	standard for clinical privileging of healthcare workforce and clinical services	https://www.doh.gov.ae/en/resources/standards
49	April 2023	A national framework to deliver	https://www.england.nhs.uk/long-read/a-

		improved outcomes in all-age autism assessment pathways: guidance for integrated care boards	national-framework-to-deliver-improved-outcomes-in-all-age-autism-assessment-pathways-guidance-for-integrated-care-boards/
50	May 2023	Learning Disabilities & Autism Spectrum Disorder Policy	https://www.uhbw.nhs.uk/assets/1/23-723_learningdisabilitiesandautismspectrumdisord erpoli-3_0_redacted.pdf
51	July 2023	Fundamentals of Psychological Disorders	https://opentext.wsu.edu/abnormal-psych/chapter/module-3-clinical-assessment-diagnosis-and-treatment/
52	Nov 2023	Autism	https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders
53	Mar 2024	People of determination	https://u.ae/en/information-and-services/social-affairs/people-of-determination
54	April 2024	Standard for Continuing Professional Development (CPD)	https://www.doh.gov.ae/en/resources/standards
55	April 2024	Accreditation Standards for Healthcare Facilities (Hospitals)	https://www.doh.gov.ae/en/resources/standards
56	May 2024	Treatment and Intervention for Autism Spectrum Disorder	https://www.cdc.gov/autism/treatment/index.html
57	May 2024	Clinical Testing and Diagnosis for Autism Spectrum Disorder	https://www.cdc.gov/autism/hcp/diagnosis/index.html
58	May 2024	Guidelines for the Implementation of Abu Dhabi - Healthcare Information and Cyber Security	https://www.doh.gov.ae/en/resources/guidelines
59	May 2024	Healthcare Workforce Bioethics Guidelines	https://www.doh.gov.ae/en/resources/guidelines
60	May 2024	Abu Dhabi - Healthcare Information and Cyber Security Standard	https://www.doh.gov.ae/en/resources/standards
61	May 2024	Standard for Specialized Mental Healthcare Services	https://www.doh.gov.ae/en/resources/standards
62	June 2024	Standard for Provision of Home Healthcare Services	https://www.doh.gov.ae/en/resources/standards
63	Sep 2024	Standard for Mobile Healthcare Units	https://www.doh.gov.ae/en/resources/standards
64	Sep 2024	Access to Medical Care for Individuals with Mobility Disabilities	https://www.ada.gov/resources/medical-care-mobility/
65	Sep 2024	Disability and Health Information for People with Disabilities	https://www.cdc.gov/ncbddd/disabilityandhealth/people.html

66	Sep 2024	Nurses with Disability: Transforming Healthcare for All	https://ojin.nursingworld.org/table-of-contents/volume-27-2022/number-3-Sep-2022/nurses-with-disability/
67	Sep 2024	15 Careers Working To Help Clients With Disabilities	https://www.indeed.com/career-advice/finding-a-job/careers-working-with-disabled
68	Sep 2024	Designing Accessible and Inclusive Healthcare Facilities for People with Disabilities	https://healthcaredesigners.co.ke/designing-accessible-and-inclusive-healthcare-facilities-for-people-with-disabilities/
69	Sep 2024	Improving Access to Care for People with Disabilities	https://www.cms.gov/priorities/health-equity/minority-health/resource-center/health-care-professionals-researchers/improving-access-care-people-disabilities
70	Sep 2024	How to improve Physical accessibility at Your health care facility	https://www.cms.gov/files/document/physical-accessibility-booklet.pdf
71	Sep 2024	Modernizing Health care to Improve physical Accessibility A primer for providers	https://www.cms.gov/files/document/cmsmodernizinghealthcare.pdf
72	Sep 2024	Improving health care for Adults with disabilities	https://www.cms.gov/files/document/federaldata-disability508.pdf
73	Sep 2024	Increasing The physical Accessibility of Healthcare facilities	https://www.cms.gov/about-cms/agency-information/omh/downloads/issue-brief-physical-accessibilitybrief.pdf
74	Sep 2024	People of Determination	https://www.adphc.gov.ae/en/Public-Health-Programs/POD
75	Sep 2024	Standard Reporting Suspected Adverse Drug Reactions and Adverse Events Following Immunization	https://www.doh.gov.ae/en/resources/standards
76	Nov 2024	Applied Behavioral Analysis for Autism Spectrum Disorder Guidelines	https://www.doh.gov.ae/en/resources/guidelines
77	Mar 2025	Autism spectrum disorder	https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/diagnosis-treatment/drc-20352934
78	2025	Support Autism training	https://www.cqc.org.uk/guidance-providers/training-staff-support-autistic-people-and-people-learning-disability#:~:text=However%2C%20in%202021%20the%20Department,e%2Dlearning%20for%20healthcare%20website
79	2025	Standard of Care for Attention-Deficit Hyperactivity Disorder (ADHD)	https://www.doh.gov.ae/en/resources/standards