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| Title: | PERSONNEL STANDARDS |
| Purpose: | *Defines the suitable qualifications and supervision required for personnel providing early intervention services based on entry level and credentialing requirements.* |

Overview

A quality program begins with employing or contracting with personnel who meet the highest entry-level requirements for their discipline. Those requirements are listed on [the CT Birth to Three System Personnel Standards grid](#grid) in this procedure. The grid includes all of the professions listed as Qualified Personnel in the Federal Part C Regulations.

Most employees are required to hold a valid Connecticut licensure or certification in order to conduct the activities of their profession. All staff must follow the requirements in the personal standards as well as follow the state licensing or certification requirements and standards of practice for their individual professions. State licensing and certification standards including scope of practice and supervision requirements supersede personnel standards. It is the responsibility of each professional to know and follow their specific discipline requirements. Programs must verify the credentials indicated for personnel employed or contracted. The program must maintain copies of current certifications and licenses and make them available for review upon request by the Birth to Three System.

**Required Training and Supervision**

It is recommended that programs prioritize hiring people in all disciplines who have a demonstrated knowledge through coursework and preferably through work experience, with very young children. All new staff who work one or more hours per week with families, regardless of experience, will have to complete required training within 90 days of their start date in order to successfully complete the Birth to Three Initial Certificate. Additional training requirements will need to be completed in order to receive the Service Coordinator Certificate. When qualified staff are hired who have limited experience in the Connecticut Birth to Three System, it is the responsibility of the program to ensure that the proper training and supervision of these staff has been provided.

Programs are required to train staff on use of evidence-based practices for Activity-Based Teaming. Annually staff will be required to complete a Quality Practices Self-Assessment related to this area. (Refer to *Training and Supervision Procedure* for more information).

**Use of Students Completing Internships/Practicums**

Students who are completing coursework for any related discipline may complete their internships or practicums in the Birth to Three System in either paid or unpaid positions for up to 6 months. They may not go out on visits alone.

**Standards for Developmental Therapists**

A developmental therapist must possess a valid initial, provisional or professional teaching certificate from the Connecticut State Department of Education (SDE) in endorsements #112, #113, #065, #165, #265, #055, #059, #057. If certification is lapsed, the individual cannot be employed as a developmental therapist.

Effective July 1, 2021 EIS program directors may request a waiver (Public Act 21-172) from the Commissioner of Education, to allow any individual who holds an endorsement in the areas of 1) comprehensive special education #165 or #065 or #265, 2) partially sighted #055, 3) blind #059, 4) deaf and hard of hearing #057, 5) integrated early childhood and special education #113, to teach infants and toddlers beginning at birth in the CT Birth to Three System. (SDE Regulations Amend Sec. 10-145d). Individuals with the #112 endorsement are not affected by this waiver as their endorsement already allows work with children down to birth.

The waiver allows the above mentioned endorsements to consider their employment in Birth to Three as counting towards teaching experience for certification purposes. Any teacher with these endorsements should have a waiver in place, regardless of which Birth to Three program they are employed by.

After receipt of a waiver from the CT State Department of Education (CSDE), a developmental therapist (#112, #113, #065, #165, #265, #055, #059, #057) working in Birth to Three at a school district, a Regional Education Service Center (RESC), or an approved private school would typically be considered working towards retirement for Teacher’s Retirement Board (TRB) purposes. All Developmental therapists should contact the State Department of Education directly to explore the specifics of their situation.

Developmental therapists with the following certifications (#112, #113, #065, #165, #265, #055, #059, #057) who are employed by private Birth to Three programs are considered to be professionals in the Birth to Three System. Through receipt of the waiver, they are considered by the State Department of Education to be working in an “approved nonpublic school” for purposes for teaching experience and certification, however do not earn credit towards retirement through TRB, as they are not employed by local or regional boards of education.

Teachers with a waiver to work in Birth to Three, as all Birth to Three staff, receive additional training through Birth to Three and must minimally complete the Initial Birth to Three Certificate requirements.

**Process for Applying for CSDE Waiver**

The program director/executive director of the Birth to Three program must submit an online form to the Commissioner of the CSDE requesting the Birth to Three Authorization Found on the *CSDE Certification District Resources* web page, [https://portal.ct.gov/SDE/Certification/Certification-Resources-for-Districts#forms](https://portal.ct.gov/SDE/Certification/Certification-Resources-for-Districts%23forms%20%20)  ). Access the Form by clicking on: *Submit Online Kindergarten/B – 3 Authorization Request*. Once approved by the Commissioner, a formal letter will be sent to the program, with a copy going to the educator.  CSDE will also maintain a copy of the authorization in the educator’s CSDE records. This waiver will only authorize service from the time the authorization is granted as CSDE does not have the authority to backdate an authorization to any time prior to July 1, 2021.  The authorization aligns with the educator’s certificate; therefore, a new request must be made when the educator renews or advances their certificate. Additionally, if the educator changes programs, a different waiver must be submitted, as the waiver is only approved for work in a specific Birth to Three program.

**To Maintain or Advance Developmental Therapist (Teacher) Certification through CSDE and Change Status**

All matters regarding teacher certification should follow specific information provided by the CSDE. This information is accessible here: [https://portal.ct.gov/sde/certification/bureau-of-certification](https://portal.ct.gov/sde/certification/bureau-of-certification%20)

**Temporary 90-Day Certificates**

Developmental therapists who are finishing an Alternate Route to Certification (ARC) must work as fully certified developmental therapists in Birth to Three during the 90-day temporary certificate period. The 90 days includes school days only**.**

When a Birth to Three provider completes an ARC at Charter Oak State College there is a specific process they must follow including submitting form ED172 and ED 172A. For information refer to CSDE website: <https://portal.ct.gov/SDE/Certification/General-Certification-Application-Information-and-Forms>

**Developmental Therapy Specialist**

Referred to previously and in the Infant, Toddler, Family Specialist Credential as Early Intervention Specialist. This position is considered a Birth to Three professional delivering special instruction under IDEA. A staff member who has attained the Infant, Toddler, Family Specialist Credential from the Connecticut Birth to Three System with endorsement # 123 may use the title Developmental Therapy Specialist (DSP) and may:

* Perform evaluations and assessments.
* Be listed as a professional on the IFSP without having another professional listed for supervisory purposes.
* Not require sign off on contact notes.
* Be reimbursed at professional rate. (See Payment Procedure)

For more information on DSP (formerly Early Intervention Specialist) see Credentialing and Certification Guidance on the Birth to Three website.

**CT Birth to Three System Infant Toddler Family Specialist Credential (Voluntary)**

The Infant Toddler Family Specialist (ITFS) credential was developed to assure the quality of personnel providing supports and services to families. The practice of early intervention requires very specific knowledge and skills that change and develop over time and are not adequately presented in most pre-service training programs. Anyone who provides direct services to children and families in their home or community may obtain an Infant Toddler Family Specialist credential with the proper endorsement for their role. For more information <http://www.birth23.org/providers/cert/>

**Standards for Licensed Personnel**

All personnel noted in the following grid of this procedure for which a license is issued by the Department of Public Health must have a current license in order to be employed or contracted with a Birth to Three program. Renewal of each appropriate staff’s license must be verified and a copy maintained by the program. All staff must follow the requirements in the personal standards as well as follow the state licensing requirements and state standards of practice for their individual professions. State licensing standards including scope of practice and supervision requirements supersede personnel standards. It is the responsibility of each professional to know and follow their specific discipline requirements.

**Guidelines for the Use of Paraprofessionals**

**Physical Therapy Assistants (PTAs), Certified Occupational Therapy Assistants (COTAs) Developmental Therapy Associates (DTA), and Board Certified Associate Behavior Analysts (BCaBAs)**

These positions have the following restrictions:

* Paraprofessionals must receive at least one hour per month of direct supervision by professionally licensed or certified early intervention personnel. Direct supervision should be documented with, at a minimum a log of supervision occurrences.
* They must participate as a member of a team that meets at least monthly to receive support as needed to address child and family outcomes. They may function independently, providing direct services to children and families in home, or community-based settings, however all progress notes must be countersigned by their supervisor.
* They cannot be the only service provider listed on the [IFSP](file:///C%3A%5CUsers%5CBamonteL%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CDocuments%20and%20Settings%5Cjohnsonl%5CLocal%20Settings%5CTemporary%20Internet%20Files%5CLocal%20Settings%5CTemporary%20Internet%20Files%5C1-2006%20FY06%20Procedures-Complete%20for%20CD%5CForms%5CForm%203-1-IFSP%20.doc).
* They may not conduct initial evaluations or formal assessments; however, they may provide information that contributes to those evaluations or assessments, and may update curriculum assessments with families as part of providing Early Intervention Treatment Services.

**Early Intervention Assistants**

Staff members who are in the personnel category of EI Assistant as of July 1, 2013 may continue to function in that role. After July 1, 2013 the category of EI Assistant will no longer be available.

**Dually Certified/Licensed Staff**

Dually certified staff (for instance, SW & BCBA) should write both degrees on the paper IFSP and sign with both degree initials on the visit notes (for audit purposes these the IFSP and visit note have to match). In alignment with what was provided on the visit and as dictated by scope of practice for the specific license, as appropriate the degree/license with the highest likelihood of being covered by insurance should be entered into SPIDER (in this case it may be SW). The IFSP that the parent signs will be considered the official IFSP, not the data extracts in SPIDER.

**Service Coordinators**

Certain Birth to Three personnel may function as Service Coordinators, as delineated in the grid that follows. In order to function as a Service Coordinator, the appropriate staff member must have completed applicable training as required and specified by the lead agency. Proof of completion of required training should be maintained by the individual and available upon request by the EIS program.

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| **C****onnecticut Birth to Three System Personnel Standards** |
| **Required Training: ALL** personnel working 1 or more hours/week with families must complete the Birth to Three Initial Certificate within 90 days of their start date. Personnel authorized to act as Service Coordinators must also complete the Service Coordinator Certificate prior to functioning in that role. |
| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Assistive Technology Provider | Associates or Bachelor’s degree with AT coursework and experience | RESNA (Rehabilitation Engineering Society of North America) Certification as: ATP Assistive Technology Practitioner orATS Assistive Technology Supplier orRET Rehabilitation Engineering Technologist. |  | Completes assistive technology evaluations and assists the IFSP team to analyze needs of child with disabilities; assist in selection or service of assistive technology devices and may provide training in the use of the selected device(s).  (Audiologists, Physical Therapists, Occupational Therapists, Speech Pathologists and Developmental therapist s may also possess the skills to perform these functions.) | Yes |
| Audiologist | Masters or AuD | Licensed by the Department of Public Health Under §2-411 C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides Early Intervention (EI) supports to families for the benefit of the child. | Yes |
| Audiologist CFY |  | Clinical Fellowship Year (CFY)Status Permissive. | Must be supervised by a licensed audiologist as required under § 20-411 C.G.S At least one hour of supervision per month. Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomes. All notes must be countersigned by a licensed audiologist. | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Licensed Behavioral Analyst (LBA) | MA or Doctorate  | Licensed by the Department of Public Health as a behavior analyst (section 1905(a)(6) which includes certification as a Board Certified Behavior Analyst (BCBA) by the Behavior Analyst Certification Board (BACB) (section 1905(a)(13)(C) |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Board Certified Associate Behavior Analyst(BCA)OrBoard Certified Behavioral Analyst (not licensed) | BA in behavior analysis or in psychology, spec education or another human service discipline with an emphasis in behavior analysis | Certification from the Behavior Analyst Certification Board, Inc. or the states of Pennsylvania or Florida. | Periodic consultation from Board Certified Behavior Analyst or licensed Psychologist.At least one hour of supervision per month. Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomes All progress notes must be countersigned by a supervisor who is a certified Behavior Analyst or licensed Psychologist. | Participates in IFSP development and implementation, monitors outcomes as part of a transdisciplinary team, and provides EI supports to families for the benefit of the child.Under supervision by licensed/certified personnel, may function independently.Does not perform evaluations or assessments but provides data and input. May update Curriculum-based tool with family as part of Early Intervention Treatment Services. | Yes |
| **Connecticut Birth to Three System Personnel Standards** |
| **Required Training: ALL** personnel working 1 or more hours/week with families must complete the Birth to Three Initial Certificate within 90 days of their start date. Personnel authorized to act as Service Coordinators must also complete the Service Coordinator Certificate prior to functioning in that role. |
| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Developmental Therapy Assistant***This category is not available for hiring purposes after 7/1/13*** | High School Diploma or GED | Documentation of training specific to child, the child’s disability or delays and the specific techniques being used with the child. | At least one hour per week of supervision and at least one team meeting per month. All notes must be countersigned by a supervisor who is licensed or certified. | Provides direct supports to children and families by performing routine tasks assigned by professionally licensed or certified personnel.Takes no independent action. Carries out written programs and service plans designed by licensed or certified personnel.Does not perform evaluations or assessments but provides data and input. | No |
| Developmental Therapy Associate (DTA)(Previously Early Intervention Associate – EIA) | BA degree in a human service field Or Bachelor’s degree in unrelated field with Registered Behavioral Technician Credential (RBT)   | None OrRBT Credential from Behavior Analyst Certification Board | At least one hour of supervision per month. Participates as a member of a team that that meets at least monthly to receive support as needed to address child and family outcomes All progress notes must be countersigned by a supervisor All progress notes countersigned by a supervisor who is licensed or certified | Participates in IFSP development and implementation, monitors outcomes as part of a transdisciplinary team, and provides early intervention supports to families for the benefit of the child.Under regular supervision by professionally licensed or certified personnel, may function independently. Does not perform evaluations or assessments but provides data and input. May update Curriculum-based tool with family as part Early Intervention Treatment Services. | Yes |
| Developmental Therapy Specialist (DSP) (Previously Early Intervention Specialist – ESP) | BA or MA in education, special education, psychology, early intervention, child and family studies, or closely related field. Requires college level courses in each: infant/toddler; evaluation and assessment; working with families or early language and literacy; 300 hrs of experience working with infants /toddlers and completion of other requirements of the credential process. | Infant, Toddler, Family Specialist Credential from the Connecticut Birth to Three System with endorsement # 123. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child.Supervises EI assistants or associates as appropriateProvides special instruction. Cannot be paired with a developmental therapist for a multidisciplinary evaluation. | Yes |

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| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Developmental Therapista. Early Childhood Special Education b. Hearing Impairedc. Visually Impaired  | Bachelor’s Degree | Department of Educationa. Certificate endorsements:#112 Birth-Kindergarten#113 Nursery-Third grade#065 Comprehensive SpecialEducation Pre-K to 12 #165 Comprehensive Special Education K-12#265 Comprehensive Special Edb. Certificate endorsement #057Pre-K to 12c. Certificate endorsements:#059 Blind Pre-12#055 Partially sighted 1-12 | Refer to chart on page 3 for Developmental Therapists. For all except the #112 endorsement, the teacher should have the waiver for Birth to Three in place from CSDE. See information on p. 1-2 of this procedure for Developmental Therapists. | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child.Supervises EI assistants or associates as appropriate.Provides special instruction. Cannot be paired with a developmental therapist for a multidisciplinary evaluation. | Yes. |
| Marital and Family Therapist | Masters Degree in Marital and Family Therapy | Department of Public Health license under §20-195c C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Marital and Family Therapist Intern | Masters Degree in Marital and Family Therapy | Working toward Department of Public Health license under professional supervision.Valid up to two years from date of hire into the Birth to Three System | All progress notes, evaluations and assessments must be countersigned by a supervisor who is licensed. | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Nursea. APRNb. R.N. | a. Masters (MSN)b. Bachelors (BSN) or Associates Degree or Diploma | a. Licensed by the Department of Public Health under §20-94a C.G.S.b. Licensed by the Department of Public Health under § 20-87 to 102 C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Nurse, Practical (LPN) | Diploma/Certificate | Licensed by the Department of Public Health under § 20-87 to 102 C.G.S. | Supervision conducted by a registered nurse. Takes no independent action. Carries out written programs and service plans designed by licensed or certified personnel. | Under the supervision of the BSN/MSN assists in the provision of early intervention servicesProvides direct supports to children and families by performing routine tasks assigned by professionally licensed or certified personnel.Does not perform initial evaluations, ongoing assessments or service coordination duties but provides data and input | No. |

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| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Dietician-Nutritionist | Registered DieticianMA or PhD. | Registered with the Commission of Dietetic Registration or certified by the Department of Public Health under §20-206n |  | Conducts nutrition evaluations and assessments, participates in IFSP development and implementation, monitors outcomes a member of the team, and provides EI supports to families for the benefit of the child.The Birth to Three Infant Toddler Family Specialist Credential with endorsement 120 or 123 is required before these personnel may conduct developmental evaluations or assessments. | Yes |
| Occupational Therapist | Bachelors or Master’s degree in Occupational Therapy, depending on year of graduation | Licensed by the Department of Public Health under § 20-74b C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Certified Occupational Therapy Assistant(COTA) | Associate Degree from accredited AOTA program | Department of Public Health license under § 20-74b C.G.S. | Supervised by a licensed occupational therapist.At least one hour of supervision per month. Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomes All progress notes must be countersigned by a supervisor who is a licensed OT. | Participates in IFSP development and implementation, monitors outcomes as member of team, and provides EI supports to families for the benefit of the child.Under regular supervision by professionally licensed or certified personnel, may function independently. Does not perform evaluations or assessments but provides data and input. May update Curriculum-based tool with family as part of Early Intervention Treatment Services.  | Yes |
| Optometrist | Doctor of Optometry | Licensed by the Department of Public Health under § 20-130 C.G.S. |  | Conducts vision evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child.The Birth to Three Credential with endorsement 120 or 123 is required before these personnel may conduct developmental evaluations or on-going assessments. | Yes |
| Orientation & Mobility Specialist | Bachelor’s Degree | Department of Education Certificate with endorsement #059 |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |

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| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Physical Therapist | Doctorate, Masters or Bachelors depending on year of graduation | Licensed by the Department of Public Health under § 20 -70 C.G.S. | Per CT PT practice Act, consultation may be required with a physician. \*  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Physical Therapy Assistant | Associate degree from an approved PTA program | Graduation from an accredited PTA programLicensed by the Department of Public Health under § 20-73(b) C.G.S. | Supervised by a licensed physical therapist.At least one hour of supervision per month. Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomes All progress notes must be countersigned by a supervisor who is a licensed PT. | Participates in IFSP development and implementation, monitors outcomes as member of team, and provides direct supports to children and families.Under regular supervision by professionally licensed Physical Therapist, may function independently. Does not perform evaluations or assessments but provides data and input. May update Curriculum-based tool with family as part of Early Intervention Treatment Services. | Yes |
| Physician (Pediatrician or other Physician) | Doctor of Medicine (MD) or Doctor of Osteopathy (OD) | Licensed by the Department of Public Health under § 20-10 (MD) or § 20-17 (OD) C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Professional CounselorLicensed | Doctorate, Masters | Licensed by the Department of Public Health under § 20-195(b) C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| PsychologistLicensed | Doctorate | Licensed by the Department of Public Health under §187a C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| PsychologistSchool | Graduate level (masters or higher) | Department of Education certificate endorsement #070 |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as member of team, and provides EI supports to families for the benefit of the child. | Yes |
| Licensed Clinical Social Worker(LCSW) | Masters or doctorate of Social Work | Licensed by the Department of Public Health under §20-195n C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |

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| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Licensed Master Social Worker(LMSW) | Masters or doctorate of Social Work | Licensed by Department of Public Health under 20-195n C.G.S.Complies with requirements in section 20-195s C.G.S. concerning professional supervision and consultation under a licensed practitioner  | Requires professional supervision, under a licensed practitioner and consultation regarding mental health diagnoses with a licensed practitioner such as physician, APRN, psychologist, licensed marital and family therapist, professional counselor, LCSW. At least one hour per month of supervision.  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Social Worker School | Masters or doctorate of Social Work | Department of Education certificate endorsement #071 |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Social Worker Intern | Masters of Social Work | Temporary permit to an applicant for licensure as in C.G.S. 20-195n authorizing the holder to practice as a master social worker as provided for in section 20-195s. Permit valid for up to one hundred twenty calendar days after the date of attaining such master’s degree | By a licensed social worker. At least one hour per month of supervision. Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomesAll progress notes, evaluation and assessment reports must be countersigned by a supervisor who is a licensed Social Worker. | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team and provides EI supports to families for the benefit of the child. | Yes |
| Speech/Language Pathologist(CFY) | Masters | Clinical Fellowship Year (CFY) status permissive. | Must be supervised by a licensed speech/language pathologist as required under § 20-411 C.G.S.At least one hour per month of supervision.Participates as a member of a team that meets at least monthly to receive support as needed to address child and family outcomesUnder regular supervision by professionally licensed or certified SLP, personnel may function independently. All progress notes, evaluations and assessments must be countersigned by a supervisor who is a licensed SLP. | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |

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| **Licensed personnel, as listed in the Centers for Medicare and Medicaid Services State Plan Amendment 17-0019, may sign IFSPs.**  |
| **Personnel****Category** | **Entry Degree** | **Licensure/Certification** | **Additional Supervision Required** | **Job Responsibilities** | **Act as Service Coordinator?** |
| Speech/Language Pathologist | Masters | Licensed by the Department of Public Health under §20-411 C.G.S. |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |
| Speech/ Language PathologistSchool | Masters | Licensed by the Department of Public Health under §20-411 C.G.S.Department of EducationSpecial Services Endorsement #061 |  | Conducts evaluations and assessments, participates in IFSP development and implementation, monitors outcomes as a member of the team, and provides EI supports to families for the benefit of the child. | Yes |

\* For billing purposes, it is not required to have a physician signature in addition to another licensed professional, including Physical Therapist (PT). For PT license purposes, the CT. state PT practice act states that PT’s need to consult or refer to a physician when the medical condition is prolonged or does not show “objective, measurable, functional improvement in a period of thirty consecutive days or at the end of six visits, whichever is earlier.” To meet PT licensing requirements, it is recommended that IFSPs that include PT are sent for physician signature. Ultimately it is up to the PT and agency to assure alignment with the practice act, including when to consult with and obtain signature from a physician. This will be influenced, on a case by case basis, by the child’s progress and documentation of this progress.

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