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## Approved Entities

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**Waiver Number**                    **249**

**Primary Entity Name**            **Important Steps, Inc.**

**Primary Address**                *2447 Eastchester Road*

**Primary Phone Number**        *(718) 882-2111*

*Bronx*

**Current Waiver Issued Beginning Period**

*NY*

*12/1/2013*

*10469-*

**Current Waiver Ending Period**

**County**

*Bronx*

*11/30/2016*

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> LMSW                              | <input type="checkbox"/> CAT  | <input checked="" type="checkbox"/> Physical Therapy       | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)                      |
| <input checked="" type="checkbox"/> LCSW                              | <input checked="" type="checkbox"/> Psychology                                    | <input checked="" type="checkbox"/> Occupational Therapy   | <input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input checked="" type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input checked="" type="checkbox"/> Certified_Behavior_Analyst_Assistant          | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling   |
| <input type="checkbox"/> Optometry                                    | <input checked="" type="checkbox"/> Other: <input type="text" value="Dietician"/> |  |   |

**Additional Sites if any - with Certificate Number**

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**Certificate Number**

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