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## *Approved Entities*

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**Waiver Number**                    **335**

**Primary Entity Name**            **Harmony Heights, Inc.**

**Primary Address**                *57 Sandy Hill Road*

**Primary Phone Number**        *(516) 922-4060*

*Oyster Bay*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2016*

*11771-*

**Current Waiver Ending Period**

**County**                            *Nassau*

*4/30/2019*

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

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

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**Certificate Number**

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