
Approved Entities

Waiver Number **338**

Primary Entity Name **Hudson Valley Developmental Services, OT, PT, SLP & Psychology PLLC**

Primary Address *254 South Main Street*
Suite 400
New City
NY
10956-

Primary Phone *(845) 638-1592*
Number

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County *Rockland*

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input 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 type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input checked="" type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

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