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## *Approved Entities*

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**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"/>          |  |   |

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

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**Certificate Number**

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