
Approved Entities

Waiver Number **412**

Primary Entity Name **United Helpers Care, Inc. dba Mosaic**

Primary Address *732 Ford Street*

Primary Phone Number *(315) 393-3072*

Ogdensburg

Current Waiver Issued Beginning Period

NY

7/1/2016

13669-

Current Waiver Ending Period

County

St. Lawrence

6/30/2019

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed_Applied_Behavior_Analyst

Certified_Behavior_Analyst_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

Additional Sites if any - with Certificate Number

Certificate Number

JT - 412 - 477

Stepping Stones