

## Approved Entities

**Waiver Number**                    **420**

**Primary Entity Name**            **HCHC, Inc. at Kingsbrook Jewish Medical Center**

**Primary Address**                *585 Schenectady Avenue  
Leviton Building, Room 413  
Brooklyn  
NY  
11203-*

**Primary Phone Number**        *(718) 604-5283*

**Current Waiver Issued Beginning Period**  
*7/1/2016*

**Current Waiver Ending Period**  
*6/30/2019*

**County**                            *Kings*

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input checked="" type="checkbox"/> CAT                       | <input checked="" type="checkbox"/> Physical Therapy       | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)           |
| <input type="checkbox"/> LCSW                              | <input checked="" type="checkbox"/> Psychology                | <input checked="" type="checkbox"/> Occupational Therapy   | <input 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 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**

**JT - 420 - 481                    ACE Preschool**

**Certificate Number**

**JT - 420 - 479                    Kingsbrook Jewish Medical Center DIPHH Program**

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<i>Certificate Number</i>	<b>JT - 420 - 482</b>	<b>First Step</b>
<i>Certificate Number</i>	<b>JT - 420 - 483</b>	<b>Best Step</b>
<i>Certificate Number</i>	<b>JT - 420 - 480</b>	<b>ACE Integration Head Start</b>