
Approved Entities

Waiver Number **526**

Primary Entity Name **Wesley Health Care Center**

Primary Address *131 Lawrence Street*

Primary Phone Number *(518) 587-3600*

Saratoga Springs

Current Waiver Issued Beginning Period

NY

10/27/2015

12866-

Current Waiver Ending Period

County

Saratoga

10/31/2018

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

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