

Approved Entities

Waiver Number **97**

Primary Entity Name **Kids Quality Care, Inc.**

Primary Address *122 East 42nd Street*
Suite 3000
New York
New York
10168-

Primary Phone *(212) 338-6960*
Number *23*

Current Waiver Issued Beginning Period
5/1/2013

Current Waiver Ending Period
4/30/2016

County *New York*

<input type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input 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"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input type="checkbox"/> Audiology/Speech Lang.	<input checked="" type="checkbox"/> Other: <input type="text" value="Licensed Speech Pathologist"/>

Additional Sites if any - with Certificate Number

Certificate Number