Approved Entities

Waiver Number	**451**		
Primary Entity Name	**Horizon Health Services Inc.**		
Primary Address	*3020 Bailey Ave*	***Primary Phone Number***	*(716) 831-1800*
	Buffalo		
	NY	***Current Waiver Issued Beginning Period***	
	14215-	*4/2/2012*	
		Current Waiver Ending Period	
County	*Erie*	*3/31/2015*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☐ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☐ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 451 - 1299**	**Mental Health Comprehensive case Management Program**
Certificate Number	**CW - 451 - 1298**	**Transitional Case Management**