
Approved Entities

Waiver Number **495**

Primary Entity Name **The Coalition of Behavioral Health Agencies Inc.**

Primary Address *90 Broad St 8th Fl*

Primary Phone *(212) 742-1600*
Number

New York

NY

10004-

Current Waiver Issued Beginning Period
5/10/2012

Current Waiver Ending Period
5/9/2015

County *New York*

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number

- -