Approved Entities

Waiver Number	**495**		
Primary Entity Name	**The Coalition of Behavioral Health Agencies Inc.**		
Primary Address	*90 Broad St 8th Fl*	***Primary Phone Number***	*(212) 742-1600*
	New York		
	NY	***Current Waiver Issued Beginning Period***	
	10004-	*5/10/2012*	
		Current Waiver Ending Period	
County	*New York*	*5/9/2015*	

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	- -