

Broome Developmental
Disabilities Service Office
3660230

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO
 Contract Number: C0SBR00235
 Agency Business Unit: 51940
 Agency Department ID: 3660230
 Contract Term: 9/1/2019 to 8/31/2024
 Contractor Name: New Hartford Psychiatric Services
 Contractor Address: 238 Oriskany Blvd., Whitesboro, NY 13492
 Description of Services Being Provided: Psychiatry

Scope of Contract (Choose one that best fits):


- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☐ Health Services ☒ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
31-1012-00	8.00	1,316.00	\$318,275.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	8.00	1,316.00	\$318,275.00
Grand Total	8.00	1,316	\$318,275.00

Name of person who prepared this report: Mark Cephas

Title: Dir of Finance

Phone #: (715)697-8161

Preparer's Signature: 

Date Prepared: 04/15/2025

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO
 Contract Number: C0SBR00406
 Agency Business Unit: 51940
 Agency Department ID: 3660230
 Contract Term: 11/1/2021 to 10/31/2026
 Contractor Name: Auguste Duplan MD PLLC
 Contractor Address: 602 Warren Place, Ithaca, NY 14850-3147
 Description of Services Being Provided: Psychiatry

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☐ Health Services ☒ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	1 0.00	120 0.00	\$50 \$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			42,000

Name of person who prepared this report:

Title:

Preparer's Signature: 

Date Prepared: 4/18/25

Phone #: (347) - 446-1498

Page of

(Use additional pages, if necessary)

Auguste L. Duplan, MD
NYS Lic. #229792

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO

Contract Number: C0SBR00407

Agency Business Unit: 51940

Agency Department ID: 3660230

Contract Term: 11/1/2021 to 10/31/2026

Contractor Name: New Hartford Psychiatric Services

Contractor Address: 238 Oriskany Blvd., Whitesboro, NY 13492

Description of Services Being Provided: Psychiatry

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☐ Health Services ☒ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
31-1012-00	2.00	275.00	\$97,900.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	8.00	275.00	\$97,900.00
Grand Total	8.00		

Name of person who prepared this report: Mark Cephas

Title: Dir of Finance

Phone #: 7156978161

Preparer's Signature: 

Date Prepared: 4/15/2025

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO
 Contract Number: C0SBR00439
 Agency Business Unit: 51940
 Agency Department ID: 3660230
 Contract Term: 2/1/2022 to 10/31/2026
 Contractor Name: New Hartford Psychiatric Services
 Contractor Address: 238 Oriskany Blvd., Whitesboro, NY 13492
 Description of Services Being Provided: Psychiatry

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☐ Health Services ☒ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
31-1012-00	2.00	348.00	\$121,800.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	348.00	\$121,800.00
Grand Total	1.00	348	\$121,800.00

Name of person who prepared this report: Mark R Cephas

Title: Dir. of Finance

Phone #: 715-697-8161

Preparer's Signature: 

Date Prepared: 4/15/2025

(Use additional pages, if necessary)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO Contract Number:
 C0SBR00531
 Agency Business Unit: 51940
 Agency Department ID: 3660230
 Contract Term: 12/1/2022 to 11/30/2027
 Contractor Name: Dominion Temp Services Inc.
 Contractor Address: 718 Walt Whitman Rd., Suite 1413, Melville, NY 11747
 Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Companion	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	0.00	0	\$0.00

Name of person who prepared this report: Margaret Salisu

Title: President

Phone #: 5165245030

Preparer's Signature: Margaret Salisu

Date Prepared: 05/13/2025

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO

Contract Number: C0SBR00532

Agency Business Unit: 51940

Agency Department ID: 3660230

Contract Term: 12/1/2022 to 11/30/2027

Contractor Name: Cedar Park Group Inc.

Contractor Address: 2 Lawson Ave. Suite 11, East Rockaway, NY 11518

Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
NO SALES	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature: 

Date Prepared: 04/03/2025

FORM B

New York State Consultant Services

Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Broome DDSOO
 Contract Number: C0SBR00533
 Agency Business Unit: 51940
 Agency Department ID: 3660230
 Contract Term: 12/1/2022 to 11/30/2027
 Contractor Name: Clinical Staffing Resources Corp.
 Contractor Address: 420 Broadway, 3rd Floor, Brooklyn, NY 11211
 Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: H. and M. DennyTitle: VPPhone #: 718-669-7373Preparer's Signature: [Signature]Date Prepared: 4/13/25

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD BROOME SSDOO
Contract Number: COSBR00731 Agency Business Unit:
Contract Term: 09/01/24 to 08/31/29 Agency Department ID:
Contractor Name: TANDYM GROUP LLC.
Contractor Address: 238 ORISKANY BLVD, WHITESBORO, NY 13492
Description of Services Being Provided: PSYCHIATRY

Scope of Contract (Choose one that best fits):

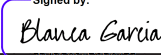
- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☒ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☐ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	1.00	986.60	\$128,258.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report:

Title: Payroll Director

Phone #: 212-922-1001

Preparer's Signature: 

Date Prepared: 5/15/2025 | 12:41 PM EDT

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD Broome
 Contract Number: TOSBR00781 Agency Business Unit: _____
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: 3660200
 Contractor Name: Elite Pharmacy Consulting Services
 Contractor Address: 1225 Franklin Avenue suite 325., Garden City, NY 11530
 Description of Services Being Provided: Medication Reviews

Scope of Contract (Choose one that best fits):

- ☐ Analysis ☐ Evaluation ☐ Research ☐ Training
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting
☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental Services
☐ Health Services ☐ Mental Health Services
☐ Accounting ☐ Auditing ☐ Paralegal ☐ Legal ☒ Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
0 <i>Independent consultant pharmacist med review</i>	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			12,9890.00

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

Preparer's Signature: _____

Date Prepared: 05/07/2025