

Finger Lakes Developmental
Disabilities Service Office
3660235

Contracting State Agency Name: NYS OPWDD Finger Lakes DDSOO
Contract Number: C0SFL00539
Agency Business Unit: 51780
Agency Department ID: 3660235
Contract Term: 1/1/2023 to 12/31/2027
Contractor Name: ATC Healthcare Services, LLC
Contractor Address: 1983 Marcus Avenue, Suite E-122, Lake Success, NY 11042
Description of Services Being Provided: Patient Companion

☐ 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

Page of

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 Finger Lakes DDSOO

Contract Number: COSFL00540

Agency Business Unit: 51780

Agency Department ID: 3660235

Contract Term: 1/1/2023 to 12/31/2027

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
	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 Finger Lakes DDSOO
 Contract Number: COSFL00541
 Agency Business Unit: 51780
 Agency Department ID: 3660235
 Contract Term: 1/1/2023 to 12/31/2027
 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
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Name of person who prepared this report: Minda M. Derry
 Title: VP Phone #: _____
 Preparer's Signature: [Signature]
 Date Prepared: 4/13/25

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 Finger Lakes DDSOO Contract
 Number: C0SFL00542
 Agency Business Unit: 51780
 Agency Department ID: 3660235
 Contract Term: 1/1/2023 to 12/31/2027
 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: 5/13/2025

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 Finger Lakes DDSOO
 Contract Number: COSFL00644
 Agency Business Unit: 51780
 Agency Department ID: 3660235
 Contract Term: 9/1/2023 to 8/31/2028
 Contractor Name: Jamie Glass, N.P., Psychiatry, PLLC
 Contractor Address: 88 Elm Street #903, Rochester, NY 14604
 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
	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: Jamie Glass

Title: Business owner. PMHNP

Phone #: 845-943-0133

Preparer's Signature: 

Date Prepared: 4/3/2025

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 Finger Lakes DDSOO
 Contract Number: C0SFL00645
 Agency Business Unit: 51780
 Agency Department ID: 3660235
 Contract Term: 9/1/2023 to 8/31/2028
 Contractor Name: New Hartford Psychiatric Services PLLC
 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	720.00	\$266,400.00
	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	720.00	\$266,400.00
Grand Total	1.00	720	\$266,400.00

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

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

Contracting State Agency Name: NYS OPWDD FINGERLAKES DDSOO
Contract Number: SOSFL00646 Agency Business Unit: 51780
Contract Term: 09/01/2023 to 08/31/2028 Agency Department ID: 3660235
Contractor Name: ELIZABETH CATON-BURM
Contractor Address: 797 FISHELL RD RUSH, NY 14543
Description of Services Being Provided: PSYCHIATRY

- ☐ 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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			

Date Prepared: 05/07/2025

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 FINGER LAKES
 Contract Number: TOSFL00784 Agency Business Unit: _____
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: _____
 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 Independent Consultant Pharmact med	0.00	0.00	\$0.00
0 revna	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			25,320.00

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

Preparer's Signature: _____

Date Prepared: 05/07/2025