# Hudson Valley Developmental Disabilities Service Office 3660236

## 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 Hudson Valley DDSOO

Contract Number: C0SHV00568 Agency Business Unit: 51210 Agency Department ID: 3660236

Contract Term: 5/1/2023 to 4/30/2028

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 f	fits):					
☐ Analysis ☐ Evaluation ☐ Research	☐ Analysis ☐ Evaluation ☐ Research ☐ Training					
☐ Data Processing ☐ Computer Program	☐ Data Processing ☐ Computer Programming ☐ Other IT consulting					
☐ Engineering ☐ Architect Services	☐ Engineering ☐ Architect Services ☐ Surveying ☐ Environmental 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			
Total this Page	0.00	0.00	\$ 0.00			
Grand Total						

Title: President Phone #: 5165245030

Preparer's Signature: <u>Margaret Salisu</u>

Date Prepared: 5/13/2025

## 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 Hudson Valley DDSOO

Contract Number: C0SHV00569 Agency Business Unit: 51210 Agency Department ID: 3660236

Contract Term: 5/1/2023 to 4/30/2028

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

Scope of Contract (Choose one that best f	its):		
☐ Analysis ☐ Evaluation ☐ Research	ch		
☐ Data Processing ☐ Computer Program	mming	r IT consulting	
☐ Engineering ☐ Architect Services	Surveying [	☐ Environmental Services	
	vices		
☐ Accounting ☐ Auditing ☐ Paraleg	gal 🗌 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
Total this Page	0.00	0.00	\$ 0.00
Grand Total	0.00	0	\$0.00

Ν	lame o	t person who	prepared this rep	ort: Cheryl Stein
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Title: VP of Contarcting

Preparer's Signature: \_\_\_\_\_/

Date Prepared: 5//20/2025

Phone #: 516 750 1618

### 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 Hudson Valley DDSOO

Contract Number: C0SHV00573 Agency Business Unit: 51210 Agency Department ID: 3660236

Contract Term: 5/1/2023 to 4/30/2028 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 f	its):		
☐ Analysis ☐ Evaluation ☐ Research	n □ Training		
☐ Data Processing ☐ Computer Program	nming	IT consulting	
☐ Engineering ☐ Architect Services ☐	☐ Surveying ☐	Environmental Services	
X Health Services	ces		
☐ Accounting ☐ Auditing ☐ Paralega	Architect Services		
Employment Category			
PATIENT COMPANIONS	2	45	1440
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	2	45	1440

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT Phone #: 5165350613

Preparer's Signature:

Date Prepared: 04/03/2025

## 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 Hudson Valley DDSOO

Contract Number: C0SHV00575 Agency Business Unit: 51210 Agency Department ID: 3660236

Contract Term: 5/1/2023 to 4/30/2028

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 Program		r IT consulting				
☐ Engineering ☐ Architect Services	Surveying [	Tenvironmental 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			
Total this Page	0.00	0.00	\$ 0.00			
Grand Total						

Name of person who prepared this report: Headith	Dany
Title: VP	Phone #: 718-669-7373
Preparer's Signature:	
Date Prepared: 4 1312021	

## New York State Consultant Services Contractor's Annual Employment Report

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

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Contracting	State	Agancy	Mama:
o o niti dotti ig	Otate	AGEIICV	Name.

NYS OPWDD HUDSON VALLEY DDSOO

Contract Number: COSHV00571

Agency Business Unit: 51210

Contract Term: 05/01/2023 to 04/30/2028

Agency Department ID: 3660236

Contractor Name: UNITED STAFFING

Contractor Address: 1385 BROADWAY SUITE 1005, NY, NY 10018 Description of Services Being Provided: PATIENT COMPANION

- 1	Scope of Contract (Ol			
	Scope of Contract (Choose one that b			
			ining	
	☐ Data Processing ☐ Computer Pr	ogramming [	Other IT consulting	
	☐ Engineering ☐ Architect Services			Services
	☐ Health Services ☐ Mental Health		-	
-	☐ Accounting ☐ Auditing ☐ Pa	aralegal 🗌 Leg	gal	lting
	Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
-		19.00	451.75	\$14,752.50
ŀ		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
-		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
	,	0.00	0.00	\$0.00
		0.00	0.00	\$0.00
		0.00	0.00	\$0.00
_		0.00	0.00	\$0.00
		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	19.00	451.75	\$ 0.00
	Grand Total	19.00	451.75	14,752.50

Name of	person	who	prepared	this	report:	Tracev	Fox
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Title: VP Operations

Phone #: 212.743.0238

Preparer's Signature:

Date Prepared: 4/10/2025

## New York State Consultant Services Contractor's Annual Employment Report

Report Perio	od: April 1, 24	to March 31, 25			
Contracting State Agency Name: Contract Number: COSHV00624 Contract Term: 09/01/23 to 08/31/ Contractor Name: VIRTUAL MEDICA Contractor Address: 1219 NORTH FO Description of Services Being Provide	28 LL CARE DREST RD. WIL		it: 51210 ID: 3660236		
Scope of Contract (Choose one that best fits):  Analysis					
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
Registered Nurses	27	0.00	\$0.00		
Administration	4.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		

Administration	4.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	31.00	0.00	\$ 0.00
Grand Total	31.00		

Name of person who prepared this report: Annette Phillips RN

Phone #: 716-395-3533

Title: Vice President Clinical Services

Preparer's Signature: Annette Phillips RN

Date Prepared: 04/07/2025

## New York State Consultant Services Contractor's Annual Employment Report

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

Contracti	ha State	Agency	Name:
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NYS OPWDD HUDSON VALLEY DDSOO

Contract Number: TOSHV00785

Agency Business Unit: 51000

Contract Term: 08/01/2024 to 07/31/2025

Agency Department ID: 3660200

Contractor Name: ELITE PHARMACY CONSULTING SERVICES INC

Contractor Address: 1225 FRANKLIN AVENUE, STE 325, GARDEN CITY, NY 11530

Description of Services Being Provided: MEDICATION REVIEW

Scope of Contract (Choose one that best fits):						
☐ Analysis ☐ Evaluation ☐ Res						
☐ Data Processing ☐ Computer Pro	ogramming [	Other IT consulting				
☐ Engineering ☐ Architect Services	☐ Surveying	☐ Environmental S	Services			
☐ Health Services ☐ Mental Health	Services					
☐ Accounting ☐ Auditing ☐ Par						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
INDEPENDENT CONSULTANT @\$30/REVIEW AUG.24 (179 REVIEWS)	0.00	0.00	\$5,370.00			
@\$30/REVIEW SEPT.24 (70 REVIEWS)	0.00	0.00	\$2,100.00			
@\$30/REVIEW OCT.24 (9 REVIEWS)	0.00	0.00	\$270.00			
@\$30/REVIEW DEC.24 (6 REVIEWS)	0.00	0.00	\$180.00			
@\$30/REVIEW JAN.25 (32 REVIEWS)	0.00	0.00	\$960.00			
@\$30/REVIEW FEB.25 (1 REVIEW)	0.00	0.00	\$30.00			
@\$30/REVIEW APR.25 (10 REVIEWS)	0.00	0.00	\$300.00			
@\$30/REVIEW MAY.25 (45 REVIEW\$)	0.00	0.00	\$1,350.00			
@\$30/REVIEW JUN.25 (45 REVIEW\$)	0.00	0.00	\$1,350.00			
@\$30/REVIEW JUL.25 (45 REVIEWS)	0.00	0.00	\$1,350.00			
@\$30/REVIEW AUG.25 (45 REVIEW\$)	0.00	0.00	\$1,350.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
Total this Page	0.00	0.00	\$14,610.00			
Grand Total						

Name o	of person	who	prepared	this	report:	<b>RITA</b>	AMIGDAL	OS
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Title: PRESIDENT

Preparer's Signature:

Phone #: (516) 512.8958

(Use additional pages, if necessary)

#### **FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

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

Contract	ntracting State Agency Name: NYS OPWDD HUDSON VALLEY DDSOO						
Contract	Agency Business Unit: 51000						
Contract	Term: 08/01/2024 to 07/	/31/2025	Agency Department	ID: 3660200			
Contract	or Name: ELITE PHARMAC	CY					
Contract	or Address: NO ADDRESS	ON FILE					
Descript	ion of Services Being Provid	ded: MEDICATIO	N REVIEW				
6	O	4 624-)-					
Analy	Contract (Choose one that I		ining				
	Processing Computer P		Other IT consulting				
	eering Architect Service	_		Sarvicas			
	Services  Mental Health			Services			
Accou		aralegal 🔲 Leg	gal 🔀 Other Consul	tina			
		Number of					
E	mployment Category	Employees	Number of Hours Worked	Amount Payable Under the Contract			
Independent consultant Charmas		at med 0.00	0.00	\$0.00			
		reur 0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		0.00	0.00	\$0.00			
		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			4	18420.00			
Commission			7				
Name of person who prepared this report:							
Title: Phone #:							
Preparer's Signature:							
Date Prepared: / /							
Date Frepared.							