

# **Hutchings Psychiatric Center**

**3650367**

**APPENDIX I  
Consultant Disclosure Form B**

<b>FORM B</b>	OSC Use Only: Reporting Code: Category Code:
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**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2015 to March 31, 2016  
Hutchings Psych Center**

Contracting State Agency Name: \_\_\_\_\_ Agency Code: 3650367  
 Contract Number: 07H07-C000203-3650367  
 Contract Term: 2/1/2015 to 1/31/16  
 Contractor Name: American mobile Dental, P.C.  
 Contractor Address: 895 Mamaroneck Ave Suite 302 Mamaroneck NY 10543  
 Description of Services Being Provided:  
mobile Dental Services

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
<u>91-9091.00 Dental assistant</u>	<u>1</u>	<del>57</del> <u>57</u>	
<u>11-9111.00 medical &amp; Health service manager</u>	<u>1</u>	<u>57</u>	
<u>29-1021.00 Dentist -general</u>	<u>1</u>	<u>108</u>	
<u>53-3031.00 - Driver</u>	<u>1</u>	<u>108</u>	
<u>43-6013.00 - Billing Coordinator</u>	<u>1</u>	<u>18</u>	
<u>13-1041.00 - Compliance officer</u>	<u>1</u>	<u>25 hours</u>	
<u>29-1021.00 Dentist (Just on Credentialing)</u>	<u>3</u>	<u>30</u>	
<b>Total this page</b>	<del>6</del> <u>9</u>	<u>403</u> <u>403</u>	
<b>Grand Total</b>	<del>6</del> <u>9</u>	<u>403</u> <u>403</u>	<u>11/A - \$0.00</u>

Name of person who prepared this report:  
 Preparer's Signature: Jucia R Bell (607) 432-1010  
 Title: Compliance officer Phone #: 0  
 Date Prepared: 5/14/16

\*. (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)

**APPENDIX I  
Consultant Disclosure Form B**

**FORM B**

OSC Use Only:  
Reporting Code:  
Category Code:

**State Consultant Services  
Contractor's Annual Employment Report  
Report Period: April 1, 2015 to March 31, 2016**

Contracting State Agency Name: R.H. Hutchings Psychiatric Center Agency Code: ~~OMH01~~ 3650367  
 Contract Number: OMH01-C000214-3650367  
 Contract Term: 11/01/2013 to 10/31/2018  
 Contractor Name: Correctional Eye Care Network Services, Inc  
 Contractor Address: 2 Middlesex Road, East Greenbush, NY 12061  
 Description of Services Being Provided: Vision Care including Eyeglasses

**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 x Mental Health Services   
 Accounting  Auditing  Paralegal  Legal  Other Consulting

*Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Optometrists	2	96	13,374.00
Total this page			\$13,374.00
Grand Total			\$13,374.00

Name of person who prepared this report: Dana A. Baker  
 Preparer's Signature: *Dana A. Baker*  
 Title: Account Executive Phone #: 518-523-3535  
 Date Prepared: 05/17/2016

(Use additional pages if necessary)

\*. (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)