Civil Service

3150200

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY	S Department of	Civil Service		
Contract Number: C00058		Agency Business Unit: DCS01		
Contract Term: 7/1/2013 to 9/12/2018		Agency Department ID: 31509.00		
Contractor Name: Truven Health Analytics LLC				
Contractor Address: 100 Phoenix Dri	ve, Ann Arbor, N	N 48108		
Description of Services Being Provide	ed: Truven Heal	th Analytics provides	a Decision Support	
System to assist DCS in the evaluation	on of the various	health plans NYSHIF	offers to its	
members.				
Scope of Contract (Choose one that b	est fits):			
		ining		
☐ Data Processing ☐ Computer Pro	_	Other IT consulting		
☐ Engineering ☐ Architect Services		☐ Environmental	Services	
☐ Health Services ☐ Mental Health	Services			
Accounting Auditing Pa	ıralegal 🗌 Leg	gal	ting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
11-2022.00	1.00	0.50	\$62.70	
11-9199.00	5.00	1,341.19	\$120,780.67	
13-2011.01	1.00	11.30	\$704.03	
15-1199.07	16.00	422.26	\$19,728.58	
15-1199.09	1.00	5.19	\$354.91	
43-9111.01	9.00	424.87	\$13,302.99	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	33.00	2,205.31	\$154,933.88	
Grand Total	33.00	2,205	\$154,933.88	
	anort: Vavin Brad			
Name of person who prepared this report: Kevin Bradley Title: Director, Service Delivery Phone #: 919-474-6030				
•	Bandla.	FROITE #.	0 10-41 1 0000	
	e Bradley_			
Date Prepared: 05/10/2018	•			

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NYS Department of Civil Service				
Contract Number: C000612	-	Agency Business Ur	nit: DCS01	
Contract Term: 1/1/2013 to 12/31.	/2017	Agency Department	ID:	
Contractor Name: Aon		,	3150200	
Contractor Address: 400 Atrium Drive	e, Somerset, NJ	08873		
Description of Services Being Provid	ed: Heatlh Bene	efits Consulting		
		- -		
Scope of Contract (Choose one that b	·			
<u> </u>		ining		
Data Processing Computer Pr		Other IT consulting		
Engineering Architect Services		J ☐ Environmental	Services	
Health Services Mental Health				
Accounting Auditing Pa	ralegal Leg	gal	ting	
	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
13-1141.00 Compensation, Benefits,	Employees 27.00	Hours Worked 1,118.75	Under the Contract \$402,669.65	
		1,118.75	\$402,669.65	
13-1141.00 Compensation, Benefits,	27.00			
13-1141.00 Compensation, Benefits,	27.00	1,118.75 0.00	\$402,669.65 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00	1,118.75 0.00 0.00	\$402,669.65 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
13-1141.00 Compensation, Benefits,	27.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,118.75 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$402,669.65 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

Name of person who prepared this report: Lora Huszar

Title: Sr. Admin. Assistant
Preparer's Signature: ___

Phone #: 732-302-2186

Date Prepared: 04/16/2018

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Data Processing				
Agency Department ID: 3150000 contractor Name: Industrial/Organizational Solutions, Inc. contractor Address: 1127 S. Manneheim Rd., Ste. 203, Westchester, IL 60154 description of Services Being Provided: Entry-Level Law Enforcement Officer Examinations Cope 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 Hours Worked Under the Contract Consultant/IO Psychologist 2.00 125.75 \$28,293.75 Consultant/IO Psychologist 2.00 127.00 \$32,725.00 Consultant/IO Associate 1.00 187.00 \$32,725.00 Consultant/IO Associate 1.00 320.00 \$20,800.00 Consultant/IO Associate 1.00 320.00 \$20,800.00 Consultant/IO Associate 1.00 0.00 0.00 \$0.00 Consultant/IO Associate	* * *	•		**
contractor Name: Industrial/Organizational Solutions, Inc. Contractor Address: 1127 S. Manneheim Rd., Ste. 203, Westchester, IL 60154 Description of Services Being Provided: Entry-Level Law Enforcement Officer Examinations Cope of Contract (Choose one that best fits): Cop of Contract (Choose			Agency Business Ur	int:
Contractor Address: 1127 S. Manneheim Rd., Ste. 203, Westchester, IL 60154				ID: 31 SOME
Description of Services Being Provided: Entry-Level Law Enforcement Officer Examinations	-			
Coope 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 Hours Worked Under the Contract				
Analysis	Description of Services Being Prov	ided: Entry-Level I	_aw Enforcement Off	icer Examinations
Analysis				
Data Processing	Scope of Contract (Choose one that	t best fits):		
Engineering			ning	
Health Services	☐ Data Processing ☐ Computer	Programming	Other IT consulting	
Accounting	☐ Engineering ☐ Architect Service	ces Surveying	☐ Environmental :	Services
Number of Employees	☐ Health Services ☐ Mental Hea	Ith Services		
Employment Category Employees Hours Worked Under the Contract Consultant/IO Psychologist 2.00 125.75 \$28,293.75 Consulting Associate 1.00 187.00 \$32,725.00 Pechnical Writer 1.00 320.00 \$20,800.00 Individual Strative Assistant 2.00 60.00 \$2,100.00 Individual Strative Assistant 0.00 0.00 \$0.00 Individual	☐ Accounting ☐ Auditing ☐	Paralegal 🗌 Leg	al 🛛 Other Consult	ting
1.00	Employment Category			
Sechnical Writer	Consultant/IO Psychologist	2.00	125.75	\$28,293.75
Administrative Assistant 2.00 60.00 \$2,100.00 0.00 0.00 0.00 \$0.00 0.00 0.00 0.00 \$0.00 0.00 0.00 0.00 \$0.00 0.00 0.00 0.00 \$0.00 0.00 0.00 0.00 \$0.00 0.00 0.00 0.00 \$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 5.00 692.75 \$83,918.75 Grand Total Phone #: 708-410-0200 Preparer's Signature:	Consulting Associate	1.00	187.00	\$32,725.00
0.00	Technical Writer	1.00	320.00	\$20,800.00
0.00	Administrative Assistant	2.00	60.00	\$2,100.00
0.00 0.00 \$0.00		0.00	0.00	\$0.00
0.00		0.00	0.00	\$0.00
0.00		0.00	0.00	\$0.00
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 5.00 692.75 \$83,918.75 Grand Total Phone #: 708-410-0200 Preparer's Signature:		0.00	0.00	\$0.00
0.00 0.00 \$0.00 0.00 0.00 0.00 \$0.00 Total this Page 5.00 692.75 \$83,918.75 Grand Total		0.00	0.00	\$0.00
O.00 O.00 \$0.00 Total this Page 5.00 692.75 \$83,918.75 Grand Total Name of person who prepared this report: Mark Tawney Title: Vice President, Testing Services, Principal Preparer's Signature: Phone #: 708-410-0200		0.00	0.00	\$0.00
Total this Page 5.00 692.75 \$83,918.75 Grand Total Name of person who prepared this report: Mark Tawney Fitle: Vice President, Testing Services, Principal Preparer's Signature: Phone #: 708-410-0200		0.00	0.00	\$0.00
Total this Page 5.00 692.75 \$83,918.75 Grand Total Name of person who prepared this report: Mark Tawney Fitle: Vice President, Testing Services, Principal Phone #: 708-410-0200 Preparer's Signature:		0.00	0.00	\$0.00
Grand Total Name of person who prepared this report: Mark Tawney		0.00	0.00	\$0.00
Name of person who prepared this report: Mark Tawncy Fitle: Vice President, Testing Services, Principal Phone #: 708-410-0200 Preparer's Signature:	Total this Page	5.00	692.75	\$83,918.75
Preparer's Signature: Principal Phone #: 708-410-0200	Grand Total			
	Title: Vice President, Testing Services	•	•	708-410-0200
	Date Prepared: 5/8/2018			

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: NY	'S			
Contract Number: C000630		Agency Business Unit:		
Contract Term: 9/1/2014 to 8/31/2019		Agency Department	ID: 3150200	
Contractor Name: PSI Services LLC				
Contractor Address: 611 N. Brand Bl	vd., 10th floor, G	ilendale, CA 91203		
Description of Services Being Provided: Examination Consulting Services (Job Analysis, Test				
Development, and Test Validation for Entry-Level Firefighter Exam)	r the purposes o	rupdating the NYS D	ept. of Civil Service's	
Entry-Level Filelighter Exam)				
Scope of Contract (Choose one that b	est fits):			
☐ Analysis ☐ Evaluation ☐ Re	search 🗌 Trai	ining		
☐ Data Processing ☐ Computer Pro	ogramming 🗌	Other IT consulting		
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental	Services	
☐ Health Services ☐ Mental Health	Services			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leg	al 🗵 Other Consul	ting	
	Number of	Number of	Amount Payable	
Employment Category	Employees	Hours Worked	Under the Contract	
Project Consultant	2.00	370.00	\$69 ,375.00	
Director/VP	1.00	122.00	\$27,450.00	
EVP	1.00	45.00	\$10,125.00	
Administrative Support	3.00	188.00	\$9,400.00	
	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	
Total this Page	7.00	725.00	\$116,350.00	
Grand Total	7	725	\$116,350.00	
			· -	

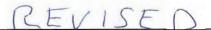
Name of person who prepared this report: Dawn Lambert

Title: Semior Consultant, Assessment Solutions

Phone #: 818-847-6180

Preparer's Signature:

Date Prepared: 5/3/2018



New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2017 to March 31, 2018

Contracting State Agency Name: Department of Civil Service

Contract Number: CC00510 Agency Business Unit: DCS01

Contract Term: 04/01/2017 to 03/31/2018 Agency Department ID: 3150200

Contractor Name: Behavioral Health Specialists, PLLC

Contractor Address: 72 Sheldon Drive, Mechanicville, New York 12118 (NEW ADDRESS)

Description of Services Being Provided: Psychological evaluations, including evaluation of history and psychological tests, providing clinical interviews and a written report.

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 ☐ Pa	ralegal Leg	gal 🔲 Other Consul	ting			
Employment Category	Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract					
19-3031.02	1.00	300.00	\$64,000.00			
	0.00	0.00	\$0.00			
0.00 0.00 \$0.00						
0.00 0.00 \$0.0						
0.00 0.00 \$0.00						
	0.00 0.00 \$0.00					
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	0.00	0.00	\$0.00			
	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 1.00 300.00 \$64,000.00						
Grand Total 1.00 300 \$64,000.00						

Name of person who prepared this report: Martin J. Marrazo, Ph.D.

Title: Clinical Psychologist/Contractor

Phone #: 518-466-2676

Preparer's Signature: Martin

Date Prepared: 05/12/2018

(Use additional pages, if necessary)

ORM B				
New York	State Cons	ultant Servi	ces	
Contractor's	Annual Em	ployment	Report	
Report Perio	d: April 1, 17	to March 31	. 18	
Contracting State Agency Na	me: ClVII	Serv	ice	
Contract Number: TCCC	(690)	Agency Busine	ess Unit:	
Contract Term: 4/1/17 to	3/3/18	Agency Depar	tment ID: 3	OROC
Contractor Name: John Wo	LONER IPHD			
Contractor Address: 231 TV	nomas Road, D	12 Chatha	m NY 12139	,
Description of Services Being	Provided: 🚜			
treemployi	year Evi	Muatroi	<u>1</u>	
FITNESS FOR	200/4			
Scope of Contract (Choose on	e that best fits):			ļ
	earch Training			
<u> </u>		ther IT consulting		
	Surveying	Environmental	Services	
Health Services Mental Heal		Other Consultin	<u> </u>	
Accounting Auditing Para	Number of	Other Consultin	Amount Pay	able
Employment Category	Employees	Hours Worked	Under the Co	
	ì	90	13840	,
	0.00	0.00	\$0.00	\neg
	0.00	0.00		\$0.00
	0.00	0.00	\$0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00 \$0.00	
	0.00	0.00	\$0.00	———
	0.00	0.00	\$0.00	
	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 Dans	0.00	0.00	\$0.00	
Total this Page Grand Total	0.00	0.00	\$ 0.00	75
Grand Total	<u> </u>	190	13.8	1 0
Name of person who prepare	d this report:			İ
Title:	a the report.	Phone	#	
Preparer's Signature:		Litone	π,	
Date Prepared: / /				
(Use additional pages, if necess:	ery)		Page	of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 7017 to March 31, 7018

	. 7 pin 1, 80 1		<u>0</u>
Contracting State Agency Name: Contract Number: T000703 Contract Term: 04/01/2017 to 3/3 Contractor Name: Harrison Braxton Contractor Address: 526 Maple Aven Saratoga Springs, NY 12866 Description of Services Being Provide	iue	Agency Business Ur Agency Department al Consultation for El-	ID: 3150200
Scope of Contract (Choose one that b			
☐ Analysis ☐ Evaluation ☐ Re ☐ Data Processing ☐ Computer Properties ☐ Engineering ☐ Architect Services ☐ Health Services ☒ Mental Health	search	Other IT consulting Environmental	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Clinical Psychology #19-3031.02	1.00	200.00	\$19,890.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	 		
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00 \$0.00
	0.00 0.00 0.00	0.00 0.00 0.00	\$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	0.00 0.00 0.00 0.00 0.00 0.00	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 0.00 0.00 0.00 0.00	0.00 0.00 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 Grand Total	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

name of person who prepar	ed Inis report: Harrison Braxton, PsyD	
Title: Licensed Psychologist	Harrison Braxton, Psyl	Phone #: (518) 368-0481
Preparer's Signature:	Mong	

Date Prepared: 05/09/2018

ORM B	ORM B				
New York	k State Cons	ultant Serv	ices		
Contractor's Annual Employment Report					
Report Perio	od: April 1, 17	to March 31	1. 18		
Contracting State Agency Na	me: NYS T				
Contract Number: TCC	0100	Agency Busin	ess Unit. "DCSO)		
Contract Term: 4/1/17 to	3/3/18	Agency Depai	tment ID:3150 200		
Contractor Name: Cynkhia (2	obseine OHD				
Contractor Address 231 TV	YOMAS ROAD D	12 Chatha	m IN 12136		
Description of Services Being CCEM\DIOUN	Drovidosk a				
F-1+ness for	2 DVM.				
Scope of Contract (Choose on	e that best lits);				
Analysis Evaluation Rese	earch Training				
Data Processing Computer F	rogramming O	ther IT consulting	9		
Engineering Architect Service	Surveying	Environmental	Services		
Health Services Mental Healt					
Accounting Auditing Para	legal tegal	Other Consultin	· · · · · · · · · · · · · · · · · · ·		
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract		
	1	12	1800		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00 \$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
	0.00	0.00	\$0.00		
·	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		12	1800		
Name of person who prepared this report:					
Title: Phone #.					
Preparer's Signature:					
Date Prepared: / /					
(Use additional pages, if necessary	arv)		Page of		