

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS OPWDD: Hudson Valley DDSOO
 State Agency Department ID: 3660236 Agency Business Unit: 51210
 Contractor Name: Alicare Medical Management, Inc Contract Number: C0SHV00158
 Contract Start Date: 09/01/2018 Contract End Date: 08/31/2023

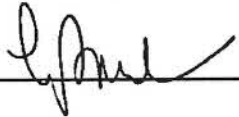
OPD01 - C0SHV00158 - 3660236

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurse	0.75	6,117.00	\$250,776.20
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.75	6,117.00	\$250,776.20
Grand Total	0.00	0.00	\$0.00

Name of person who prepared this report: Victoria Sartor

Title: Senior Vice President

Phone #: 914-367-5434

Preparer's Signature:  _____

Date Prepared: 07/19/2018