

FORM A

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

OPD01 - C0SSU00112 - 3660240

State Agency Name: NYS OPWDD: Sunmount DDSOO
 State Agency Department ID: 3660240 Agency Business Unit: 51420
 Contractor Name: Alicare Medical Management, Inc Contract Number: C0SSU00112
 Contract Start Date: 10/01/2018 Contract End Date: 09/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurse	0.60	5,114.00	\$209,683.58
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0.60	5,114.00	\$209,683.58
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: 07/20/2018