Capital District Developmental Disabilities Service Office 3660233

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO Contract Number: C0SCD00138 Agency Business Unit: 51290			
Contract Term: 6//1/2018 to 5/31/3	2023	Agency Department	ID: 3660233
Contractor Name: All Metro Home Ca	are Services of N	New York, D.B.A. All N	/letro Health Care
Contractor Address: 70 East Sunrise	Highway, Suite	520, Valley Stream, N	NY 11581
Description of Services Being Providence	ed: Patient Com	panions, LPNs, RNs,	RN Case
Management			
Soons of Contract (Change of the L	4.5.4		
Scope of Contract (Choose one that b Analysis Evaluation Re	· —	inina	
☐ Data Processing ☐ Computer ☐ C		ining	
☐ Engineering ☐ Architect Services		Other IT consulting	0
☐ Health Services ☐ Mental Health	_ , ,	☐ Environmental :	Services
	ralegal	al Other Censul	lin a
			ung
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
7	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
0.00 0.00 \$0.00			
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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
Name of person who prepared this re	port: Seth J. Shap	oiro	
Title: Senior Vice President		Phone #:	516.750.9135
Preparer's Signature:			
Date Prepared: 05/19/2023			

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO Contract Number: C0SCD00140 Agency Business Unit: 51290 Contract Term: 6/1//2018 to 5/31/2023 Agency Department ID: 3660233 Contractor Name: Clinical Staffing Resources Corp. Contractor Address: 420 Broadway, 3 rd Floor, Brooklyn, NY 11211 Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case Management				
Scope of Contract (Choose one that b		s ×		
Manager and the control of the contr		ining		
Data Processing Computer Pro		Other IT consulting		
☐ Engineering ☐ Architect Services ☐ Mental Health		☐ Environmental	Services	
		ral Débas Casaul	tim as	
Accounting Additing Pa	ralegal	gal Other Consul	ling	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
LPN	6.00	3,443.00	138305.31	
RN	1.00	407.00	\$23,475.76	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
0.00 0.00 \$0.00				
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	3,850.00	\$161,781.07	
Grand Total	Grand Total			
Name of person who prepared this re Title: Preparer's Signature: Date Prepared: 4/17/2023	eport: N L	Phone #:	718-669-7373	

(Use additional pages, if necessary)

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00142 Agency Business Unit: 51290 Contract Term: 6/1/2018 to 5/31/2023 Agency Department ID: 3660233

Contractor Name: Health Source Group, Inc.

Contractor Address: 76 N. Broadway, Suite 3003, Hicksville, NY 11801

Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case

Management

Scope of Contract (Choose one that best fits):			
☐ Analysis ☐ Evaluation ☐ Research ☐ Training			
☐ Data Processing ☐ Computer Pro	ogramming [Other IT consulting	
☐ Engineering ☐ Architect Services	s 🔲 Surveying	Environmental	Services
	Services		
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🗌 Leç	gal 🔲 Other Consul	ting
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Nursing-LPN	1.00	1,248.75	\$48,673.54
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1,248.75	\$ 0.00
Grand Total	1.00	1,248	\$48,673.54

	Name of	person who	prepared	this report:	Danielle 1	Nelsor
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Title: Executive Business Administrator Phone #: 516-605-1310

Preparer's Signature:

Date Prepared: 5/9/2023

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO Contract Number: C0SCD00143 Agency Business Unit: 51290 Contract Term: 6/1/2018 to 5/31/2023 Agency Department ID: 3660233 Contractor Name: Horizon Healthcare Staffing Contractor Address: 20 Jerusalem Ave., 3 rd Floor, Hicksville, NY 11801 Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case Management			
Scope of Contract (Choose one that best fits): Analysis			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Direct Service Workers	() -0.00	() -0.00-	\$0.00
Home Care Aides	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	0

Name of person who prepared this report: Name \forall \tag{\chi}	Goldstein MARNC
Title: VICE president Preparer's Signature:	Phone #: 516 3262020 X
Preparer's Signature:	MARIA

Date Prepared: 5 /15/23

of

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00152 Agency Business Unit: 51290 Contract Term: 6/1/2018 to 5/31/2023 Agency Department ID: 3660233

Contractor Name: United Staffing Solutions Inc.

Contractor Address: 111 Broadway, New York, NY 10006

Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case

Management

Scope of Contract (Choose one that best fits):				
☐ Analysis ☐ Evaluation ☐ Research ☐ Training				
☐ Data Processing ☐ Computer Pro	☐ Data Processing ☐ Computer Programming ☐ Other IT consulting			
☐ Engineering ☐ Architect Services	s ☐ Surveying	☐ Environmental	Services	
	Services			
☐ Accounting ☐ Auditing ☐ Pa	ralegal 🔲 Leg	gal 🔲 Other Consul	ting	
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract				
HOSPITAL SITTER	4.00	247.75	\$5,511.37	
DIRECT CARE WORKER	1.00	31.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	278.75	\$ 0.00	
Grand Total	5.00	278	5,511.37	

Title: FINANCE MANAGER	Pamela Baker	Phone #: 212-743-0245
Preparer's Signature:	Pameia Baker	
Date Prepared: 5/22/2023		

Name of person who prepared this report: PAMELA BAKER

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00157 Agency Business Unit: 51290 Contract Term: 10/1/2018 to 9/30/2023 Agency Department ID: 3660233

Contractor Name: Amalgamated Medical Care Management

Contractor Address: 333 Westchester Ave, White Plains, NY 10604 Description of Services Being Provided: Telephone Traige Nursing

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 Number of Amount Payable Employment Category Employees Hours Worked Under the Contract			
Employees	27.00	46,280.00	\$11,131.70	
Contractors	10.00	7,800.00	\$491.94	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	37.00	54,080.00	\$11,623.64	
Grand Total	37.00	54,080	11,623.64	

Name of person who p	repared this report: Nancy Remy	
Title: Director, Finance		Phone #: 603-328-6612
Preparer's Signature:	Nancy Remy	
Date Prepared: 05/19/2	023	