Hudson Valley Developmental Disabilities Service Office 3660236

FORM B

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: NYS	6 OPWDD Hudse	on Valley DDSOO		
Contract Number: C0SHV127	ber: C0SHV127 Age		gency Business Unit: 51210	
Contract Term: 5/1/2018 to 4/30/2	18 to 4/30/2023 Agency D		ID: 3660236	
Contractor Name: Ethan Allen Staffin	g			
Contractor Address: 59 Academy Stre	eet, Poughkeeps	ie, NY 12601		
Description of Services Being Provide	ed: Patient Com	panion		
	4 5'4-)			
Scope of Contract (Choose one that be Analysis Evaluation Res	and the same of th	ning		
☐ Analysis ☐ Evaluation ☐ Res		Other IT consulting		
			Services	
☐ Engineering ☐ Architect Services ☐ Mental Health				
	ralegal Leg	al Other Consul	Iting	
Accounting Additing 1. a	T T	1	Amount Payable	
Employment Category	Number of Employees	Number of Hours Worked	Under the Contract	
Direct Care	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	0.00	0.00	\$0.00	
	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	\$0.00	
Name of person who prepared this r Title: Payroll Administrator Preparer's Signature: Date Prepared: 05/23/2023	eport: David App		#: 845-471-9667 Page 1 of 1	
(Use additional pages, if necessary)			3-	

FORM B

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 Hudson Valley DDSOO

Contract Number: C0SHV00158 Agency Business Unit: 51210
Contract Term: 9/1/2018 to 8/31/2023 Agency Department ID: 3660236

Contractor Name: Amalgamated Medical Care Management

Contractor Address: 333 Westchester Ave, White Plains, NY 10406 Description of Services Being Provided: Telephone Triage Nursing

Scope of Contract (Choose one that best fits): Analysis						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
Employees	27.00	46,280.00	\$31,738.20			
Contractors	10.00	7,800.00	\$2,633.20			
	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			
Total this Page	37.00	54,080.00	\$34,371.40			
Grand Total	37.00	54,080	\$34,371.40			

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