

FORM A

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

OPDOI - C0SCD00144 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Joy Professional Home Care Services, LLC Contract Number: C0SCD00144
 Contract Start Date: 6/1/2018 Contract End Date: 5/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	2.00	625.00	\$15,927.41
LPN	3.00	1,000.00	\$42,473.09
RN	3.00	1,250.00	\$66,364.20
RN Case Management	2.00	750.00	\$47,782.21
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	10.00	3,625.00	\$172,546.91
Grand Total	10.00	3,625.00	\$172,546.91

Name of person who prepared this report: Christina Palumbo

Title: CMS I

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Preparer's Signature: 

Date Prepared: 4/23/2018