

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: Capital District DDSOO
 State Agency Department ID: 3660233 Agency Business Unit: 51290
 Contractor Name: Alicare Medical Management, Inc Contract Number: C0SCD00157
 Contract Start Date: 10/01/2018 Contract End Date: 09/30/2023

OPD01 - C0SCD00157 - 3660233

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Registered Nurses	0.75	5,823.00	\$238,735.16
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5,823.00	\$238,735.16
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