

Western New York  
Developmental Disabilities  
Service Office  
3660242

**FORM B**

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD WESTERN DDSOO  
 Contract Number: COSWN00726 Agency Business Unit: 51330  
 Contract Term: 06/01/2024 to 05/31/2029 Agency Department ID: 3660242  
 Contractor Name: ADELPHI MEDICAL STAFFING LLC  
 Contractor Address: N/A  
 Description of Services Being Provided: PSYCHIATRY

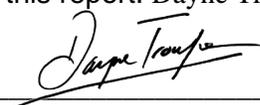
**Scope of Contract (Choose one that best fits):**  
 Analysis     Evaluation     Research     Training  
 Data Processing     Computer Programming     Other IT consulting  
 Engineering     Architect Services     Surveying     Environmental Services  
 Health Services     Mental Health Services  
 Accounting     Auditing     Paralegal     Legal     Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Psychiatric NP	1.00	52.50	\$8,925.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	1.00	52.50	\$8,925.00
<b>Grand Total</b>			

Name of person who prepared this report: Dayne Troupe

Title: Managing Partner

Phone #: 678-365-1101

Preparer's Signature: 

Date Prepared: 05/13/2025

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Western NY DDSOO  
 Contract Number: SOSWN00369/SOSWN00493 Agency Business Unit: 51330  
 Contract Term: 3/1/2021 to 2/28/2026 Agency Department ID: 3660242  
 Contractor Name: Ewen M. Macpherson, M.D.  
 Contractor Address: 2115 Lapham Road; East Aurora, NY 14052  
 Description of Services Being Provided: Psychiatry

**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 Employees	Number of Hours Worked	Amount Payable Under the Contract
psychiatry services SOSWN00369	0.00	208.00	\$39,312.00
psychiatry services SOSWN00493	0.00	122.00	\$23,058.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	0.00	330.00	\$62,370.00
<b>Grand Total</b>			

Name of person who prepared this report: Ewen M. Macpherson, MD  
 Title: Consultant Child Psychiatrist Phone #: 716-532-1049 ext 231  
 Preparer's Signature:   
 Date Prepared: 5/12/2025

**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD WESTERN  
 Contract Number: TOSWN00791 Agency Business Unit: \_\_\_\_\_  
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: \_\_\_\_\_  
 Contractor Name: Elite Pharmacy Consulting Services  
 Contractor Address: 1225 Franklin Avenue suite 325., Garden City, NY 11530  
 Description of Services Being Provided: Medication Reviews

- 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 Employees	Number of Hours Worked	Amount Payable Under the Contract
0 <i>Independent Consult. Pharmacist med review</i>	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
<b>Total this Page</b>	0.00	0.00	\$ 0.00
<b>Grand Total</b>			19,800.00

Name of person who prepared this report: Rita Amigdalos

Title:

President/CEO

Phone #: 516-512-8958

Preparer's Signature:

Date Prepared: 05/07/2025