

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
Total this Page	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
	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

(Use additional pages, if necessary)

**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 Independent Consult. Pharmacist med review	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