AC 3271-S (Effective 4/12)

**FORM A**

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

OPD01 - CØSCD00145 - 3660233

State Agency Name: NYS OPWDD: Capital District DDSOO

State Agency Department ID: 3660233 | Agency Business Unit: 51290

Contractor Name: Lotus Healthcare Staffing, Inc. | Contract Number: C0SCD00145

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 | 0.00 | 0.00 | $0.00 |
| LPN | 3.00 | 1,000.00 | $40,349.43 |
| RN | 0.00 | 0.00 | $0.00 |
| RN Case Managment | 2.00 | 750.00 | $51,764.08 |
| | 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 | 5.00 | 1,750.00 | $92,113.51 |
| **Grand Total** | 5.00 | 1,750.00 | $92,113.51 |

Name of person who prepared this report: Christina Palumbo

Title: CMS I

Phone #: (845) 877-6821 x.3704

Preparer's Signature: _____

Date Prepared: 4/23/2018

(Use additional pages, if necessary)