Amendment # 1

This is an amendment to the contract entered into by and between the Indiana Department of Administration (IDOA) Procurement Division on behalf of All State Agencies (hereinafter referred to as "State") and the Maxim Healthcare Services (hereinafter referred to as "Contractor") dated April 26, 2004.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

Qualified Medication Aide (QMA)--(Nurse Attendant 4)

The Contractor must provide the following documentation to the Using Agency before the employee can work:

- State Certification as a Qualified Medication Aide
- Verification of negative mantoux or chest x-ray, as required by Indiana State Department of Health (ISDH) Long Term Care rules (updated annually).
- Verification of criminal background check, as required by Long Term Care rules for State facilities.

Qualified Medication Aides perform a variety of non-professional tasks associated with the treatment of long term care residents to include but not be limited to:

Qualified Medication Aides (QMA) administers prescribed medications and treatments to residents in a long term care facility. They must document the administration of the medications and follow accepted policies and procedures for treatment administration, which could include blood sugar testing, oxygen administration, colostomy bag changes, or any other procedure allowed by Long Term Care rules.

Prices for the various districts throughout the State are as follows:

	1st Shift Per Hour	2nd Shift Per Hour	3rd Shift Per Hour	Overtime Per Hour	Holiday Per Hour
LaPorte District	$24.75	$25.75	$26.75	$37.00	$37.00
Fort Wayne District	$24.75	$25.75	$26.75	$37.00	$37.00
Crawfordsville Dist.	$24.75	$25.75	$26.75	$37.00	$37.00
Greenfield District	$24.75	$25.75	$26.75	$37.00	$37.00
Seymour District	$24.75	$25.75	$26.75	$37.00	$37.00
Vincennes District	$24.75	$25.75	$26.75	$37.00	$37.00
All Inclusive Price – All Districts		$26.00			

Certified Nurse Aide (CNA)--(Nurse Attendant 5)

The Contractor must provide the following documentation to the Using Agency before the employee can work:

- State Certification as a Certified Nurse Aide
- Verification of negative mantoux or chest x-ray, as required by Indiana State Department of Health (ISDH) Long Term Care rules (updated annually).
- Verification of criminal background check, as required by Long Term Care rules for State facilities.

Nurse Aides perform a variety of non-professional tasks associated with the treatment of long term care residents to include but not be limited to:

The main responsibility of the job is to provide direct resident care, which includes bathing, dressing, feeding, toileting, walking, transferring, grooming, nail care, and positioning in bed or chair for both elderly male and female residents who can no longer care for themselves.

Prices for the various districts throughout the State are as follows:

	1st Shift Per Hour	2nd Shift Per Hour	3rd Shift Per Hour	Overtime Per Hour	Holiday Per Hour
LaPorte District	$21.75	$22.75	$23.75	$32.50	$32.50
Fort Wayne District	$21.75	$22.75	$23.75	$32.50	$32.50
Crawfordsville Dist.	$21.75	$22.75	$23.75	$32.50	$32.50
Greenfield District	$21.75	$22.75	$23.75	$32.50	$32.50
Seymour District	$21.75	$22.75	$23.75	$32.50	$32.50
Vincennes District	$21.75	$22.75	$23.75	$32.50	$32.50
All Inclusive Price – All Districts		$23.00			

Total amount of this action is $0.00 (N/A). Total remuneration of this contract is not to exceed $ N/A.

All other matters previously agreed to and set forth in the original agreement and not affected by this amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid any sum of money or other consideration for the execution of this agreement other than that which appears upon the face of the agreement.

In Witness Whereof, Contractor/Grantee and the State of Indiana have, through duly authorized representatives, entered into this agreement. The parties having read and understand the foregoing terms of the contract/grant do by their respective signatures dated below hereby agree to the terms thereof.

Contractor:
Maxim Healthcare Services
By: Stephen P. Walsh
Printed Name: Stephen P. Walsh
Title: Regional Controller
Date: 6-16-04

State of Indiana Agency:
IDOA Procurement Division
By: Teresa Deaton-Reese
Printed Name: Teresa Deaton-Reese
Title: Deputy Director
Date:

Information Technology Oversight Commission
By:
Printed Name: N/A
Title:
Date:

Department of Administration
Charles R. Martindale
Commissioner
Date: 6-24-04

State Budget Agency
Marilyn F. Schultz
Director
Date: 6-28-04

Office of the Attorney General
Stephen Carter
Attorney General
Date: 7/2/04