

**State of North Carolina  
Department of Health and Human Services  
Division of Services for the Deaf and Hard of Hearing**

**ADDENDUM #1  
NOTICE OF CONTRACT EXTENSION  
CHANGES TO CONTRACT**

**Date:** July 30, 2020

**Contract Name:** Request for Application – Telecoil-Equipped Hearing Aids

**Contract Number:** 30-DSDHH-95071-19

**Contract Description:** Fitting and Servicing of Telecoil-Equipped Hearing Aids

**TERM:**

This addendum officially extends the contract ending date until **August 31, 2021**. This contract extension represents optional year one (1).

**REVISIONS:**

**1. SECTION 3.0 DEFINITIONS: The following definition is added:**

**Telepractice:** Telepractice means the use of telecommunications and information technologies for the exchange of encrypted patient data, obtained through real-time interaction, from patient site to provider site for the provision of speech and language and audiology services to patients through hardwire or internet connection. Telepractice also includes the interpretation of patient information provided to the licensee via store and forward techniques. (Cite: 21 NCAC 64.0219)

**2. SECTION 6.0 CONTRACTOR HEARING EXAMINATION RESPONSIBILITIES: The following Section is added:**

Section 6.4.5 - Per 21 NCAC 64.0219, Telehealth/Telepractice is accepted and recognized in the state of North Carolina. The Contractor may provide Remote Programming or Tele-practice services as needed during a State of Emergency or National Emergency; i.e., a pandemic, or during and recovery from a natural disaster. This will be allowed if the contractor is competent and able to show proof of training. The Division reserves the right to conduct an audit if there is need for proof of training.

**3. ATTACHMENT H of the initial RFA is deleted in its entirety and replaced with the attached ATTACHMENT H**

Mail one (1) copy of all documents to:

Email questions to:

Becky.Rosenthal@dhhs.nc.gov

**Division of Services for the Deaf and Hard of Hearing  
Attention: Rebecca Rosenthal  
820 S. Boylan Avenue  
2301 MSC  
Raleigh, NC 27699-2301**

**INSTRUCTIONS:** Return one properly executed copy of the addendum by completing the information below:

<b>Execute Addendum</b>	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

<b>Addendum # 1 Acceptance (For DHHS use only)</b>
By my undersigned signature, as an authorized representative of the Division of Services for the Deaf and Hard of Hearing, I hereby accept this executed Addendum #1.
By: _____ Signature of Authorized Representative
_____ Printed Name of Authorized Representative
_____ Title of Authorized Representative