

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

**ADDENDUM #1
NOTICE OF RENEWAL**

Date: September 29, 2020

Contract Name: Request for Application – Individual Interpreter and Transliterators Contractor

Contract Number: 30-DSDHH-95075-19

Contract Description: **Sign Language Interpreting and Transliterators Services Vendor List**

TERM:

The Term of this Addendum will **begin on November 1, 2020** (or any time after this date if you do not return this addendum in time to be reviewed and approved before this date). **The ending date for this addendum will be October 31, 2021.** These dates represent the first renewal year of the option to renew for two (2) additional years in one (1) year increments.

REVISIONS:

None

INSTRUCTIONS:

A complete application for renewal consists of the following:

- a) The completed and signed addendum, Notice of Renewal;
- b) Agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);

For purposes of this addendum, if a vendor presented immunization records in accordance with and to Attachment B during application for the original Request for Application (RFA), and continues desiring to work at any DSOHF location, it will only be necessary to provide proof of influenza vaccination for the forthcoming year.

- c) A current copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterators license issued pursuant to Chapter 90D of the North Carolina General Statutes;
- d) A copy of all current interpreting or transliterating certifications held by the Applicant; e.g. NIC, RID, NAD, NCICS, EIPA, etc.;

Mail one (1) copy of all documents to:

Email questions to: lee.williamson@dhhs.nc.gov

**DHHS/DSDHH
Communication Access Manager
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301**

NOTICE OF RENEWAL

1. To **RENEW** your contract, please provide the following information:

Your current telephone number	
Your current mailing address	
Your current email address	

Any **changes** in your credentialing since October 2019 (e.g. NIC, RID, NAD, NCICS, EIPA, etc.)?
 If yes, please list changes and include supporting documentation:

1. Return a signed copy of agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);
2. Return a copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterater license issued pursuant to Chapter 90D of the North Carolina General Statutes;
3. Return one properly executed copy of the addendum by completing the information below:

Execute Addendum	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 1 Acceptance (For DHHS use only)

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.

The contract shall begin on _____, and shall terminate on _____.

By: _____
Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative

ATTACHMENT A

(An excel version of the invoice will be sent for vendor use upon approval of contract renewal)

DHHS ISVL Invoice for Individual Contractor				
Interpreter Name _____ NC License # _____ Address _____ City _____ State _____ Zip _____	INVOICE # _____ DATE SUBMITTED: _____ First Submission <input type="checkbox"/> Re-Submission <input type="checkbox"/> Past Due or Late <input type="checkbox"/>			
BILL TO: DHHS Division or Office Name _____ Attention _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____		Questions pertaining to the ISVL should be referred to the Communication Access Manager at the Division of Services for the Deaf and the Hard of Hearing at 919.527.6930 or dsdhh.isvl@dhhs.nc.gov Questions regarding the invoice and/or the assignment should be referred to the requestor.		
ASSIGNMENT INFORMATION				
Date of Assignment: _____	Requestor _____			
Consumer Name: _____				
Description of Assignment: _____				
Original Hours Scheduled: _____	Start Time: _____	End Time: _____		
Hours Billed _____	Start Time: _____	End Time: _____		
Services Provided				
<input type="checkbox"/> Interpreting <input type="checkbox"/> Mentoring <input type="checkbox"/> Training <input type="checkbox"/> NDBEDP <input type="checkbox"/> Haptics <input type="checkbox"/> Other (specify _____)				
	Total Hours	Rate Per Hour	Services Total	
Standard Rate:			\$0.00	
Enhanced Rate (Evenings, Weekends, Holidays):			\$0.00	
Flat Rate			\$0.00	
SERVICES TOTAL:			\$0.00	
Travel and Other Expenses		Number of Miles	Rate Per Mile	Mileage Total
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip				
From: _____ To: _____				\$0.00
Additional Mileage Rates		Number of Hours	Rate Per Hour	Mileage Total
Additional Mileage Rates Add 1 hour (regular rate) for travel 75 miles or more each way Add 2 hours (regular rate) for travel 150 miles or more each way				\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):				\$0.00
TRAVEL TOTAL:				\$0.00
GRAND TOTAL				
Total Services Provided:			\$0.00	
Total Mileage & Other Expenses:			\$0.00	
TOTAL INVOICED:			\$0.00	
For DHHS Agency Use Only				
Reviewed By: _____				
Title: _____				
Date: _____				
Approved By: _____				
Title: _____				
Date: _____				
Budget Code: _____				

ATTACHMENT B

Agreement to have vendors being assigned to DSOHF facility being immunized

Per the Division of State Operated Healthcare Facilities (DSOHF) policy 182-AL, effective April 1, 2017, all DSOHF employees and others who work in DSOHF facilities must be immune (unless there is an approved religion or medical exemption based on a medical contra-indication, as described by the US Center for Disease Control, Advisory Committee on Immunization Practices [CDC/ACIP]) to the following:

1. Measles
2. Mumps
3. Rubella (German measles)
4. Varicella (Chickenpox)
5. Pertussis (Whooping cough)
6. **An annual influenza vaccination will also continue to be required to work within a DSOHF facility. The influenza vaccine is due by 11/1 of each year and evidence to support having this vaccine must be dated prior to this date** (Unless an individual is applying for a contract after 11/1. In that case, the evidence to support the influenza vaccine must have a recent date).

*If you choose to provide proof and work in a DSOHF facility, you may be required to be tested for Tuberculosis (TB).

Unfortunately, there is no national organization that maintains vaccination records...The records that exist are the ones you or your parents were given when the vaccines were administered and the ones in the medical record of the doctor or clinic where the vaccines were given. If you can't find your personal records or records from the doctor, you may need to get some of the vaccines again. While this is not ideal, it is safe to repeat vaccines. The doctor can also sometimes do blood tests to see if you are immune to certain vaccine-preventable diseases.” (“Vaccine Information for Adults”, Center for Disease Control, 2016, www.cdc.gov/vaccines/adults/vaccination-records.html)

Please Check One and Sign the one you check

_____ **I DO WISH** to provide proof of immunizations as required by DSOHF that will authorize me to work in the identified facilities.

Signature Date

_____ **I DO NOT WISH** to provide proof of immunizations as required by the DSOHF, understanding that doing so will result in me not being authorized to work in the identified facilities.

Signature Date

_____ **I WISH TO APPLY FOR AN EXEMPTION** to provide proof of immunizations due to a bona fide religious or medical reason.

Signature Date

See DSOHF and their locations next page

State Operated Healthcare Facilities (DSOHF) and their locations

1. Alcohol and Drug Abuse Treatment Centers
 - a. Julian F. Keith ADATC – Black Mountain, NC
 - b. R. J. Blackley ADATC – Butner, NC
 - c. Walter B. Jones ADATC – Greenville, NC

2. Development Centers
 - a. Caswell Developmental Center – Kinston, NC
 - b. J. Iverson Riddle Developmental Center – Morganton, NC
 - c. Murdoch Developmental Center – Butner, NC

3. Neuro-Medical Treatment Centers
 - a. Black Mountain Neuro-Medical Treatment Center – Black Mountain, NC
 - b. O’Berry Neuro-Medical Treatment Center – Goldsboro, NC
 - c. Longleaf Neuro-Medical Treatment Center – Wilson, NC

4. Psychiatric Hospitals
 - a. Broughton Hospital – Morganton, NC
 - b. Central Regional Hospital – Butner, NC
 - c. Cherry Hospital – Goldsboro, NC

5. Residential Programs for Children
 - a. Whitaker Psychiatric Residential Treatment Facility – Butner, NC
 - b. Wright School – Durham, NC