

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

**ADDENDUM #5
CONTRACT REVISIONS**

Date: July 27, 2022

Contract Name: DHHS Driver/Support Service Provider

Contract Number: 30-DSDHH-95079-20

Contract Description: Driver/Support Services Provider Vendor List

TERM:

This Contract is active **through March 31, 2023.**

REVISIONS:

In ADDENDUM #4, Under d) 1) The mileage rate is changed to \$0.585 per mile for all miles driven is deleted in its entirety.

The following paragraph will immediately apply:

Mileage rates shall be governed by <https://www.irs.gov/newsroom/irs-increases-mileage-rate-for-remainder-of-2022> (which increases the mileage rate to 62.5 cents per mile).

INSTRUCTIONS:

Sign this ADDENDUM #5 and return it to Ashley.benton@dhhs.nc.gov

Or mail the executed ADDENDUM #5 to:

Ashley E. Benton
HUMAN SERVICES PROGRAM CONSULTANT III
820 South Boylan Avenue
2301 Mail Service Center
Raleigh, NC 27699-2301

A revised invoice is included as Attachment A. A Microsoft Excel file will be sent to each applicant that is contracted.

Execute Addendum

Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 5 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 #5.

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

DHHS D/SSP Service Invoice				<input type="checkbox"/> General D/SSP	<input type="checkbox"/> NDBEDP	<input type="checkbox"/> MEDICAID							
Driver/SSP Name _____ Phone Number _____ Email Address _____ Address _____ City _____ State _____ Zip _____	INVOICE # _____ DATE SUBMITTED: _____ First Submission <input type="checkbox"/> Re-Submission <input type="checkbox"/> Past due/Late <input type="checkbox"/>												
BILL TO: DHHS Division or Office Name _____ Attention _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: left; padding: 5px;">SSP Hourly Rates</td> <td style="text-align: right; padding: 5px;">Hours</td> </tr> <tr> <td style="padding: 5px;">\$24.00</td> <td style="text-align: right; padding: 5px;">7:00 AM to 5:00 PM</td> </tr> <tr> <td style="padding: 5px;">\$36.00</td> <td style="text-align: right; padding: 5px;">5:00 PM to 7:00 AM/Weekend</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Mileage Rate = \$0.625</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><i>Invoices are due within 30 days of the assignment.</i></td> </tr> </table>			SSP Hourly Rates	Hours	\$24.00	7:00 AM to 5:00 PM	\$36.00	5:00 PM to 7:00 AM/Weekend	Mileage Rate = \$0.625		<i>Invoices are due within 30 days of the assignment.</i>	
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\$24.00	7:00 AM to 5:00 PM												
\$36.00	5:00 PM to 7:00 AM/Weekend												
Mileage Rate = \$0.625													
<i>Invoices are due within 30 days of the assignment.</i>													
ASSIGNMENT INFORMATION													
Date of Assignment: _____	Requestor: _____												
Consumer Name: _____	Description of Assignment: _____												
Original Hours Scheduled: _____	Start Time: _____	End Time: _____											
Hours Billed: _____	Start Time: _____	End Time: _____											
D/SSP Hours Spent on Assignment													
	Total Hours	Rate Per Hour	Services Total										
Standard Rate:	0.00	\$24.00	\$0.00										
Enhanced Rate (Evenings, Weekends, Holidays):	0.00	\$36.00	\$0.00										
All Inclusive Rate			\$0.00										
TOTAL COST OF D/SSP HOURS SPENT ON ASSIGNMENT:			\$0.00										
Travel and Other Expenses		Number of Miles	Rate Per Mile	Mileage Total									
LOCATION 1													
From: _____	To: _____	0.00	0.625	\$0.00									
LOCATION 2													
From: _____	To: _____	0.00	0.625	\$0.00									
LOCATION 3													
From: _____	To: _____	0.00	0.625	\$0.00									
Mileage TOTAL:			\$0.00										
Additional Mileage Rates		Number of Hours	Rate Per Hour	Mileage Total									
Additional Mileage Rates													
Add 1.5 hour (standard rate) for travel 75 miles or more each way													
Add 2 hours (standard rate) for travel 125 miles or more each way		0.00	\$24.00	\$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: _____	_____												