

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

**ADDENDUM #4
CONTRACT EXTENSION AND REVISIONS**

Date: September 30, 2021

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:

This Contract Extension represents optional year-two (2) thereby extending the contract beginning November 1, 2021 for a one (1) year period, or until October 31, 2022.

REVISIONS:

1) Division of State Operated Health Care Facilities (DSOHF): Proof of COVID-19 vaccination.

The Division of State Operated Health Care Facilities (DSOHF) has established a new COVID-19 vaccination requirement that applies to everyone working in any of its facilities. Effective October 1, 2021, no full or part time employee, or **contracted individual** may enter any facility premise if they are not fully vaccinated against COVID-19.

ATTACHMENT E of the Request for Application (RFA) released in September 2019 (bid # 30-DSDHH-95075-19) includes the following:

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).

In your application response, if you petitioned to be approved to work in a DSOHF facility and provided the necessary documentation to be approved and you desire to continue working in a DSOHF location after October 31, 2021, you must now follow the instructions listed below.

INSTRUCTIONS FOR DSOHF:

Return evidence that you have received COVID-19 vaccination immunization that will consist of two Moderna vaccine shots; or two Pfizer-BioTech vaccine shots; or one Johnson and Johnson’s Janssen vaccine shot. This evidence must consist of information regarding the product name/manufacture, the date the dose(s) were/was administered, and the healthcare professional or clinic site that administered the dose(s).

TO APPLY FOR AN EXEMPTION to provide proof of immunizations due to a bona fide religious or medical reason please submit Attachment H (Medical) or Attachment I (Religious) of the Request for Application (RFA) released in September 2019 (bid # 30-DSDHH-95075-19) must be completed and returned with application renewal package.

2) Increase in payment for services provided

Addendum #1 released in September 2020 includes the following payment amounts for services:

NC Interpreter License	Credentials		Standard Rate	TASL Standard	Enhanced Rate	TASL Enhanced
	Interpreting	Transliterating				
Full	RID, NAD 5, NAD 4, NCICS A, NCICS B	CLTSLA	\$40.00	\$46.00	\$60.00	\$66.00
Full or Provisional	NAD 3, NAD 2, NCICS C, EIPA III or higher,	CLTSLA IV, CLTSLAIII	\$30.00	\$36.00	\$45.00	\$51.00
Full or Provisional	EIPA II, EIPA I or no additional credentials	CLTSLA II, CLTSLA I	\$25.00	\$31.00	\$37.50	\$43.50

Effective November 1, 2021, the payment amounts for services are increased as follows:

NC Interpreter License	Credentials		Standard Rate	TASL Standard	Enhanced Rate	TASL Enhanced
	Interpreting	Transliterating				
Full	RID, NAD 5, NAD 4, NCICS A, NCICS B	CLTSLA	\$50.00	\$60.00	\$75.00	\$85.00
Full or Provisional	NAD 3, NAD 2, NCICS C, EIPA III or higher,	CLTSLA IV, CLTSLAIII	\$35.00	\$45.00	\$52.50	\$62.50
Full or Provisional	EIPA II, EIPA I or no additional credentials	CLTSLA II, CLTSLA I	\$30.00	\$40.00	\$45.00	\$55.00

3) Changes to mileage rates

The business standard is \$.56 per mile regardless of the number of miles driven.

4) Contractor Vaccination/Testing Requirements when working in DHHS other than DSOHF facilities.

Due to growing concerns over the highly infectious Delta variant of the coronavirus, and in accordance with **Executive Order 224: Implementing Measures to Address COVID-19 and Related Variants**, effective immediately, all Department employees, **contractors**, students, temporary staff, or volunteers, within a state government office, building, or facility, must wear an appropriate face covering regardless of their vaccination status unless exempt due to a qualifying reason such as a disability or any other lawful reason.

All DHHS employees, interns or volunteers, and **contractors** working on site in DHHS facilities will be asked to be tested for COVID-19 at least once a week unless they demonstrate they are fully vaccinated. After a contractor has submitted proof of vaccination, they do not need to be tested weekly for COVID-19.

The undersigned states that:

_____ **I DO WISH** to provide evidence that I have received COVID-19 vaccination immunization that will consist of two Moderna vaccine shots; or two Pfizer-BioTech vaccine shots; or one Johnson and Johnson's Janssen vaccine shot. This evidence must consist of information regarding the product name/manufacture, the date the dose(s) were/was administered, and the healthcare professional or clinic site that administered the dose(s).

Signature

Date

_____ **I DO WISH** to provide a negative result from a COVID-19 test that has been taken within the last seven days (168 hours) of the beginning of any shift at a DHHS facility rather than providing proof of being fully vaccinated from COVID-19.

Signature

Date

_____ **I DO NOT WISH** to provide evidence that I have received full COVID-19 vaccination immunization or provide a weekly negative COVID-19 test result. I understand by not doing so, I will not be allowed to work any shifts at a DHHS facility due to not being in compliance with EO224.

Signature

Date

_____ **I WISH TO APPLY FOR AN EXEMPTION** to provide proof of immunizations due to a bona fide religious or medical reason. [If this line is checked, Attachment H (Medical) or Attachment I (Religious) of the Request for Application (RFA) released in September 2019 (bid # 30-DSDHH-95075-19) must be completed and returned with application renewal package].

Signature

Date

VACCINATION/TESTING INSTRUCTIONS:

Proof of Full Vaccination

Submit a copy of evidence that you have received COVID-19 vaccination immunization that will consist of two Moderna vaccine shots; or two Pfizer-BioTech vaccine shots; or one Johnson and Johnson's Janssen vaccine shot. This evidence must consist of information regarding the product name/manufacture, the date the dose(s) were/was administered, and the healthcare professional or clinic site that administered the dose(s).

Proof of Negative COVID-19 Test Result

Submit a copy of evidence of a negative COVID-19 test result within seven (7) days (168 hours) prior to requested date of onsite work request at a DHHS facility.

ADDITIONAL INSTRUCTIONS:

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

Email one (1) copy of the properly executed addendum (pages 1- 5) to lee.williamson@dhhs.nc.gov
or

Mail one (1) properly executed copy of the executed addendum to:

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

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

Return an executed addendum #4 by October 15, 2021.

To renew your contract, please provide the following information:

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

Execute Addendum

Contractor/Doing Business As	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 4 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 #4.

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

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