

**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 27, 2018

Contract Name: Request for Application – **Agency** Interpreter and Transliterators Contractor

Contract Number: 30-DSDHH-95058-17

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

TERM:

The Term of this Addendum will **begin on November 1, 2018** (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, 2019.** These dates represent the first renewal year of the option to renew for two (2) additional years in one (1) year increments.

REVISIONS:

Revisions to the RFA posted October 2, 2017, are as follows:

1. **Section VIII. THE APPLICATION**, specifically 1. f. Agreement to require vendor's employees assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment references Attachment H. Be advised that Attachment H of the initial released RFA is replaced in its entirety with a new form that is attached to this Notice of Renewal and marked "Attachment B".

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 of immunizations 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)

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

2. Upon the return of this Notice of Renewal, the Division of Services for the Deaf and Hard of Hearing (DSDHH) will make an inquiry into the US Department of Health and Human Services, Office of Inspector General’s (OIG) Exclusion Database, to determine if the applying Agency or any of its listing of interpreters is excluded from working in a federal health care program. After an initial inquiry, DSDHH will thereafter regularly monitor the OIG Exclusion Database to ensure that a contracted agency, or any of its listed interpreters, does not become excluded from working in a federal health care program. If an applying agency is initially excluded, a contract will not be executed. If an agency becomes excluded during the term of the contract, immediate actions will occur to cancel the contract. If any identified interpreter contracted by the agency becomes excluded, the agency will be informed in writing that it cannot assign the identified interpreter to any assignment for the North Carolina Department of Health and Human Services.

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’s interpreters assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (listed in Attachment B). DSDHH realizes that a vendor may have interpreters that do not desire to work in a DSOHF facility.
 - i. If a vendor’s interpreter elects to work in a DSOHF location, the immunization records must be provided for the specific interpreter, including evidence of the influenza vaccine;
 - ii. If a vendor’s interpreter elects to NOT work in a DSOHF location, immunization records are not necessary for the specific interpreter.

- iii. If a vendor's interpreter elects to apply for an exemption due to a bona fide religious or medical reason, DSDHH will send documentation to the vendor for the specific interpreter to complete. The interpreter will not be allowed to work in a DSOHF until the documentation has been completed and approved by DSDHH.
- c) A current copy of the letter of renewal/verification that the vendor's interpreters possess a valid North Carolina Interpreter and Transliterator 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 vendor's interpreters; e.g. NIC, RID, NAD, NCICS, EIPA, etc.;

Mail one (1) copy of all documents to:

Email questions to: DHHS.ISVL@dhhs.nc.gov

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

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																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Interpreter Name</td><td colspan="3"></td></tr> <tr><td>NC License #</td><td colspan="3"></td></tr> <tr><td>Address</td><td colspan="3"></td></tr> <tr><td>City</td><td colspan="3"></td></tr> <tr><td>State</td><td style="width: 10%;"></td><td style="width: 10%;">Zip</td><td style="width: 10%;"></td></tr> </table>	Interpreter Name				NC License #				Address				City				State		Zip		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: right;">INVOICE #</td><td></td></tr> <tr><td style="text-align: right;">DATE SUBMITTED:</td><td></td></tr> <tr><td style="text-align: right;">First Submission</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: right;">Re-Submission</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: right;">Past Due or Late</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	INVOICE #		DATE SUBMITTED:		First Submission	<input type="checkbox"/>	Re-Submission	<input type="checkbox"/>	Past Due or Late	<input type="checkbox"/>
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">BILL TO:</td></tr> <tr><td style="width: 70%;">DHHS Division or Office Name</td><td></td></tr> <tr><td style="padding-left: 20px;">Attention</td><td></td></tr> <tr><td>Address</td><td></td></tr> <tr><td>City</td><td></td></tr> <tr><td>State</td><td style="width: 10%;"></td><td style="width: 10%;">Zip</td><td style="width: 10%;"></td></tr> <tr><td>Phone</td><td colspan="3"></td></tr> <tr><td>Email</td><td colspan="3"></td></tr> </table>		BILL TO:		DHHS Division or Office Name		Attention		Address		City		State		Zip		Phone				Email				<p><i>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</i></p> <p><i>Questions regarding the invoice and/or the assignment should be referred to the requestor.</i></p>							
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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:																															

Version Date 9/4/2018

**DHHS Interpreter Services
Application to be Used by Agency Vendor**

Agency Name		
Federal Tax ID. No.		
Primary Contact		
Mailing Address	Street or PO Box	
	City, State, Zip	
Billing Address <input type="checkbox"/> Same as Above	Street or PO Box	
	City, State, Zip	
Primary Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone
Alternate Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone
Alternate Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone
Fax Number		
Email Address		

Interpreters Under Contract with Agency Applicant

Interpreter's Name	NC Interpreter & Transliterator License Number	Check Appropriate Box	DSOHF Locations – Please Check Appropriate Box		
			DO WISH to provide proof of immunizations as required by DSOHF that will authorize me to work in the identified facilities.	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.	WISH TO APPLY FOR AN EXEMPTION to provide proof of immunizations due to a bona fide religious or medical reason.
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Attach as Many Additional Pages as Necessary To List All Interpreters Under Contract]

NOTICE OF RENEWAL

1. Return **Attachment B**. If any individual interpreter chooses to work in a DSOHF, immunization records must be returned. If any individual interpreter chooses to request an exemption based on a religious or medical reason, DSDHH will send documentation to the vendor to be completed for that individual interpreter.
2. Return a copy of the letter of renewal/verification that the vendor's interpreters possess 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)
<p>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.</p> <p>The contract shall begin on _____ and shall terminate on _____.</p> <p>By: _____</p> <p style="text-align: center; font-size: small;">Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative</p>