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: March 8, 2024
Contract Name: DHHS Driver/Support Service Provider
Contract Number: 30-DSDHH-95104-23
Contract Description: **Driver/Support Services Provider Vendor List**

TERM:

This Contract is active **through March 31, 2024.**

REVISIONS:

Addendum #1 extends the contract into its first optional year beginning on April 1, 2024, and continuing through March 31, 2025.

The mileage rate for travel is in accordance with https://www.irs.gov/newsroom/irs-issues-standard-mileage-rates-for-2024-mileage-rate-increases-to-67-cents-a-mile-up-1-point-5-cents-from-2023.

A revised invoice is attached as Attachment #1.

All other terms and conditions included in the Request for Applications (RFA) remain the same.

INSTRUCTIONS:

Sign this ADDENDUM #1 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 # 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 1

DHHS D/SSP Service Invoice

☐ General D/SSP ☐ NDBEDP ☐ MEDICAID

Driver/SSP Name	
Phone Number	
Email Address	
Address	
City	
State / Zip	

INVOICE #

DATE SUBMITTED:

First Submission ☐
Re-Submission ☐
Past due/Late ☐

BILL TO:

DHHS Division or Office Name	
Attention	
Address	
City	
State / Zip	
Phone	
Email	

SSP Hourly Rates	*Hours*
Standard $24	*7:00A-5:00P*
Enhanced $36	*5:00P-7:00A*

Mileage Rate = $0.67

Invoices are due within 30 days of the assignment.

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	**0.670**	$0.00
LOCATION 2 From:____ To:____	0.00	**0.670**	$0.00
LOCATION 3 From:____ To:____	0.00	**0.670**	$0.00
		Mileage TOTAL:	**$0.00**

Additional Portal Mileage Rates	Number of Hours	Rate Per Hour	Mileage Total
Additional Mileage Rates - Portal Time ONLY allowed when consumer is NOT in vehicle. 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:	

Ver 3/7/2024