

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

**ADDENDUM #2
NOTICE OF RENEWAL**

Date: March 7, 2025

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, 2025.**

REVISIONS:

Addendum #2 extends the contract into its second and final optional year beginning on April 1, 2025, and continuing through March 31, 2026.

The mileage rate for travel is in accordance with <https://www.irs.gov/newsroom/irs-increases-the-standard-mileage-rate-for-business-use-in-2025-key-rate-increases-3-cents-to-70-cents-per-mile>

A revised invoice is attached as Attachment #1.

Section 2.0 Definitions the following Definition is added:

Service Location – this is defined as either a) the location at which a DeafBlind consumer is picked up if transportation is being provided to the DeafBlind individual, or b) if transportation is not being provided to the DeafBlind consumer the location where services are being provided

Section 3.2 Required Training and Experience adds the following:

Before providing DSSP services through the Medicaid Communication Access Service additional training about providing SSP services in medical settings and ethical SSP practice may be required, as determined by the Medicaid Communication Access Team.

Section 3.5 Auto Insurance adds the following:

Insurance policies from states other than North Carolina cannot be accepted. This is because DHHS has no mechanism to ensure that an out of state policy is in compliance with all NC laws, as required by this contract.

Section 6.0 j) is replaced with the following:

j) In regard to performance oversight, the Contract Administrator will use feedback from consumers, staff, and others to monitor the contractor's performance. If an issue arises that merits addressment thereof, the following process will be followed:

1) Once a concern is raised, the Contract Administrator or Designee will contact the contractor and give the contractor an opportunity to submit a written response.

2) When appropriate, the Contract Administrator or Designee will discuss possible solutions with the contractor and suggest more appropriate action for the future.

3) The Contract Administrator will also share with the contractor any positive comments made by consumers.

Section 8.1 Invoicing is replaced with the following:

The Contractor shall submit to the Hiring Agency an invoice for each assignment as soon as possible to avoid any delays in payment. Upon approval by the Department payment is typically received within 30 days. Invoices must be submitted using the appropriate invoice form as determined by the Hiring Agency that is attached hereto as **Attachment B for Driver/Support Services**. All payments are contingent upon fund availability. Payment shall be made in accordance with the contract documents as described in the scope of work.

Section 8.2 Payment for Services is replaced with the following:

1. The Contractor will be paid as detailed on the schedule below. The Agency that issues the work order will determine the exact services that are desired, and the contractor must invoice at rates as established for those defined services. The rates established are as follows:

a. The standard hourly rate of \$24.00 will be paid for services rendered Monday through Friday between the hours of 7:00 AM and 5:00 PM.

b. The enhanced hourly rate of \$36.00 will be paid for services rendered Monday through Friday between the hours of 5:00 PM and 7:00 AM; any time on weekends; and any time on State holidays. A list of state holidays can be found online at: <http://www.osp.state.nc.us/holsched.htm>

PLEASE NOTE: Hourly rate time to be paid starts when the SSP is scheduled to arrive at the Service Location (see definition of Service Location in Section 2.0). Arriving early does not constitute an extension of billable time.

Section 8.2.5 and 8.2.6 are replaced with the following:

Portal charges: If the DSSP vendor travels seventy-five (75) miles or more from the point of departure to the location where they pick up or meet the DeafBlind consumer and then seventy-five (75) miles or more from the location where they drop off the DeafBlind consumer or end services back to the point of departure, the DSSP vendor may bill the Hiring Agency for miles driven, in accordance with the IRS rate, and an additional **1 hour** for each leg of the trip. After the first 75 miles the DSSP vendor may bill an additional .25 hours per 25 miles. Upon acceptance of an assignment the DSSP vendor should advise the Hiring Agency if the assignment location exceeds 75 miles one way and get written approval in advance to add these charges. If the DSSP vendor does not return to the point of departure immediately following the engagement because of intervening business or personal reasons, the DSSP vendor may only bill the Hiring Agency additional charges for the direction of the trip that exceeded seventy-five (75) miles. The additional time will be reimbursed at the standard rate, regardless of the day or time of the travel. The table below gives examples as a reference, but the charges increase per 25 miles after the first seventy-five (75) even for distances farther than those included in the table.

One Way Mileage	Standard Time Added	One Way Mileage	Standard Time Added
75 miles	1 hour each way	200 miles	2.25 hours each way
100 miles	1.25 hours each way	225 miles	2.5 hours each way
125 miles	1.5 hours each way	250 miles	2.75 hours each way
150 miles	1.75 hours each way	275 miles	3 hours each way
175 miles	2 hours each way	300 miles	3.25 hours each way

Note: *Miles driven from the point of departure to the service location and after service ends back to the point of departure without the DeafBlind person in the vehicle will count towards portal charges. Miles driven in the SSP's*

personal vehicle while the DeafBlind consumer is in the vehicle are reimbursed but do not count towards portal charges, so must be reported separately on the invoice.

Section 8.3 Travel Expenses is replaced with the following:

1. The Contractor may bill the Hiring Agency for his or her mileage used in their personal car before/after and during an assignment. Miles driven before/after the assignment should be documented in a separate entry on the invoice from miles driven during the assignment.
2. DSSP Vendors may drive a State vehicle if providing transportation to a blind or DeafBlind state employee who would otherwise be authorized to use that vehicle. DSSP vendors may not drive a state vehicle unless the blind or DeafBlind state employee is in the vehicle for the duration of the travel. A DSSP vendor providing transportation to a DeafBlind individual who is not a State employee may not use a State vehicle for that transportation unless a blind or DeafBlind state employee is also in the vehicle. Miles driven in a state vehicle are not reimbursed and should not be counted on an invoice.
3. Contractor can bill the hiring agency for meals and lodging for assignments requiring overnight travel, but must receive preapproval in writing. On occasion, flight travel may be authorized, but it must always be approved in writing in advance of booking the flight. If an assignment with preapproved travel is cancelled or changed and there are fees incurred by the Contractor to cancel lodging or flights, those fees can be reimbursed. Hotel or flight cancellation or change fees will not be reimbursed if the associated travel was not approved before the reservation was made, even if the assignment is cancelled.

Travel and lodging will be reimbursed at the established State rates. Lodging exceeding established state rates may be paid if no safe lodging is available at state rates within a reasonable distance of the service location, or if the DSSP vendor is staying at the same location as a DeafBlind state employee for whom they are providing services, since providing DSSP services would require they be in close physical proximity. Excess hotel charges must be preapproved in writing and would not be covered by a typical overnight approval. Information regarding State rates for mileage and lodging rates is available at [ReimbursableTravelRatesfor2023.pdf](#) ([ncdhhs.gov](#))

Section 8.4 Cancellations, Late Arrivals, and Other Circumstances is replaced with the following:

1. If an SSP Vendor is notified of the cancellation of an assignment with less than one full business day between the cancellation date and the date of assignment, the Hiring Agency or Requestor will pay the SSP Vendor a fee equal to the total number of hours approved for the assignment times the applicable hourly rate. However, the SSP Vendor shall **not** be reimbursed for any travel expenses including mileage and Portal Charges for travel that did not take place, except as outlined in Section 8.3.3 above.
2. If an assignment is cancelled, through no fault of the SSP Vendor, after the SSP Vendor arrives at or is in route to the site of the engagement, the Hiring Agency or Requestor will pay the SSP Vendor a fee equal to the total number of hours approved for the engagement times the applicable hourly rate and will also reimburse the SSP Vendor for his or her travel expenses already incurred at the time they are notified of the cancellation.
3. If unforeseen conditions such as inclement weather, State of Emergencies, and unforeseen events (roadway detours, obstructions in roadways, traffic stoppages, etc.) prevent the SSP Vendor from performing an assignment, the SSP Vendor shall not be compensated for the lost time or travel. Under special circumstances, the SSP Vendor shall be paid 100% of actual time worked for DSSP services already provided when a State of Emergency is declared or inclement weather occurs. For example, the SSP Vendor has an assignment from 9:00 to 2:00. They arrive at the site and begin work at 9:00 and then at 11:30 a State of Emergency is declared by the Governor and the assignment is ended then the billable portion of the assignment ends at 11:30.
4. If the SSP Vendor finds that they will be late for an assignment for any reason, the SSP Vendor must immediately notify the Hiring Agency or Requestor of that fact. The SSP vendor should also notify the DeafBlind person they are scheduled to serve if possible. If the SSP Vendor arrives late for an

assignment, they may only bill from the time of their arrival until the original confirmed end time; the two (2) hour minimum will not apply.

Example: The confirmed assignment time is 9 am to 11 am. The SSP Vendor arrives at 9:30 am. The submitted invoice must reflect 9:30 am to 11 am.

Example: The confirmed assignment time is 9 am to 12 noon. The SSP Vendor arrives at 9:30 am. The submitted invoice must reflect 9:30 am to 12 noon.

5. If the SSP Vendor must leave the assignment early for their own reason(s), they must notify the Hiring Agency or Requestor and may not bill for the time after they leave. The two (2) hour minimum will not apply.

Example: The confirmed assignment time is 9 am to 11 am. The SSP Vendor must leave at 10:30 am due to illness. The submitted invoice must reflect from 9 am to 10:30 am

6. If the SSP Vendor does not respond to a Work Order or Request in a timely manner before the assignment is scheduled to begin, the Hiring Agency or Requestor may cancel that Work Order or Request and make a request to another DSSP Vendor.

Section 9.0.2 The Solicitation Process item #2 is replaced with the following:

2. Written questions about the RFA should be sent to the Contract Administrator at DSDHH.ISVL@dhhs.nc.gov.

11.0 Application Content and Instructions is replaced with the following:

11.0 APPLICATION CONTENT AND INSTRUCTIONS

A complete application consists of the following documents:

1. Filled out and signed Cover Page.
2. Filled out DHHS Driver/SSP Vendor List Application Questionnaire
3. A copy of your current driver's license.
4. Documentation indicating required training and experience as indicated in Section 2.0.
5. Proof of appropriate auto Insurance liability coverage for the vehicle that will be used in carrying out the duties and responsibilities of this contract. Attachment C completed in its entirety will be used to authenticate evidence of proof.
6. Driving record from the NC Division of Motor Vehicles
7. Complete and return the Substitute W-9 Form attached and labeled ATTACHMENT F. If an applicant prefers to complete ATTACHMENT F in a live document format, ask the Contract Administrator of this RFA to email the document to your email address.

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

INSTRUCTIONS:

Sign this ADDENDUM #2 and return it to DSDHH.ISVL@dhhs.nc.gov

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 # 2 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 #2.		
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	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			
SSP Hourly Rates Standard \$24 Enhanced \$36		Hours 7:00A-5:00P 5:00P-7:00A		Mileage Rate = \$0.70 <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	0.700	\$0.00	
LOCATION 2 From: _____ To: _____		0.00	0.700	\$0.00	
LOCATION 3 From: _____ To: _____		0.00	0.700	\$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 3/1/25					