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 Transliterator Contractor
Contract Number: 30-DSDHH-95075-19
Contract Description: Sign Language Interpreting and Transliterator 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:

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:

<table>
<thead>
<tr>
<th>NC Interpreter License</th>
<th>Credentials</th>
<th>Interpreting Standard Rate</th>
<th>TASL Standard</th>
<th>Enhanced Rate</th>
<th>TASL Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>RID, NAD 5, NAD 4, NCICS A, NCICS B</td>
<td>CLTSLA</td>
<td>$40.00</td>
<td>$46.00</td>
<td>$60.00</td>
</tr>
<tr>
<td>Full or Provisional</td>
<td>NAD 3, NAD 2, NCICS C, EIPA III or higher,</td>
<td>CLTSLA IV, CLTSLAIII</td>
<td>$30.00</td>
<td>$36.00</td>
<td>$45.00</td>
</tr>
<tr>
<td>Full or Provisional</td>
<td>EIPA II, EIPA I or no additional credentials</td>
<td>CLTSLA II, CLTSLA I</td>
<td>$25.00</td>
<td>$31.00</td>
<td>$37.50</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NC Interpreter License</th>
<th>Credentials</th>
<th>Interpreting Standard Rate</th>
<th>TASL Standard</th>
<th>Enhanced Rate</th>
<th>TASL Enhanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>RID, NAD 5, NAD 4, NCICS A, NCICS B</td>
<td>CLTSLA</td>
<td>$50.00</td>
<td>$60.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Full or Provisional</td>
<td>NAD 3, NAD 2, NCICS C, EIPA III or higher,</td>
<td>CLTSLA IV, CLTSLAIII</td>
<td>$35.00</td>
<td>$45.00</td>
<td>$52.50</td>
</tr>
<tr>
<td>Full or Provisional</td>
<td>EIPA II, EIPA I or no additional credentials</td>
<td>CLTSLA II, CLTSLA I</td>
<td>$30.00</td>
<td>$40.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

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:

[Box containing address information]

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:

<table>
<thead>
<tr>
<th>Your current telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your current mailing address</td>
</tr>
<tr>
<td>Your current email address</td>
</tr>
</tbody>
</table>
## Execute Addendum

<table>
<thead>
<tr>
<th>Contractor/Doing Business As</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Signature</td>
<td></td>
</tr>
<tr>
<td>Name Typed or Printed</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

## 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