

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

**ADDENDUM #2
CHANGES TO CONTRACT**

Date: September 30, 2021

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

Contract Number: 30-DSDHH-95058-20

Contract Description: Agency Sign Language Interpreting and Transliterators Services

TERM:

This Contract Extension represents optional year-one (1) 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 provide interpreters 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:

Return evidence that the interpreters contracted with the applicant 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 of an interpreter contracted with the applicant to provide proof of immunizations due to a bona fide religious or medical reason, 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 and differential in payment for services type of NC Interpreter and Transliterator license held by assigned employee.

Section VI. DISBURSEMENT, A. Payment for Services, 1. – 2., in the RFA posted October 1, 2020 is deleted in its entirety and replaced with the following:

A. Payment for Services

1. The Agency Vendor shall be paid a standard rate of **\$65.00 per hour** and an enhanced rate of **\$97.50 per hour** when interpreting services are provided by an interpreter with a **Full NC Interpreter and Transliterator License**.
2. The Agency Vendor shall be paid a standard rate of **\$75.00 per hour** and an enhanced rate of **\$112.50 per hour** when interpreting services are provided in **Tactile American Sign Language (TASL)** by an interpreter with a **Full NC Interpreter and Transliterator License**. The TASL rate shall be determined upon scheduling of assignment by the requestor.
3. The Agency Vendor shall be paid a standard rate of **\$54.00 per hour** and an enhanced rate of **\$81.00 per hour** when interpreting services are provided by an interpreter with a **Provisional NC Interpreter and Transliterator License**.
4. The Agency Vendor shall be paid a standard rate of **\$64.00 per hour** and an enhanced rate of **\$96.00 per hour** when interpreting services are provided in **Tactile American Sign Language (TASL)** by an interpreter with a **Provisional NC Interpreter and Transliterator License**. The TASL rate shall be determined upon scheduling of assignment by the requestor.

The TASL rate will be applicable when the service hired has been engaged in using a method of interpretation requiring ongoing physical contact for the purpose of providing communication access, including but not limited to pro-tactile, tactile signing, and tracking.

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 facilities 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 as the duly authorized representative of Contractor he or she does hereby make the following certifications on behalf of Contractor:

- i. All Contractor employees, interns, or volunteers working on site in DHHS facilities will demonstrate that they are fully vaccinated.
- ii. All Contractor employees, interns, or volunteers working on site in DHHS facilities that are unable to demonstrate that they are fully vaccinated must be tested for COVID-19 at least once a week.
- iii. All Contractor employees, interns, or volunteers working on site in DHHS facilities will wear face coverings while in a DHHS facility regardless of vaccination status.
- iv. **Contractors are responsible for their employees' compliance with EO224.**

VACCINATION/TESTING INSTRUCTIONS:

Proof of Full Vaccination

Retain a copy of evidence that the employee 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

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

Interpreters Under Contract with Applicant

Interpreter's Name	In accordance with EO224 employee can work in DHHS facility	Check Appropriate Box
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor

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

ADDITIONAL INSTRUCTIONS:

Submit a current copy of the letter of renewal/verification that each interpreter working for the Applicant possesses a valid North Carolina Interpreter and Transliterator license issued pursuant to Chapter 90D of the North Carolina General Statutes

Submit a copy of all current interpreting or transliterating certifications held by each interpreter working for the 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 the executed addendum #2 with required documents by October 15, 2021

Execute Addendum #2	
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 #4.

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

REVISED INVOICED

Excel formatted copy will be sent to vendor for use after acceptance of amendment

DHHS ISVL Invoice for Agency Contractor				
Agency Name: _____		INVOICE # _____		
Address 1: _____		DATE SUBMITTED: _____		
Address 2: _____		First Submission <input type="checkbox"/>		
City: _____		Re-Submission <input type="checkbox"/>		
State: _____ Zip: _____		Past Due or Late <input type="checkbox"/>		
BILL TO:		<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 lee.williamson@dhhs.nc.gov</i></p> <p><i>Questions regarding the invoice and/or the assignment should be referred to the requestor.</i></p>		
DHHS Division or Office Name: _____				
Attention: _____				
Address: _____				
City: _____				
State: _____ Zip: _____				
Phone: _____				
Email: _____				
ASSIGNMENT INFORMATION				
Date of Assignment: _____	Requestor: _____			
Interpreter Name: _____				
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"/> Tactile (TASL) <input type="checkbox"/> Other				
	Total Hours	Rate Per Hour	Services Total	
Standard Rate:			\$0.00	
Enhanced Rate (Evenings, Weekends, Holidays):			\$0.00	
Flat Rate:				
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: _____			0.560	\$0.00
To: _____				
Additional Mileage Rates		Number of Hours	Rate Per Hour	Mileage Total
Additional Mileage Rates Add 1.5 hours (regular rate) for travel 75 miles or more each way Add 2 hours (regular rate) for travel 125 miles or more each way		0.00		\$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: _____				