ADDENDUM #1
NOTICE OF CONTRACT EXTENSION
CHANGES TO CONTRACT

Date: July 30, 2020
Contract Name: Request for Application – Telecoil-Equipped Hearing Aids
Contract Number: 30-DSDHH-95071-19
Contract Description: Fitting and Servicing of Telecoil-Equipped Hearing Aids

TERM:
This addendum officially extends the contract ending date until August 31, 2021. This contract extension represents optional year one (1).

REVISIONS:

1. SECTION 3.0 DEFINITIONS: The following definition is added:

   Telepractice: Telepractice means the use of telecommunications and information technologies for the exchange of encrypted patient data, obtained through real-time interaction, from patient site to provider site for the provision of speech and language and audiology services to patients through hardwire or internet connection. Telepractice also includes the interpretation of patient information provided to the licensee via store and forward techniques. (Cite: 21 NCAC 64.0219)

2. SECTION 6.0 CONTRACTOR HEARING EXAMINATION RESPONSIBILITIES: The following Section is added:

   Section 6.4.5 - Per 21 NCAC 64.0219, Telehealth/Telepractice is accepted and recognized in the state of North Carolina. The Contractor may provide Remote Programming or Tele-practice services as needed during a State of Emergency or National Emergency; i.e., a pandemic, or during and recovery from a natural disaster. This will be allowed if the contractor is competent and able to show proof of training. The Division reserves the right to conduct an audit if there is need for proof of training.

3. ATTACHMENT H of the initial RFA is deleted in its entirety and replaced with the attached ATTACHMENT H

Mail one (1) copy of all documents to:
Email questions to:
Becky.Rosenthal@dhhs.nc.gov

Division of Services for the Deaf and Hard of Hearing
Attention: Rebecca Rosenthal
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301
INSTRUCTIONS: Return one properly executed copy of the addendum by completing the information below:

<table>
<thead>
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<th>Execute Addendum</th>
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<td>Contractor</td>
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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.

By: ____________________________

Signature of Authorized Representative

Printed Name of Authorized Representative

Title of Authorized Representative