

**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:** September 27, 2018

**Contract Name:** Request for Application – Individual Interpreter and Transliterators Contractor

**Contract Number:** 201702DSDHH-II

**Contract Description:** Sign Language Interpreting and Transliterators Services Vendor List

**TERM:**

The Term of this Addendum will **begin on November 1, 2018** (or any time after this date if you do not return this addendum in time to be reviewed and approved before this date). **The ending date for this addendum will be October 31, 2019.** These dates represent the second renewal year of the option to renew for two (2) additional years in one (1) year increments.

**REVISIONS:**

Revisions to the RFA posted March 15, 2017, are as follows:

1. **Section IX. THE APPLICATION**, specifically b., Agreement to require vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment references Attachment E. Be advised that Attachment E of the initial released RFA is replaced in its entirety with a new form that is attached to this Notice of Renewal and marked "Attachment B".
2. Upon the return of this Notice of Renewal, the Division of Services for the Deaf and Hard of Hearing (DSDHH) will make an inquiry into the US Department of Health and Human Services, Office of Inspector General's (OIG) Exclusion Database, to determine if the applying individual is excluded from working in a federal health care program. After an initial inquiry, DSDHH will thereafter regularly monitor the OIG Exclusion Database to ensure that a contracted individual does not become excluded from working in a federal health care program. If an applying individual is initially excluded, a contract will not be executed. If a contractor becomes excluded during the term of the contract, immediate actions will occur to cancel the contract.

**INSTRUCTIONS:**

A complete application for renewal consists of the following:

- a) The completed and signed addendum, Notice of Renewal;
- b) Agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);
- c) A current copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterators license issued pursuant to Chapter 90D of the North Carolina General Statutes;
- d) A copy of all current interpreting or transliterating certifications held by the Applicant; e.g. NIC, RID, NAD, NCICS, EIPA, etc.;

Mail one (1) copy of all documents to:

Email questions to: [DHHS.ISVL@dhhs.nc.gov](mailto:DHHS.ISVL@dhhs.nc.gov)

**DHHS/DSDHH  
Communication Access Manager  
820 S. Boylan Avenue  
2301 MSC  
Raleigh, NC 27699-2301**

**NOTICE OF RENEWAL**

1. To **RENEW** your contract, please provide the following information:

<b>Your current telephone number</b>	
<b>Your current mailing address</b>	
<b>Your current email address</b>	

Any **changes** in your credentialing since October 2017 (e.g. NIC, RID, NAD, NCICS, EIPA, etc.)?  
 If yes, please list changes and include supporting documentation:

\_\_\_\_\_

\_\_\_\_\_

1. Return a signed copy of agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);
2. Return a copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterater license issued pursuant to Chapter 90D of the North Carolina General Statutes;
3. Return one properly executed copy of the addendum by completing the information below:

<b>Execute Addendum</b>	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

**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**

*(An excel version of the invoice will be sent for vendor use upon approval of contract renewal)*

DHHS ISVL Invoice for Individual Contractor																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Interpreter Name</td><td colspan="3"></td></tr> <tr><td>NC License #</td><td colspan="3"></td></tr> <tr><td>Address</td><td colspan="3"></td></tr> <tr><td>City</td><td colspan="3"></td></tr> <tr><td>State</td><td style="width: 10%;">Zip</td><td colspan="2"></td></tr> </table>	Interpreter Name				NC License #				Address				City				State	Zip			<b>INVOICE #</b>										
Interpreter Name																															
NC License #																															
Address																															
City																															
State	Zip																														
		<b>DATE SUBMITTED:</b> _____ First Submission <input type="checkbox"/> Re-Submission <input type="checkbox"/> Past Due or Late <input type="checkbox"/>																													
<b>BILL TO:</b>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 15%;">DHHS Division or Office Name</td><td colspan="3"></td></tr> <tr><td>Attention</td><td colspan="3"></td></tr> <tr><td>Address</td><td colspan="3"></td></tr> <tr><td>City</td><td colspan="3"></td></tr> <tr><td>State</td><td style="width: 10%;">Zip</td><td colspan="2"></td></tr> <tr><td>Phone</td><td colspan="3"></td></tr> <tr><td>Email</td><td colspan="3"></td></tr> </table>		DHHS Division or Office Name				Attention				Address				City				State	Zip			Phone				Email				<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 dsdhh.isvl@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																															
<b>ASSIGNMENT INFORMATION</b>																															
Date of Assignment:		Requestor																													
Consumer Name:																															
Description of Assignment:																															
Original Hours Scheduled:	Start Time:	End Time:																													
Hours Billed	Start Time:	End Time:																													
<b>Services Provided</b>																															
<input type="checkbox"/> Interpreting <input type="checkbox"/> Mentoring <input type="checkbox"/> Training <input type="checkbox"/> NDBEDP <input type="checkbox"/> Haptics <input type="checkbox"/> Other (specify _____)																															
	<b>Total Hours</b>	<b>Rate Per Hour</b>	<b>Services Total</b>																												
<b>Standard Rate:</b>			\$0.00																												
<b>Enhanced Rate (Evenings, Weekends, Holidays):</b>			\$0.00																												
<b>Flat Rate</b>			\$0.00																												
<b>SERVICES TOTAL:</b>			<b>\$0.00</b>																												
<b>Travel and Other Expenses</b>																															
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip		<b>Number of Miles</b>	<b>Rate Per Mile</b>																												
From: _____ To: _____																															
			\$0.00																												
<b>Additional Mileage Rates</b>																															
		<b>Number of Hours</b>	<b>Rate Per Hour</b>																												
<b>Additional Mileage Rates</b> Add 1 hour (regular rate) for travel 75 miles or more each way Add 2 hours (regular rate) for travel 150 miles or more each way			\$0.00																												
Other Expenses (Hotel, Meals, Parking (please attach receipt):			\$0.00																												
<b>TRAVEL TOTAL:</b>			<b>\$0.00</b>																												
<b>GRAND TOTAL</b>																															
Total Services Provided:			\$0.00																												
Total Mileage & Other Expenses:			\$0.00																												
<b>TOTAL INVOICED:</b>			<b>\$0.00</b>																												
<b>For DHHS Agency Use Only</b>																															
<b>Reviewed By:</b>																															
<b>Title:</b>																															
<b>Date:</b>																															
<b>Approved By:</b>																															
<b>Title:</b>																															
<b>Date:</b>																															
<b>Budget Code:</b>																															

Version Date 9/4/2018

## ATTACHMENT B

### 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).

\*If you choose to provide proof of immunization and work in a DSOHF facility, you may be required to be tested for Tuberculosis (TB).

**Unfortunately, there is no national organization that maintains vaccination records. The records that exist are the ones you or your parents were given when the vaccines were administered and the ones in the medical record of the doctor or clinic where the vaccines were given. If you can't find your personal records or records from the doctor, you may need to get some of the vaccines again. While this is not ideal, it is safe to repeat vaccines. The doctor can also sometimes do blood tests to see if you are immune to certain vaccine-preventable diseases.” (“Vaccine Information for Adults”, Center for Disease Control, 2016, [www.cdc.gov/vaccines/adults/vaccination-records.html](http://www.cdc.gov/vaccines/adults/vaccination-records.html))**

#### Please Check One and Sign the one you check

\_\_\_\_\_ **I DO WISH** to provide proof of immunizations as required by DSOHF that will authorize me to work in the identified facilities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_ **I DO NOT WISH** to provide proof of immunizations as required by the DSOHF, understanding that doing so will result in me not being authorized to work in the identified facilities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_ **I WISH TO APPLY FOR AN EXEMPTION** to provide proof of immunizations due to a bona fide religious or medical reason.

\_\_\_\_\_  
Signature Date

See DSOHF and their locations next page

## State Operated Healthcare Facilities (DSOHF) and their locations

1. Alcohol and Drug Abuse Treatment Centers
  - a. Julian F. Keith ADATC – Black Mountain, NC
  - b. R. J. Blackley ADATC – Butner, NC
  - c. Walter B. Jones ADATC – Greenville, NC
  
2. Development Centers
  - a. Caswell Developmental Center – Kinston, NC
  - b. J. Iverson Riddle Developmental Center – Morganton, NC
  - c. Murdoch Developmental Center – Butner, NC
  
3. Neuro-Medical Treatment Centers
  - a. Black Mountain Neuro-Medical Treatment Center – Black Mountain, NC
  - b. O’Berry Neuro-Medical Treatment Center – Goldsboro, NC
  - c. Longleaf Neuro-Medical Treatment Center – Wilson, NC
  
4. Psychiatric Hospitals
  - a. Broughton Hospital – Morganton, NC
  - b. Central Regional Hospital – Butner, NC
  - c. Cherry Hospital – Goldsboro, NC
  
5. Residential Programs for Children
  - a. Whitaker Psychiatric Residential Treatment Facility – Butner, NC
  - b. Wright School – Durham, NC