

EarlySteps Durable Medical Equipment (DME) Rider

This document is attached hereto and incorporated into the EarlySteps Provider Agreement which is active and in force at the time of execution of this agreement for:

Individual's Name	Payee/Agency name
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Provider of DME Services: The Provider has represented to the Department of Health and Hospitals (DHH) that he/she possesses the ability to provide specific service(s) as defined in federal and state regulations, the current LA Part C Federal Application, and all applicable policy certifying that the provider meets all applicable current state credentialing and/or licensure requirements established as of the effective date of this Agreement.

The Provider agrees to:

1. Provide durable medical equipment [also known as assistive technology (AT) devices] to eligible children and their families as set forth in the Individualized Family Service Plan (IFSP) and according to EarlySteps AT Policy.
2. Understand that EarlySteps, DHH/OCDD is not responsible for the payment of any DME/AT device that is not specified on an IFSP and prior authorized by DHH/OCDD.
3. Understand that EarlySteps is not responsible for payment of any DME that is covered by Medicaid for a Medicaid-eligible child.
4. Notify the assigned Family Service Coordinator of any planned or recommended changes in the delivery of services to eligible children under this Agreement, including the termination of services prior to the period of duration as reflected on the IFSP.
5. To participate in the routine monitoring and supervision activities as set forth by DHH, or its agent, including self-assessment, on-site monitoring, data collection, reporting obligations, record or chart audits, financial audits, complaint investigation, and consumer satisfaction surveys.
6. Consider cost effectiveness, duration of usefulness to child and individual family concerns and needs when making recommendations for assistive technology.
7. Assist the assigned FSC in disposition, transfer and or reuse of assistive technology devices.

DME PERFORMANCE INDICATORS

Number	Responsibility	Performance Indicator
1	Delivery of AT Equipment in accordance with the IFSP in a timely manner.	Percent of AT equipment delivered in accordance to IFSP

Durable Medical Equipment Rider

_____ Date: _____
Signature of Individual Provider

Provider Name (Printed)

Organization/Payee Name (Printed)