

**Durable Medical Equipment (DME) Rider**

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

|                   |                   |
|-------------------|-------------------|
| Individual's Name | Payee/Agency name |
|-------------------|-------------------|

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

**The Provider agrees:**

1. To 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. That EarlySteps, DHH/OPH is not responsible for the payment of any DME/AT device that is not specified on an IFSP and prior authorized by DHH/OPH.
3. That EarlySteps is not responsible for payment of any DME that is covered by Medicaid for a Medicaid eligible child.
4. To 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. 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. To consider cost effectiveness, duration of usefulness to child and individual family concerns and needs when making recommendations for assistive technology.
7. To assist the assigned FSC in disposition, transfer and or reuse of assistive technology devices.

**DME PERFORMANCE INDICATORS**

| <b>Number</b> | <b>Responsibility</b>                                                    | <b>Performance Indicator</b>                            |
|---------------|--------------------------------------------------------------------------|---------------------------------------------------------|
| 1             | Delivery of AT Equipment in accordance with the IFSP in a timely manner. | Percent of AT equipment delivered in accordance to IFSP |

\_\_\_\_\_  
Signature of Individual Provider

Date: \_\_\_\_\_

\_\_\_\_\_  
Provider Name (Printed)

\_\_\_\_\_  
Organization/Payee Name (Printed)