

MaineCare Documentation Form (MCDF)

For Sections 109 (Speech & Hearing), Section 85 (PT) or Section 68 (OT)

Student: _____

IEP Dates: From: _____ to: _____

1. The licensed practitioner of the healing arts who developed or is responsible for the IEP service plan must sign, credential, and date this form (Please indicate which service by checking appropriate box):

Speech/Language Occupational Therapy Physical Therapy

Signature: _____

Credential: _____

Date: _____

2. Short Term Goals: (not included in the IEP, but required for Medicaid plan of care). Should be completed by the therapist developing/responsible for the Plan of Care/Service delivery plan in the IEP.

A completed MaineCare Documentation Form must be kept on file for post payment audits.