

MaineCare Documentation Form (MCDF)

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:

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.

Include annual goal(s) from IEP referenced above, then break out short term objectives

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