

**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 and Long Term Goals and Objectives: (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.

\_\_\_\_\_  
\_\_\_\_\_

**Reference annual goal(s) from IEP then break out short term objectives**

\_\_\_\_\_  
\_\_\_\_\_

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