

Plan of Care: Medicaid Document for IEP

Name of Student:		DOB:	
Maine Care ID # :		Current Age:	
Date of plan:		Date of review:	
Diagnosis:			

1.) All Individual plan participants must sign and date the documentation. Practitioner of healing arts must provide credential information.

Signature	Credential	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.) Plan of Care:

**Goal 1:
Objectives**

1)
2)
3)
4)
5)

**Goal 2:
Objectives**

1)
2)
3)
4)
5)

**Goal 3:
Objectives**

1)
2)
3)
4)
5)

3). Crisis/Safety Plan which includes the required elements for Section 28:

The plan must:

- a. Identify the potential triggers which may result in a crisis;
- b. Identify the strategies and techniques that may be utilized to assist the member who is experiencing a crisis and stabilize the situation; and
- c. Identify the individuals responsible for the implementation of the plan including any identified by the member (or parents or guardian, as appropriate) as significant to the member's stability and well-being.

A copy of the Crisis/Safety Plan must be attached to this document

4). Comprehensive Assessment for Section 65: Date completed: _____

A copy of the Comprehensive Assessment must be attached to this document

5). Discharge Plan: (Needed for Section 65 and 28):

Parent Signature: _____