

## Appendix 36 ▪ Service Planning and Utilization Summary (SPUS)

Service Month MSSP										Date		
Site Number										PCM		
Participant										CIN#		
<b>Purchased Services</b>												
Service Code	Fund Code	Provider Code	Authorized #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered #Units	Type	Cost	CV	V
Service:			Service Dates:		Note:		Provider:					
Service:			Service Dates:		Note:		Provider:					
Service:			Service Dates:		Note:		Provider:					
<b>Total Purchased Services:</b>												
<b>Referred Services</b>												
Service Code	Fund Code	Provider Code	Authorized #Units	Unit Type	Unit Rate	Cost	SAF#	Delivered #Units	Type	Cost	CV	V
Service:			Service Dates:		Note:		Provider:					
Service:			Service Dates:		Note:		Provider:					
Service:			Service Dates:		Note:		Provider:					
<b>Total Referred Services:</b>												
<b>Summary</b>	<b>Waived</b>	<b>+</b>	<b>Referred</b>	<b>+</b>	<b>Fixed</b>	<b>=</b>	<b>Grand Total</b>					
<b>(A) Total Costs</b>												
Authorized Costs:												
Delivered Costs:												
<b>(B) Total Costs Used in High Cost Calculation (Title XIX only)</b>												
Authorized Costs:												
Delivered Costs:												
Date Primary Case Manager Discussed Plan Change with Participant:								MM	DD	YY		
=> PCM:								Date				
Code (0% - 95%)												
=> SCM:								Date				
Code (96%-120%)												
=> SD:								Date				
Code (> 120%)												