

**Policies & Procedures**

**Section:** Grievance Policies

**Pages:** 1

**Subject:** Duration of Services

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**DURATION OF SERVICES PENDING  
AN APPEAL OR STATE FAIR HEARING**

**POLICY**

DBH will provide the appropriate duration of services when any Enrollee files and Appeal or requests a State Fair Hearing

**PROCEDURE**

1. If an Enrollee has filed an Appeal or Request for State Fair Hearing, DBH will continue or reinstate services until one of the following occurs:
  - a. Enrollee withdraws the Appeal
  - b. Ten days pass after DBH mails the written Notice of Adverse Benefit Determination, Appeal Resolution and Right to Medicaid hearing and within that 10-day time period the Enrollee does not request a State Fair Hearing with continuation of services until a State Fair Hearing decision is reached
  - c. A State Fair Hearing officer issues a hearing decision adverse to the Enrollee
2. If DBH or the State Fair Hearing officer reverses an Adverse Benefit Determination to deny, limit, or delay services that were not furnished while the Appeal was pending, DBH will authorize or provide the disputed services promptly and as expeditiously as the Enrollee's health condition requires, but no later than 72 hours from the date the Adverse Benefit Determination is reversed.
3. If DBH or the State Fair Hearing officer reverses a decision to deny authorization of services and the Enrollee received the disputed services while the Appeal was pending, DBH will pay for those services in accordance with State policy and regulations.
4. If the final resolution of the Appeal is adverse to the Enrollee, that is, it upholds DBH's Adverse Benefit Determination, DBH may recover the cost of the services furnished to the Enrollee while the Appeal or State Fair Hearing was pending, to the extent that the services were furnished solely because of the requirements of the regulation set forth in 42 CFR 438.420 regarding continuation of benefits.