

State: _____

Citation
42 CFR 447.40

**4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility, when the resident is expected to return.**

— **Yes. The State's policy is described in
ATTACHMENT 4.19-C.**

— **No.**

TN No. _____

Supersedes

TN No. _____

Approval Date _____ **Effective Date** _____