

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 _____