

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.**

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TN No. \_\_\_\_\_

Supersedes

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

TN No. \_\_\_\_\_