

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

Approval Date _____ Effective Date

TN No.

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