

**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.**

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