

**SECTION .0300 - HIGH RISK MATERNITY CLINIC FUNDS AND HIGH RISK MATERNITY CLINIC
REIMBURSEMENT FUNDS**

10A NCAC 43C .0301	GENERAL
10A NCAC 43C .0302	APPLICATION FOR FUNDS
10A NCAC 43C .0303	BUDGETING OF FUNDS
10A NCAC 43C .0304	CLIENT AND THIRD PARTY FEES
10A NCAC 43C .0305	CLIENT ELIGIBILITY
10A NCAC 43C .0306	REIMBURSEMENT
10A NCAC 43C .0307	SCOPE OF SERVICES
10A NCAC 43C .0308	STAFFING
10A NCAC 43C .0309	FACILITY AND EQUIPMENT
10A NCAC 43C .0310	MONITORING AND EVALUATION
10A NCAC 43C .0311	PROVIDER ELIGIBILITY

*History Note: Authority G.S. 130A-127;
Eff. July 1, 1988;
Amended Eff. December 6, 1991; September 1, 1990;
Expired Eff. January 1, 2017 pursuant to G.S. 150B-21.3A.*