

**LIP FUNDING REQUESTS
CRITERIA
STATE FISCAL YEAR 2007-2008**

Thank you for your interest in making a presentation for Low Income Pool (LIP) program funding at the December 11, 2006, LIP Council meeting. In accordance to Special Term and Condition (STC) #91 of the LIP, "A Low Income Pool (LIP) will be established to ensure continued government support for the provision of health care services to Medicaid, underinsured, and uninsured populations." Below are the minimum criteria the Council would like as part of your presentation. In addition to the criteria below, please review the STCs of the LIP (provided as a separate attachment), which the LIP program must adhere to.

Please compose your presentation to address the following areas:

- Program Name;
- Types of Services to be funded with LIP dollars;
- Projected number of individuals to receive the LIP funded services;
- Specific amount of LIP funding requested;
- Provide the name(s) of the local government(s)/taxing district(s)* that will provide the state share of funding for the LIP dollars requested. The state share of LIP expenditures for State Fiscal Year 2007-2008 will be 43.17%;
- Provider(s) types to whom the Agency for Health Care Administration will distribute the requested LIP dollars.

*Please be prepared to submit, at a later date, a commitment letter from the local source of funding, for any LIP dollars recommended by the LIP Council to the Florida Legislature.