

MEDICAID STATE PLAN Signoff Sheet

TO: Medicaid State Plan Coordinator,
Division of Medical Services

DATE: 07-28-2025

For the attached Medicaid State Plan amendment: IA-24-0029

The effective date is: August 1, 2025

Fiscal Impact: (Savings)

Federal Dollars

FFY 25 (current federal fiscal year) \$2,460

FFY 26 (next federal fiscal year) \$14,632

State Dollars

SFY 26 (current state fiscal year) \$8,672

SFY 27 (next state fiscal year) \$8,588

Brief summary of Medicaid State Plan amendment (to be used on the transmittal form):

The proposed state plan amendment implements the 1915(i) HCBS Habilitation Services rate increase as authorized by House File (HF) 1049. Per HF 1049, beginning August 1, 2025, reimbursement rates for home and community-based services providers shall be increased compared to the rates in effect on July 31, 2025, to the extent possible within the state funding.

This amendment is:

☐ A federal mandate ☒ A legislative mandate ☐ Optional (explain)

CFR Citation: 42 CFR §447.200

Signoffs

Program Staff: _____

Bureau Chief/Unit Leader: _____

Program Staff: _____

Bureau Chief/Unit Leader: _____

Division Administrator: _____

Division Administrator: _____