



In reply, please refer to:

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Medicaid I/DD Waiver
Memo No.: FY2023-07
Date: February 28, 2023

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator
Developmental Disabilities Division

SUBJECT: Updated DHS 1139 Provider Enrollment Form

On December 23, 2022, the Department of Human Services (DHS), Med-QUEST Division (MQD), issued Memo No. QI-2222 (please see attached) to inform all Home and Community-Based Services (HCBS) providers that the DHS 1139 Provider Enrollment Form has been updated. The update requires all HCBS providers to comply with the requirements of the HCBS Settings Final Rule as stated in 42 CFR §441.301(c)(4) and 42 CFR §441.710(a)(1).

As part of the State Transition Plan, approved by the Centers for Medicare and Medicaid Services, the State committed to updating the Provider Enrollment Form to include Final Rule requirements and obtaining signed forms to be kept on file. The Department of Health, Developmental Disabilities Division (DDD), requests that all Medicaid 1915(c) HCBS Waiver for Individuals with Intellectual and Developmental Disabilities (Medicaid I/DD Waiver) providers sign the attached Provider Participation Agreement (pages 22 to 25 of the DHS 1139 Provider Enrollment Form) and send to the Community Resources Branch by March 10, 2023. Here is a link to the entire updated [DHS 1139 Provider Enrollment Form](#).

Your agency's signed Provider Participation Agreement can be scanned and emailed to doh.dddcrb@doh.hawaii.gov, or faxed to (808) 733-9841, or mailed to:

Community Resources Branch
3627 Kilauea Avenue, Room 411
Honolulu, HI 96816

If you have any questions, please email the Community Resources Branch at doh.dddcrb@doh.hawaii.gov or call (808) 733-2135.

c: Jon Fujii, DHS-MQD
Reid Kaneko, DHS-MQD
DDD Management Team