

**INSTRUCTIONS**  
DHS 1180 (Rev. 07/2026)

**Aging and Disability Resource Center (ADRC) REFERRAL  
AND DETERMINATION/RE-DETERMINATION**

**PURPOSE:**

The DHS 1180, Aging and Disability Resource Center (ADRC) Referral and Determination/Re-determination form, can be initiated by appropriate Divisions (such as Med-QUEST Division or Benefit, Employment & Support Services Division (BESSD)) within the Hawaii Department of Human Services (DHS). This includes Eligibility Worker (EW) staff or the health plans when there is a reason to believe that an applicant/beneficiary, to include an individual in the Adult Group requesting Home and Community Based Services (HCBS) may meet the definition of a permanently disabled individual. This form shall not be initiated when an individual in the Adult Group requests for nursing facility services. The form is also used to request enrollment into the State of Hawaii Organ and Tissue Transplant (SHOTT) program.

**GENERAL INSTRUCTIONS:**

The DHS/EW or health plan shall complete **Part I: Referral to ADRC** of this form to refer an applicant/beneficiary for evaluation. The Med-QUEST Division-Clinical Standards Office (MQD/CSO), Medical/Psychiatric Consultant, Medical Director and MQD/CSO staff will complete **Part II: Determination by ADRC** and return the form to the referring party or the DHS/EW.

**SPECIFIC INSTRUCTIONS:**

**Part I: Referral to ADRC** questions 1-4 to be completed by the referring party (DHS/EW or health plan).

**Completed ADRC Packet Received Date:** MQD/CSO to indicate the date the completed ADRC packet is received by the referring party.

**1. SHOTT Application:**

Please check this box if the form is being used to request enrollment in the SHOTT program.

**2. Applicant (Date of Application):**

If the individual is an applicant, the DHS/EW or health plan shall check the box next to "Applicant" and indicate the date of the appropriate DHS 1100 "Application for Health Care & Help Paying Costs" to be used for this determination.

**3. Beneficiary:**

If the individual is a beneficiary, the DHS/EW or health plan shall check the box next to "Beneficiary".

**4. APPLICANT/BENEFICIARY NAME:** The DHS/EW or health plan shall complete the following identifying data: the applicant/beneficiary's name, date of birth, KOLEA case no., MQD Beneficiary ID no.

**5. TYPE OF REFERRAL:** The "Type of Referral" should be indicated by checking the appropriate box. For a re-determination, attach the DHS 1180 of the previous determination and enter the date the last ADRC was completed.

**6. REFERRAL SOURCE:** DHS staff or health plan should check the appropriate box and enter the appropriate identifying and contact information.

**7. ATTACHED DOCUMENTS:**

Indicate what documents are attached to the referral by checking the appropriate boxes:

- a) The DHS 1127 and DHS 1128 **are required** for all ADRC referrals from DHS staff or health plans. Exceptions to submission/completion of DHS 1127 are listed in a separate section at the end of this document.
- b) A HCFA 2728 may be substituted for the DHS 1128 for ADRC referrals on applicants/beneficiaries with end stage renal disease. A DHS 1180 and a DHS 1127 forms are still required.
- c) The DHS 1147 is required for sub-acute, long-term care and hospice applicant/beneficiary ONLY.

- d) Additional information or supporting evidence for physical or psychiatric disability from the QUEST Integration health plan or applicant's/beneficiary's medical provider.

**Part II: Determination by ADRC** to be completed by the MQD/CSO Medical/Psychiatric Consultant, MQD/CSO staff or Medical Director.

1. The determination will be addressed to the applicant's/beneficiary's EW, the health plan's contact person or the treating physician and shall enter the appropriate identifying and contact information.
2. **GAINFUL ACTIVITY DETERMINATION:** The result of the Gainful Activity Determination will be verified by MQD/HCSB staff based on the applicant's/beneficiary's statement on the DHS 1127 form, verification of the lack of income in the KOLEA system, and other available information sources. If there is incomplete information to make this determination, or if there is a question about the information provided, the CSO staff may further investigate. The determination will be marked on the appropriate box.
  - a) **"Gainful activity is not possible"** means the education and work experiences of the applicant/beneficiary meets the requirements for the applicant/beneficiary to be considered temporarily or permanently disabled and unable to do any gainful activity during the period of disability.
  - b) **"Gainful activity not considered"** means that the disability determination did not consider whether gainful activity is possible; in this case, an applicant is considered disabled, either temporarily or permanently, regardless of their capability for gainful activity.
3. **ADRC DETERMINATION:** MQD/CSO's medical/psychiatric consultant will make the disability determination based on the licensed treating physician/evaluator's statement on the DHS 1128 and the medical records provided. The gainful activity determination will also be used in final determination of disability. The result of the ADRC determination will be indicated by checking the appropriate box(es).
  - a) **"Unable to determine,"** means the MQD/CSO's medical/psychiatric consultant is unable to make a disability determination. The consultant would explain reason(s) why under "Comments."
  - b) **"Not disabled"** means the applicant/beneficiary does not have a medical or psychological condition that meets the ADRC disability criteria.
  - c) **"Permanently Disabled – Re-Evaluate in 7 years from Approval Date"** means the applicant/beneficiary has a medical or psychological condition that meets the ADRC Disability Criteria. If a re-determination of disability is not made prior to the completion of 7 years from the date of approval, the disability status of the applicant/beneficiary will expire no later than 7 years after the approval date. The 7-year re-determination date is specified on the form, to provide unambiguous tracking to the date. A new ADRC application must be submitted prior to the date for uninterrupted disability status.
  - d) **"Temporarily Disabled Until \_\_/\_\_/\_\_"** means the applicant has a medical or psychological condition that results in temporary disability until the date specified. The applicant/beneficiary would receive medical coverage under QUEST, as not eligible for QExA. Beneficiary will be referred for a re-evaluation of disability at the end of the disability period. If a re-determination of disability is not made prior to the date specified, the disability status of the applicant/beneficiary will expire on the date specified.
  - e) **"Comments" "Certified By" and "Date"** MQD/CSO medical/psychiatric consultant or Medical Director will note any comments specific to the approval, and certify the determination by signing and dating the form.
4. Once disability determination is completed, MQD/CSO staff will return the form back to the EW and referring health plan, if a health plan is assigned.

**NOTE: Exceptions to submission/completion of DHS 1127:**

1. If an applicant/beneficiary cannot be found, the health plan/evaluator will have to prove good faith effort to locate the applicant/beneficiary by documenting the following:
  - a) Attempt to locate the applicant/beneficiary by phone at least five times on different days at different times;
  - b) Attempt to locate the applicant/beneficiary by correspondence, including certified letter;
  - c) Attempt to locate the applicant/beneficiary in conjunction with a hospitalization or a medical appointment; and
  - d) Coordination of efforts with the applicant/beneficiary's primary care physician's office to locate the applicant/beneficiary.
2. If an applicant/beneficiary refuses to complete DHS 1127, the applicant/beneficiary should sign that he/she refuses to complete the form.

In **both** exceptions above, the applicant/beneficiary must be sent a final certified letter from the health plan/evaluator stating that the ADRC process will be moving forward without the applicant's/beneficiary's input, concurrence or signature. The letter must contain Hawaii Administrative Rules language stating the applicant/beneficiary has the right to appeal the disability decision and information on how to file an appeal.

**FILING/DISTRIBUTION:**

1. DHS contact person/EW or health plan to send completed ADRC packet to:

Mailing Address: DHS Med-QUEST Division, Clinical Standards Office  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190  
Attn: ADRC

Fax: Attn: Clinical Standards Office  
(808) 692-8131

Email: [MQDCSO@dhs.hawaii.gov](mailto:MQDCSO@dhs.hawaii.gov)

2. Once MQD/CSO completes PART II: MQD/CSO to send form to EW for completion and to scan copy of form into client KOLEA case record.