

## Hawaii

### State Supplementation

#### Mandatory Minimum Supplementation

**Administration:** Social Security Administration.

#### Optional State Supplementation

**Administration:** Social Security Administration.

**Effective date:** January 1, 1974.

**Statutory basis for payment:** Hawaii Revised Statutes, section 346-53(C)(1) and (2).

#### Funding

*Administration:* State funds.

*Assistance:* State funds.

**Passalong method:** Maintaining payment levels.

**Place of application:** Social Security Administration field offices.

**Scope of coverage:** Optional state supplement provided to SSI recipients, including children, except those who are:

- Living in the household of another,
- Patients in medical facilities where Medicaid pays more than 50 percent of the cost of care, or
- Patients in private medical facilities not certified under Medicaid.

Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for federal payments under section 1611(e)(1)(E) receive state optional supplementation (code A payment level) for up to 2 months.

**Resource limitations:** Federal SSI resource limitations apply.

**Income exclusions:** Federal SSI income exclusions apply.

**Recoveries, liens, and assignments:** None.

**Responsibility of relatives:** None.

**Interim assistance:** State participates.

**Payment levels:** See Table 1.

**Number of recipients:** See Table 2.

**Table 1.**  
**Optional state supplementation payment levels (in dollars)**

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Living independently	A	549.90	825.80	4.90	8.80
Living in a domiciliary care facility, Level I (1 to 5 residents)	H	1,066.90	2,133.80	521.90	1,316.80
Living in a domiciliary care facility, Level II (6 or more residents)	I	1,174.90	2,349.80	629.90	1,532.80

#### DEFINITIONS:

**A: Living independently.** Includes recipients living in their own households, in halfway houses (i.e., private nonmedical facilities with which the state has purchase or services agreements for the short-term care of certain needy individuals), or in private medical facilities certified under SSI but where SSI does not pay more than 50 percent of the cost of care. Includes recipients in medical facilities who are in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E). Also includes blind or disabled children under age 18 living in their parents' household.

**H and I: Living in a domiciliary care facility.** Includes recipients (including children) living in a private, nonmedical facility (established and maintained for the purpose of providing personal care and services to aged, infirm, or handicapped persons) and certified by the state. Level I is licensed by the state for fewer than six residents, and Level II is licensed for six or more residents.

**Table 2.**  
**Number of persons receiving optional state supplementation, January 2002**

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		19,680	6,340	170	11,530	1,640
Living independently	A	17,590	5,880	160	9,930	1,620
Domiciliary care facility, Level I (1 to 5 residents)	H	1,980	390	10	1,560	20
Domiciliary care facility, Level II (6 or more residents)	I	110	70	0	40	0

## ***State Assistance for Special Needs***

### ***Administration***

Department of Human Services.

### ***Special Needs Circumstances***

**Housing and utility deposit:** One-time payment made to SSI recipients with total monthly income under \$418.

**Repair or replacement of stove or refrigerator:** Payments made to SSI recipients with total monthly income under \$418.

**Emergency assistance due to natural disaster:** Payments made to SSI recipients with total monthly income under \$418.

**Special care payments:** Payments of \$100 monthly are provided to SSI recipients residing in domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In

addition to meeting other requirements, these recipients must be wheelchair bound, incontinent, or in need of non-oral medication.

### ***Medicaid***

#### ***Eligibility***

**Criteria:** State guidelines.

**Determined by:** State.

#### ***Medically Needy Program***

State provides a program for the aged, blind, and disabled medically needy.

#### ***Unpaid Medical Expenses***

The Social Security Administration does not obtain this information.