

Hawaii

State Supplementation

Mandatory Minimum Supplementation

No recipients.

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 total expenditures.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to SSI recipients, including children. 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) of the Social Security Act receive state optional supplementation (Code A payment level) for up to 2 months.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: The state supplementation is added to the federal payment. Countable income is deducted first from the federal payment. Any income that remains to be counted after the federal payment has been reduced to zero is then deducted from the state supplementary payment.

Payment levels: See Table 1.

Number of recipients: See Table 2.

Table 1.
Optional state supplementation payment levels, January 2007 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Foster care home	B	1,244.90	2,489.80	621.90	1,555.80
Domiciliary care facility, Level I	H	1,244.90	2,489.80	621.90	1,555.80
Domiciliary care facility, Level II	I	1,352.90	2,705.80	729.90	1,771.80

SOURCE: Social Security Administration, Office of Income Security Programs.

DEFINITIONS:

B: Foster care home. Includes recipients who are certified by the state as residents of a foster care home.

H and I: 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 2007

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		2,374	677	26	1,605	66
Foster care home	B	761	435	4	320	2
Domiciliary care facility, Level I	H	1,558	217	21	1,256	64
Domiciliary care facility, Level II	I	55	25	1	29	0

SOURCE: Social Security Administration, Supplemental Security Record, 100 percent data.

State Assistance for Special Needs

Administration

State 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 a month are provided to SSI recipients residing in a 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.