

# 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.

**Total expenditures:** The Social Security Administration reported expenditures of \$15,942,000 for calendar year 2008 in federally administered payments to SSI recipients.

**Table 1.**  
**Optional state supplementation payment levels, January 2009 (in dollars)**

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Foster care home	B	1,325.90	2,651.80	651.90	1,640.80
Medicaid facility	D	50.00	100.00	20.00	40.00
Domiciliary care facility, Level I	H	1,325.90	2,651.80	651.90	1,640.80
Domiciliary care facility, Level II	I	1,433.90	2,867.80	759.90	1,856.80

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.

**D: Medicaid facility.** Includes recipients residing in a federal Code D living arrangement.

**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 2009**

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		2,531	743	28	1,675	85
Foster care home	B	910	496	5	404	5
Medicaid facility	D	116	35	1	65	15
Domiciliary care facility, Level I	H	1,463	195	21	1,182	65
Domiciliary care facility, Level II	I	42	17	1	24	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:** This program has been discontinued and only makes payments to persons previously accepted. 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.