



Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | HI2025MS0002D | HI-25-0013

Individuals who receive an optional state supplementary payment.

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package ID

HI2025MS0002D

Submission Type

Official

Approval Date

N/A

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HI-25-0001

System-Derived

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HI-25-0013

Initial Submission Date

N/A

Effective Date

10/1/2025

View Implementation Guide

VIEW ALL RESPONSES

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for:

☐ a. SSI

☒ b. The mandatory eligibility group for 209(b) states
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

B. Individuals Covered

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1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes

☒ No
2. The state covers the following classifications:

☐ a. All individuals age 65 or older.

☐ b. All individuals who have blindness.

☐ c. All individuals who have a disability.

☒ d. Individuals in domiciliary facilities or other group living arrangements who are age 65 or older.

☒ e. Individuals in domiciliary facilities or other group living arrangements who have blindness.

☒ f. Individuals in domiciliary facilities or other group living arrangements who have a disability.

☐ g. Individuals receiving a federally-administered optional state supplement that meets the conditions specified in sections C. and D.

☐ h. Individuals in additional classifications specified by the Secretary.

☐ i. Reasonable groups of individuals receiving a state-administered optional state supplement that meets the conditions specified in sections C. and D.

C. Optional State Supplement Program

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1. The optional state supplement program is administered:

☒ a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.

☐ b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.

☐ c. Solely by the state.
2. Payments under the optional state supplement program are:

a. Based on need and paid in cash on a regular basis;

b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and

c. Available to all individuals in each population selected in section B.

D. Income Standard of Optional State Supplement Program

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1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- ☐ Yes
☒ No

b. Varies by payment classification.

- ☒ Yes
☐ No

The payment classifications used are:

- ☐ i. All individuals age 65 or older, regardless of living arrangement.
- ☐ ii. All individuals who have blindness, regardless of living arrangement.
- ☐ iii. All individuals who have a disability, regardless of living arrangement.
- ☐ iv. Independent living.
- ☐ v. Living in household of another.
- ☐ vi. Independent living and receiving non-medical care outside the home.
- ☐ vii. Living in household of another and receiving non-medical care outside the home.
- ☒ viii. Living in a domiciliary facility or other group living arrangement.

Income Standard

Individual

\$1796.00

Couple

\$2279.00

☒ ix. Other payment classification.

Name of Classification

DOMICILIARY CARE LEVEL I:

Description:

Maximum of five (5) residents
A residential facility that provides twenty-four hour living accommodations including care and services for up to five residents. The care and services for Domiciliary Care Level I are the same Domiciliary Care level II.

Character count: 251/4000

Income Standard

Individual

\$1796.00

Couple

\$2279.00

[Delete DOMICILIARY CARE LEVEL I:](#)

Name of Classification

DOMICILIARY CARE LEVEL II:

Description:

Six (6) or more residents
A residential facility that provides twenty-four hour living accommodations, including care and services, for 6 or more residents. The care and services for Domiciliary Care Level II are the same Domiciliary Care level I.

Character count: 248/4000

Income Standard

Individual

\$1904.00

Couple

\$2387.00

E. Additional Information (optional)

[Collapse](#)

Character count: 2/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

- ☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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