NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES

MEDICAL ASSISTANCE PROGRAM MANUAL

APPENDIX F

MAABD BUDGETS

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES

VETERAN UNUSUAL MEDICAL EXPENSE (UME) BUDGET — 2023

A. \$ Maximum VA Annual Rate (from award letter)	
(–) B. \$ Gross Annual Income (use reported income from VA award letter))
C. \$ Countable Annual VA Benefits	
If the amount in "C" is zero or a negative figure, stop here: the entire VA "payment" to the clie be excluded in both financial eligibility and patient liability.	ent is UME and must
If the amount in "C" is greater than zero, a portion of the VA payment is countable income. Divide to reach the monthly countable VA benefit.	ide amount in "C" by
D. \$ Countable Monthly VA Payment	
If the amount in "D" is less than the maximum Aid and Attendance (A&A) or House Bound (Here: this figure must be excluded in both financial eligibility and patient liability.	IB) benefit rate, stop
If the amount in "D" is greater than the maximum A&A or HB benefit rate, this figure includes a must be counted in both financial eligibility and patient liability. Proceed as follows:	Base Pension which
E. \$ Monthly Countable VA Income (amount in "D" above)	
(-) F. \$ Maximum A&A if HB Rate (excluded in financial eligibility and I	PL)
G. \$ Base Pension (counted in financial & PL)	
VA AMOUNTS FOR 2022:	
Maximum VA Annual Rate for A&A Veteran with a spouse = \$31,714.00	
Maximum VA Annual Rate for A&A Veteran = \$26,752.00	
Maximum VA Annual Rate for HB Veteran with a spouse = \$24,652.00	
Maximum VA Annual Rate for HB Veteran = \$19,958.00	
Maximum VA Annual Rate for A&A Widow = \$17,192.00	
Maximum VA Annual Rate for HB Widow = \$13,147.00	

INSTRUCTIONS FOR FORM 2039-EE (2023) "VA UME (UNUSUAL MEDICAL EXPENSE) BUDGET"

<u>PURPOSE</u> — To assist the case manager in determining the portion of a veteran's pension which is an Unusual Medical Expense (UME) reimbursement. UME is excluded income for financial eligibility and patient liability.

INSTRUCTIONS

- 1. Enter maximum VA annual rate in field "A".
- 2. Enter the client/spouse's gross annual income as reported on VA award letter in field "B". CAUTION: Don't use VA's indication of COUNTABLE ANNUAL INCOME as this amount is the result of "net countable income" less medical expenses.
- 3. Subtract the client's income from the VA rate. Enter the difference in field "C".

If the answer is zero or a negative figure, the entire VA "payment" to the client is UME.

If the answer is greater than zero, a portion of the VA "payment" may be countable income. Divide this figure by twelve (12) to reach the monthly countable VA benefit.

If the monthly countable VA income is less than the rate for A&A or HB payment, exclude this income in financial eligibility and patient liability.

If the monthly countable VA income is greater than the A&A or HB rate:

- 1. Enter the monthly countable VA income in field "E".
- 2. Enter the maximum A&A or HB rate in field "F".
- 3. Subtract the A&A or HB rate from the monthly countable VA income. Enter the difference in field "G".

NOTE: USE THE VA AWARD LETTER TO OBTAIN VA ANNUAL RATES AND THE CLIENT/ SPOUSE'S INCOME.

EXAMPLE #1

Y ... WE INCLUDED THE FOLLOWING SOURCES OF INCOME YOU REPORTED:

SELF: EARNED \$00000; SOCIAL SECURITY \$06061; RETIREMENT \$00000; INTEREST \$00000: INSURANCE \$00000; AND OTHER INCOME \$00000.

EXAMPLE #2

Y ...OUR DETERMINATION THAT YOUR NET COUNTABLE INCOME IS \$10367.

WE ARE CONSIDERING YOUR OWN INCOME OF \$0 FROM EARNINGS, \$10297 FROM SOCIAL SECURITY BASED UPON A MONTHLY PAYMENT OF \$858.10, \$0 FROM ANNUITY/RETIREMENT AND \$70 FROM OTHER SOURCES.

MAABD MAABD MAABD MAABD MAABD MAABD MAABD NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES MAABD BUDGET Case Name Case Number Date Case Manager FINANCIAL ELIGIBILITY **GROSS COUNTABLE INCOME TEST** NET INCOME DETERMINATION II. INCOME MONTH: **UNEARNED INCOME** A. UNEARNED INCOME Total.....\$_ *GROSS -**EXCLUSIONS = COUNTABLE RSDI** (COUNTABLE) Railroad LESS: Retirement Veteran Benefits Countable Unearned Income.....\$_____\$ Pension/ **EARNED INCOME** Retirement 1. Earnings..... LESS: Contributions (a) Remaining General Other Exclusion.....-___ (b) Earnings Exclusions...... 65.00 Total Countable Unearned Income (c) IRWE Remaining Earned Income=___ **B. EARNED INCOME** (d) Less 1/2 of 1(c)--Countable Earned Income..... Gross Earnings TOTAL COUNTABLE NET INCOME.....\$ (Sum of A-2 and B-2) TOTAL GROSS COUNTABLE INCOME III. AID CODE DETERMINATION GROSS Income Limit\$_ ELIGIBLE YES NO Receiving \$30 SSI institutional payment (SS) C. DIVISION OF INCOME Countable Net income greater than \$30 and less than SSI Payment level. (WB) Client's Gross Income Countable Net income greater than SSI Payment level up to 142% of payment level. (SI) Spouse's Gross Income Countable Net is greater than 142% and less than 300% SSI payment level, County Match. (CM) Total GROSS Community Income REMARKS/DOCUMENTATION Divide Community Income by 2 Total Countable Income **GROSS Income Limit** ELIGIBLE YES NO

(Medicare Beneficiary Budget Side 2)

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES MEDICARE BENEFICIARY BUDGET

Case Name Case Number CHECK WHICH APPLIES Member of a Couple, With Individual Spouse Member of a Couple, With Individual Spouse		ĺĺ			1.1		
A. DEEMING COMPUTATION 1. Ineligible spouse's unearned income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3	Case Name	Ca	se Number		Date	Worker	Name/Number
A. DEEMING COMPUTATION 1. Incligible spouse's unearmed income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3 Allocation S457.00 S457.00 S457.00 Subtract children (children not applying income							
A. DEEMING COMPUTATION 1. Incligible spouse's unearned income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) Subtract childr's (under 18)						Ш	
A. DEEMING COMPUTATION 1. Ineligible spouse's unearned income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3 Allocation S457.00 S457.00 S457.00 Subtract child's (under 18)							
A. DEEMING COMPUTATION 1. Ineligible spouse's unearned income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3						Individual	
A. DEEMING COMPUTATION 1. Ineligible spouse's unearned income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3 Allocation						Illuiviuuai	Eligible Spouse
1. Ineligible spouse's unearmed income Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3 Allocation S457.00 S457.00 S457.00 Subtract child's (under 18)	A. DEEMING COMPUTATION				Spouse		
Subtract allocation for ineligible children (children not applying for/receiving any type of public assistance) No. 1 No. 2 No. 3		spouse's	unearned	income			
No. 1 No. 2 No. 3 No. 3 No. 3 No. 457.00 S457.00 S457.	5						
No. 1 No. 2 No. 3 No. 3 S457.00 S457.0			(children n	ot applying			
Allocation Subtract child's (under 18) income a. Total Allocation b. Remaining unearmed income 2. Ineligible spouse's gross earmed income c. Add remaining unearmed income from 1.b 1. LESS THAN \$\$\frac{35}{2}\$. Deeming does NOT apply. Proceed to Part B, first column, adding the figure in 1.b. to the client's income in B.1. and using the figure in 2.b. to the client's earmed income in B.2. B. ELIGIBILITY DETERMINATION Use combined income (client and ineligible spouse after ineligible child allocations when deeming applies OR client and eligible spouse) OR client's income if using INDIVIDUAL column. 1. Unearmed income a. Subtract general income exclusion b. Remaining unearmed income a. Subtract general income exclusion not offset by unearmed income b. Remaining areamed income c. Subtract type of the first or third columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the first or third columns, proceed to the first column.). Compare to Compare to Couple Income Limit Coup	for/receiving any type of public	c assistance)					
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a. Total Allocation b. Remaining unearned income 2. Ineligible spouse's gross carned income a. Subtract balance of allocation for ineligible child(ren) not offset by unearned income c. Add remaining unearned income from 1.b	пісопіе			+	_		
b. Remaining uneamed income. a. Subtract balance of allocation for ineligible child(ren) not offset by uneamed income. c. Add remaining earned income + 5. Total income after allocations. + LESS THAN \$457. Deeming does NOT apply. Proceed to Part B, second column, using only the client's income in B.1. and using the figure in 1.b. to the client's uneamed income in B.2. B. ELIGIBILITY DETERMINATION Use combined income (client and ineligible spouse) OR client's income if sincome in growth income (client and ineligible spouse) OR client's income if using INDIVIDUAL column. 1. Unearned income a. Subtract general income exclusion. 20.00			<u> </u>	T -			
b. Remaining uneamed income. a. Subtract balance of allocation for ineligible child(ren) not offset by uneamed income. c. Add remaining earned income + 5. Total income after allocations. + LESS THAN \$457. Deeming does NOT apply. Proceed to Part B, second column, using only the client's income in B.1. and using the figure in 1.b. to the client's uneamed income in B.2. B. ELIGIBILITY DETERMINATION Use combined income (client and ineligible spouse) OR client's income if sincome in growth income (client and ineligible spouse) OR client's income if using INDIVIDUAL column. 1. Unearned income a. Subtract general income exclusion. 20.00	a. Total Allocation						
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allocations when deeming applies OR client and eligible spouse) OR client's income if using INDIVIDUAL column. 1. Unearned income a. Subtract general income exclusion	B. ELIGIBILITY DETERMINATION	ON			Client and		
client's income if using INDIVIDUAL column. 1. Unearned income a. Subtract general income exclusion							Client and
a. Subtract general income exclusion				spouse) OR	spouse's deemed	Client	eligible spouse
a. Subtract general income exclusion		JAL column.					
a. Subtract general income exclusion							
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2. Gross earned income a. Subtract balance of general exclusion not offset by unearned income b. Remaining earned income c. Subtract work expense exclusion. d. Remaining earned income. e. Subtract 1/2 of 2.d. amount Compare 3. to the appropriate income limit from Appendix C. If the amount is greater than the limit for a couple in the first or third columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.) Compare to Couple Income Limit ELIGIBLE ELIGIBLE					20.00	□ 20.00	20.00
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b. Remaining earned income c. Subtract work expense exclusion. d. Remaining earned income. e. Subtract 1/2 of 2.d. amount 4. Compare 3. to the appropriate income limit from Appendix C. If the amount is greater than the limit for a couple in the first or third columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.) Compare to Compare to Compare to Compare to Couple Income Limit Income Limit ELIGIBLE ELIGIBLE	2		•				
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d. Remaining earned income. e. Subtract 1/2 of 2.d. amount					□ 65.00	□ 65.00	□ 65.00
3. Total countable income (sum of 1.b. and 2.e.)	d. Remaining earned income.						
3. Total countable income (sum of 1.b. and 2.e.) 4. Compare 3. to the appropriate income limit from Appendix C. If the amount is greater than the limit for a couple in the first or third columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.) Compare to Compare to Compare to Couple Income Limit Income Limit ELIGIBLE ELIGIBLE	e. Subtract 1/2 of 2.d. amount				÷ 2	÷ 2	÷ 2
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the amount is greater than the limit for a couple in the first or third columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.)							
columns, or greater than the limit for an individual in the second column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.)							
column, the client is ineligible for Medicaid. (If ineligible in the third column, proceed to the first column.)					C	C	C
column, proceed to the first column.)							
☐ ELIGIBLE ☐ ELIGIBLE ☐ ELIGIBLE							•
	column, proceed to the first co.	1411111	•••••				
	Income Month(s)	Benefit Mon	th(s)				

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES PATIENT LIABILITY BUDGET - SPOUSAL IMPOVERISHMENT

Case Name	Case Number	Date	Worker			
MAINTENANCE ALLOWA	NCE	PARTIAL MONTH PRORATION				
COMMUNITY SPOUSE MONTHLY INCO	ME ALLOWANCE	Full Month Patient Liabilit	ty \$			
1. Housing Costs	\$	Number of Days in the Mo				
2. Standard Utility Allowance (SUA)	+	Number of Days Institution	Daily Rate = nalized x			
3. Shelter Costs		Patient Liability for				
4. Maximum Shelter						
(30% of 150% of 2-Person Poverty) 5. Excess Shelter Allowance		REMARK	KS/DOCUMENTATION			
6. 150% of 2-Person Poverty\$						
Excess Shelter Allowance+_						
7. Monthly Maintenance						
Allowance						
	COMPARE					
8. Federal Maximum Monthly	•					
Maintenance Allowance\$_						
9. Lessor of #7 or #8 \$_						
10. Community Spouse Gross Income						
11. Community Spouse Monthly Income Allowance	¢					
		_				
FAMILY ALLOWANCE		-				
Repeat this calculation for each family member:						
1. 150% of 2-Person Poverty \$	-1- \$					
2. Family Member Total –_	<u> </u>					
3. Net Difference \$	\$					
4. Family Member Allowance \$_	÷ 3					
5. Total All Family Member						
Allowances (1+2)	\$	=				
PATIENT LIABILITY						
INCOME MONTH: FO	OR:					
TOTAL GROSS MONTHLY INCOME	, ,					
Less Involuntary Mandatory Deductions						
Less Income Excluded from P/L	\$					
TOTAL PATIENT LIABILITY INCOME	\$					
LESS:						
1. Personal Needs Allowance						
	\$					
(SUBTOTAL)						
2. Community Spouse Income						
Allowance						
3. Family Allowance –						
4. Payments for Health Insurance –_						
5. Incurred Medical Expense						
TOTAL DEDUCTIONS (Nos. 2-5)						
PATIENT LIABILITY (Full Month)						

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES **PATIENT LIABILITY BUDGET — NON-SPOUSAL IMPOVERISHMENT**

Case Name	Case Number	Date	Worker			
MAINTENANCE A	LLOWANCE	REMARKS/DOCUMENTATION				
EARNED IN						
SPOUSE/DEPENDENT'S GROSS EARNIN	NGS	_				
LESS:						
1. Tax and Social Security						
2. Other						
3. Other						
TOTAL EXPENSES						
NET EARNINGS		-				
UNEARNED I	NCOME					
RSDI						
SSI						
UIB						
Pensions						
Other	······ <u> </u>	-				
TOTAL UNEARNED INCOME		-				
ALLOWA	NCE					
SPOUSE/DEPENDENTS' TOTAL NEEDS						
TOTAL NET INCOME (Earned and Unearn	ed)					
MAINTENANCE ALLOWANCE						
PATIENT LIA	BILITY	1				
INCOME MONTH:	FOR:	1				
	(MONTH)					
TOTAL GROSS MONTHLY INCOME	\$ <u></u>					
Less Involuntary Mandatory Deductions						
Less Income Excluded from P/L	\$-					
TOTAL PATIENT LIABILITY INCOME	\$.				
LESS:						
1. Personal Needs Allowance						
2. Home Based Maintenance						
3. Spouse/Dependents' Maintenance						
4. Payments for Health Insurance						
5. Incurred Medical Expenses	······					
TOTAL DEDUCTIONS	\$	-				
PATIENT LIABILITY (Full Month)	\$	-				
PARTIAL MONTH	PRORATION					
Full Month Patient Liability	\$					
Number of Days in the Month	÷	-				
	Daily Rate =					
Number of Days Institutionalized	х					
Patient Liability for	= \$	-				
(MONTH)		Ī				

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES ${\bf SSI~BUDGET}$

Case No.:	
	_
CHECK WHICH APPLIES	_

				CHECK WHICH APPLIES			
				Member of a Couple, With Ineligible Spouse	□ Individual	Member of a Couple, With Eligible Spouse	
A. DEEMING COMPUTATION 1. Ineligible spouse's unearned in Subtract allocation for inel for/receiving any type of publ	igible childr			Spouse		Spouse	
	No. 1	No. 2	No. 3				
Allocation	\$457.00	\$457.00	\$457.00				
Subtract child's (under 18)							
income		+	+ =				
		T	т –				
a. Total Allocationb. Remaining unearned incom2. Ineligible spouse's gross earnera. Subtract balance of allocation	ed income on for ineligil	ole child(ren)	not offset by				
unearned incomeb. Remaining earned income							
c. Add remaining unearned in				+			
3. Total income after allocations				·			
☐ LESS THAN \$457, Deem second column, using only			ceed to Part B,				
 \$457 OR MORE, Deemin column, adding the figure in B.1. and using the figur in B.2. 	in 1.b. to the	client's unea	rned income		START HERE	START HERE	
B. SSI ELIGIBILITY DETERMIN Use combined income (client an allocations when deeming applies income if using INDIVIDUAL co 1. Unearned income	d ineligible s OR client and lumn.	l eligible spor	use) OR client's	Client and ineligible spouse's deemed	Client	Client and eligible spouse	
a. Subtract general income ex				□ 20.00	□ 20.00	□ 20.00	
b. Remaining unearned incor							
2. Gross earned income							
a. Subtract balance of genera							
unearned incomeb. Remaining earned income							
c. Subtract work expense exc				□ 65.00	□ 65.00	□ 65.00	
d. Remaining earned income							
_				÷ 2	÷ 2	÷ 2	
e. Subtract 1/2 of 2.d. amoun				=	=	=	
 Total countable income (sum of the sum of	e SPA. If an econd column the third column	nount is equants, the client arm, proceed	l or greater is ineligible I to the first	Commons to	Compare to INDIVIDUAL	Compare to	
COIUIIIII				Compare to Couple (SPA)	(SPA)	Compare to Couple (SPA)	
Income Month(s)	Benefit Mon	th(s)					
			_	INELIGIBLE	INELIGIBLE	INELIGIBLE	
Worker:					MENT AMOUNTS (See 1/1/23 through 12/31, \$950.40		
Date:				Blind Disabled Aged person and Bl	\$1,023.30 \$914.00	\$1,745.60 \$1,371.00 \$1,595.53	
				Aged person and Di Blind person and Di	sabled spouse	\$1,593.33 \$1,408.23 \$1,557.30	

Nevada State Division of Welfare and Supportive Services **PARENT TO CHILD DEEMING BUDGET**

Case Name:		Ca	se No.:	
D	DEEMING CO	MPUTATION		
Ineligible parent's unearned income Subtract allocation for ineligible children (c	hildren not applyi	ing for/receiving a	ny type of public assistanc	\$
Allocation	No. 1 \$457.00	No. 2 \$457.00	No. 3 \$457.00	
(a) Subtract total allocation for ineligible of(b) Remaining unearned income	children			<u>– </u>
Ineligible parent's earned income	gible child(ren) no	ot offset by unearr	ned income	<u>– </u>
(a) Enter remaining unearned income (b) Subtract general income exclusion (c) Countable unearned income (d) Enter remaining earned income (e) Subtract balance of general income exc (f) Remainder (g) Subtract work expense exclusion (h) Remainder (i) Subtract 1/2 remainder (j) Countable earned income (k) Add countable unearned income (l) Total countable income (m) Subtract parent allocation (n) Deemed income	clusion			-20.00 -20.00 -65.00 -
4. ELIGIBILITY DETERMINATION Deemed income	<u>+</u> <u>- 20.00</u>		INSTITUTIONAL LI \$2,742 I PAYMENT AMOUN	
Subtract balance of general income exclusion Remainder	<u>-</u>		Effective 1/1/23 through 12/	31/23
Subtract work expense exclusions	–	Biiiid		\$1,023.30 \$914.00
Add countable unearned income	<u>+</u>		E TO INSTITUTIONAL Eligible	
Benefit month(s) Income month(s) Worker Date		\$914.00 only	PARENT ALLOCATI one parent lives in the hou both parents live in the hou	ısehold;

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES **RSDI COMPUTATION WORKSHEET**

ise Name	e Case Number		Worker		Da	te
		A. RSDI Amount	B. Percenta Prior Co Living Ind	ost of	Effective Date of Increase	C. Previous Year RSDI Amount
1.	Enter the current RSDI amount on the top line	\$	÷	1,087	(1/23)	= \$
	of Column A.	\$	÷	1.059	(1/22)	= \$
2.	Divide the Column A amount by the Column B	\$	÷	1.013	(1/21)	= \$
	figure (percentage amount of the previous cost of living increase). Round to the nearest dime	\$	÷	1.016	(1/20)	= \$
	and enter that amount in Column C.	\$	<u>+</u>	1.028	(1/19)	= \$
3.	Transfer the Column C figure to the next line in Column A.	\$	÷	1.020	(1/18)	= \$
		\$	÷	1.003	(1/17)	= \$
4.	Continue steps 2. and 3. for each year until you reach the last RSDI amount received before	\$	÷	1.000		= \$
	client became ineligible for SSI.	\$		1.017		= \$
5.	Transfer the final amount in Column C. to SSI	\$		1.015	, ,	= \$
	Budget as the countable RSDI amount.	\$ \$	· +	1.013	, ,	ф.
						· · · · · · · · · · · · · · · · · · ·
		\$ \$	÷ ÷	1.036 1.000	` '	= \$ = \$
		\$		1.000	` ′	= \$
		\$	÷	1.058	` '	= \$
		\$	+	1.023	(1/08)	= \$
		\$	÷	1.033	(1/07)	= \$
		\$	÷	1.041	(1/06)	= \$
		\$	÷	1.027	` ′	= \$
		\$	÷	1.021	(1/04)	= \$
		\$ \$	÷ ÷	1.014 1.026	` ′	= \$ = \$
		\$		1.020	` ′	= \$
		\$		1.024	` '	= \$
		\$	÷	1.013	(1/99)	= \$
		\$	÷	1.021	(1/98)	= \$
		\$	÷	1.029		= \$
		\$	÷	1.026		= \$
		\$	÷	1.028		= \$
		\$ \$	÷	1.026 1.030		= \$ = \$
		\$ \$		1.030		= \$ = \$
		\$	÷	1.054		= \$
		\$	÷	1.047		= \$
		\$	÷	1.040	(1/89)	= \$
		\$	÷	1.042		= \$
		\$	÷	1.013		= \$
		\$	÷	1.031	(7/86)	= \$
		\$	÷	1.035	(7/85)	= \$

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES

SPOUSAL IMPOVERISHMENT RESOURCE DETERMINATION

Case Name	Case Number	Date		Vorker
I. SPOUSAL SHARE OF RESOUR	CES AT TIME OF INST	ITUTIONALIZAT	TION/HOME BA	SED WAIVER SERVICES
a. Community spouse's separate res	ources \$	_ (Client's Spo	ouse)	
b. Client's separate resources	+	_		
c. Joint resources between spouses	+	_		- M .1.87
d. Total Resources		\$		Month/Year
e. Total resources divided equally		÷2		
f. A spousal share		\$		
II. COMMUNITY SPOUSE RESOU	JRCE ALLOWANCE			
a. Enter State Medicaid Maximum	Resource Share from Appen	ndix C	\$	_
b. Enter the spousal share up to the	Federal Maximum from Ap	ppendix C	\$	_
c. Enter the amount established base	ed on a hearing decision		\$	_
d. Enter the amount established in a	court order		\$	_
e. Enter the greatest of a, b, c or d a	bove			\$
f. The amount "considered" availab	ele to the community spouse	e (MAM F-115.2)		
g. Community Spouse Resource Al	lowance			\$
III. ASSIGNMENT OF RESOURC	ES AT TIME OF APPLIC	CATION		
a. Community spouse's separate res	ources \$	_ (Client's Spo	ouse)	
b. Client's separate resources	+	_		
c. Joint resources between spouses	+	_		Month/Year
d. Total Resources		\$		
e. Total amount from Section II, ite	m e above			
*f. Countable resources for client's e	ligibility	\$	resource amount commun	mount in item III.f is within Medicaid e limits, then resources up to the in item II.g must be transferred to the nity spouse within 30 days from the the approval notice.

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES SPOUSAL IMPOVERISHMENT RESOURCE DETERMINATION

Ca	se Name		Case Number	1	Date		Worker			
I.	I. SPOUSAL SHARE OF RESOURCES AT TIME OF INSTITUTIONALIZATION/HOME BASED WAIVER SERVICES									
a.	Community spouse's separate resource	es	\$	_	(Client's Spouse)		t with others - not the client. with others - not the spouse.			
b.	Client's separate resources		+ Liauid/non-liai	_	oint between spouses.		Day of Admit			
c.	Joint resources between spouses		+		ond convect spouses.		Zuy og Hamm			
							Month/Year			
d.	Total Resources				\$					
e.	Total resources divided equally				□□÷2					
f.	A spousal share				\$					
]	II. COMMUNITY SPOUSE RESC	UR	RCE ALLOWANCE							
a.	Enter the State Medicaid Maximum F	Reso	ource Share from Append	lix (\$				
b.	Enter the spousal share up to the Feder	eral	Maximum from Append	ix C	!	\$_				
c.	Enter the amount established based or	n a l	hearing decision			\$_				
d.	Enter the amount established in a cou	rt o	rder			\$_				
e.	Enter the greatest of a, b, c or d above	•					\$			
f.	The amount "considered" available to	the	*		2 of non-liquid in I.c. F-115.2)					
g.	Community Spouse Resource Allowa	ınce					\$			
Ι	II ASSIGNMENT OF RESOURC	ES.	AT TIME OF APPLIC	AT	ION					
a.	Community spouse's separate resource	es	Liquid/non-liqu \$	uid i –	n spouse's name and/e (Client's Spouse)	or join	t with others - not the client.			
b.	Client's separate resources		Liquid/non-liqu +		n client's name and/oi	r joint	with others - not the spouse.			
							Day of Application			
			Liquid/non liqu	.: 4 :	aint hatusan snausas		Month/Year			
c.	Joint resources between spouses		+	u J –	oint between spouses.		nd and ongoing month(s) use low resource nce.			
d.	Total Resources				\$	re	If the amount in item III.f is within Medicaid esource limits, then resources up to the mount in item II.g must be transferred to the			
e.	Total amount from Section II, item e	abo	ve				ommunity spouse within 30 days from the date f the approval notice.			
*f.	Countable resources for client's eligib	ility	/		\$					

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES HEALTH INSURANCE WORK ADVANCEMENT (HIWA) BUDGET

Case Name	Case Number	D	ate	<u> </u>		Worker
FINANCIAL ELIGIBILITY		INCOME MON	ТН:			
I. GROSS COUNTABLE INCOME TE	ST					
A. UNEARNED INCOME						
		*GRO	SS –			
RSDI						
Railroad Retirement						
Veteran Benefits						
Pension / Retirement						
Contributions						
Other						
Total Countab	le Unearned Income	\$				
GROSS UNEA	ARNED INCOME LIMIT	\$				
					ELIGIBLE	☐ YES ☐ NO
B. EARNED INCOME						
Gross Earnings						
GROSS EARN	NED INCOME LIMIT	\$				
					ELIGIBLE	☐ YES ☐ NO
II. NET INCOME TEST						
II. NET INCOME LEST						
A. UNEARNED INCOME						
1. Total		\$				
			(COUNTABLE)			
LESS	come Exclusion		- 20.00			
(a) Selicial III	COINC ENCIRONS		20.00			
2. Net Countable U	Jnearned Income	\$				
B. EARNED INCOME						
		\$				
1. Gloss Earnings						
LESS (a) Remaining	r General					
(b) Earnings E	Exclusions	- 65.00				
(c) Remaining	g Earned					
(d) Less 1/2 of	-					
	Earned Income					
LESS						
	nent Related Disregards		_			
3. Net Countable E	_		_			
	ABLE NET INCOME	¢				
	A-2 and B-3)	φ	-			
COMBINED NET	INCOME LIMIT	\$				
					ELIGII	BLE YES NO

INSTRUCTIONS FOR FORM 2046-EM (04/23), "HEALTH INSURANCE WORK ADVANCEMENT (HIWA) BUDGET"

PURPOSE

The budget is used to calculate income for determining eligibility for the HIWA program.

INSTRUCTIONS

Complete section I.A., entering all gross unearned income received by the applicant. Compare the total unearned income to the Gross Unearned Income Limit. If the income exceeds the limit, the budget stops here, and the applicant is ineligible. If the income does not exceed the limit, proceed to I.B.

Complete section I.B., entering the total gross earned income received by the applicant. Compare the total to the Gross Earned Income Limit. If the total gross earned income exceeds the limit, the budget stops here, and the applicant is ineligible. If the income does not exceed the limit, proceed to section II.

Complete section II.A., entering the total unearned income minus the \$20 General Income Exclusion to determine the net unearned income.

Complete section II.B., entering the total gross earned income minus a) any General Income Exclusion not offset by the unearned income, and b) minus the \$65 Earnings Exclusion.

Divide the remaining earned income by 2 to determine the Countable Net Earned Income. Subtract any Employment Related Expenses to determine the final net earned income.

Combine the net unearned income and the net earned income. Compare the total to the Net Income Limit. If the income exceeds the limit, the applicant is ineligible. If the income is below the limit, the applicant is eligible for the HIWA program.