

**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 — 2014

- 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 client is UME and must be excluded in both financial eligibility and patient liability.

If the amount in "C" is greater than zero, a portion of the VA payment is countable income. Divide amount in "C" by 12 to reach the monthly countable VA benefit.

- D. \$ \_\_\_\_\_ Countable Monthly VA Payment

If the amount in "D" is less than the maximum Aid and Attendance (A&A) or House Bound (HB) benefit rate, stop here: this figure must be excluded in both financial eligibility and patient liability.

If the amount in "D" is greater than the maximum A&A or HB benefit rate, this figure includes a Base Pension which must be counted in both financial eligibility and patient liability. Proceed as follows:

- E. \$ \_\_\_\_\_ Monthly Countable VA Income (amount in "D" above)  
(-)
- F. \$ \_\_\_\_\_ Maximum A&A if HB Rate (excluded in financial eligibility and PL)
- G. \$ \_\_\_\_\_ Base Pension (counted in financial & PL)

**VA AMOUNTS FOR 2013:**

Maximum VA Annual Rate for A&A Veteran with a spouse = \$25,035.84  
(\$1,380.74 Base + \$705.58 A&A x 12)

Maximum VA Annual Rate for A&A Veteran = \$21,118.92  
(\$1,054.33 Base + \$705.58 A&A x 12)

Maximum VA Annual Rate for HB Veteran with a spouse = \$19,378.44  
(\$1,380.74 Base + \$234.13 HB x 12)

Maximum VA Annual Rate for HB Veteran = \$15,461.52  
(\$1,054.33 Base + \$234.13 HB x 12)

Maximum VA Annual Rate for A&A Widow = \$13,562.40  
(\$707.03 Base + \$423.17 A&A x 12)

Maximum VA Annual Rate for HB Widow = \$10,370.28  
(\$707.03 Base + \$157.16 HB x 12)

INSTRUCTIONS FOR FORM 2039-EE (2014)  
"VA UME (UNUSUAL MEDICAL EXPENSE) BUDGET"

PURPOSE— 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.

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
**MAABD BUDGET**

|           |             |      |              |
|-----------|-------------|------|--------------|
|           |             |      |              |
| Case Name | Case Number | Date | Case Manager |

| FINANCIAL ELIGIBILITY  | II. NET INCOME DETERMINATION |            |            |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
|--|------------------------------|------------|------------|------------|------|-------|-------|-------|---------------------|-------|-------|-------|------------------|-------|-------|-------|--------------------|-------|-------|-------|---------------|-------|-------|-------|-------|-------|-------|-------|--------------------------------------|--|--|----------|---|
| <p><b>I. GROSS COUNTABLE INCOME TEST</b></p> <p>INCOME MONTH: _____</p> <p><b>A. UNEARNED INCOME</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%; text-align:center;">*GROSS -</th> <th style="width:15%; text-align:center;">EXCLUSIONS</th> <th style="width:15%; text-align:center;">=COUNTABLE</th> </tr> </thead> <tbody> <tr><td>RSDI</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Railroad Retirement</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Veteran Benefits</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Pension/Retirement</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Contributions</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>Other</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td colspan="3">Total Countable Unearned Income.....</td><td>\$ _____</td></tr> </tbody> </table> <p><b>B. EARNED INCOME</b></p> <p>Gross Earnings .....\$ _____</p> <p><b>TOTAL GROSS COUNTABLE INCOME</b> .....\$ _____</p> <p>GROSS Income Limit .....\$ _____</p> <p>ELIGIBLE ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>C. DIVISION OF INCOME</b></p> <p>Client's Gross Income .....\$ _____</p> <p>Spouse's Gross Income .....\$ _____</p> <p>Total GROSS Community Income .....\$ _____</p> <p>Divide Community Income by 2.....\$ _____</p> <p>Total Countable Income .....\$ _____</p> <p>GROSS Income Limit .....\$ _____</p> <p>ELIGIBLE ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |                              | *GROSS -   | EXCLUSIONS | =COUNTABLE | RSDI | _____ | _____ | _____ | Railroad Retirement | _____ | _____ | _____ | Veteran Benefits | _____ | _____ | _____ | Pension/Retirement | _____ | _____ | _____ | Contributions | _____ | _____ | _____ | Other | _____ | _____ | _____ | Total Countable Unearned Income..... |  |  | \$ _____ | <p><b>A. UNEARNED INCOME</b></p> <p>1. Total .....\$ _____</p> <p>(COUNTABLE)</p> <p>LESS:</p> <p>(a) General Income Exclusion..... - 20.00</p> <p>2. Countable Unearned Income .....\$ _____</p> <p><b>B. EARNED INCOME</b></p> <p>1. Earnings..... _____</p> <p>LESS:</p> <p>(a) Remaining General Exclusion..... - _____</p> <p>(b) Earnings Exclusions ..... - 65.00</p> <p>(c) IRWE..... - _____</p> <p>Remaining Earned Income ..... = _____</p> <p>(d) Less 1/2 of 1(c) ..... - _____</p> <p>2. Countable Earned Income ..... _____</p> <p><b>TOTAL COUNTABLE NET INCOME</b> .....\$ _____</p> <p>(Sum of A-2 and B-2)</p> <hr/> <p><b>III. AID CODE DETERMINATION</b></p> <p><input type="checkbox"/> Receiving \$30 SSI institutional payment (SS)</p> <p><input type="checkbox"/> Countable Net income greater than \$30 and less than SSI Payment level. (WB)</p> <p><input type="checkbox"/> Countable Net income greater than SSI Payment level up to 142% of payment level. (SI)</p> <p><input type="checkbox"/> Countable Net is greater than 142% and less than 300% SSI payment level, County Match. (CM)</p> <p style="text-align:center; margin-top: 20px;"><b>REMARKS/DOCUMENTATION</b></p> |
|  | *GROSS -                     | EXCLUSIONS | =COUNTABLE |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| RSDI   | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Railroad Retirement  | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Veteran Benefits   | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Pension/Retirement   | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Contributions  | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Other  | _____                        | _____      | _____      |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |
| Total Countable Unearned Income.....   |                              |            | \$ _____   |            |      |       |       |       |                     |       |       |       |                  |       |       |       |                    |       |       |       |               |       |       |       |       |       |       |       |                                      |  |  |          |   |

*(Medicare Beneficiary Budget Side 2)*

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
**MEDICARE BENEFICIARY BUDGET**

|           |             |      |                    |
|-----------|-------------|------|--------------------|
|           |             |      |                    |
| Case Name | Case Number | Date | Worker Name/Number |

**CHECK WHICH APPLIES**

**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                         | \$361.00 | \$361.00 | \$361.00 |   |
| Subtract child's (under 18) income | -        | -        | -        |   |
|                                    |          | +        | +        | = |

- a. Total Allocation.....
- b. Remaining unearned income.....
2. Ineligible spouse's gross earned income.....
  - a. Subtract balance of allocation for ineligible child(ren) not offset by unearned income.....
  - b. Remaining earned income.....
  - c. Add remaining unearned income from 1.b.....
3. Total income after allocations.....
  - LESS THAN \$361, Deeming does NOT apply. Proceed to Part B, second column, using only the client's income
  - \$361 OR MORE, Deeming DOES apply. Proceed to Part B, first column, adding the figure in 1.b. to the client's unearned income in B.1. and using the figure in 2.b. to the client's earned 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. Unearned income.....
  - a. Subtract general income exclusion.....
  - b. Remaining unearned income.....
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.....
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.).....

| <input type="checkbox"/> Member of a Couple, With Ineligible Spouse | <input type="checkbox"/> Individual       | <input type="checkbox"/> Member of a Couple, With Eligible Spouse |
|---|---|---|
|   |   |   |
| -   |   |   |
| -   |   |   |
| +   |   |   |
|   | <i>START HERE</i>                         | <i>START HERE</i>   |
| <b>Client and ineligible spouse's deemed</b>                        | <b>Client</b>                             | <b>Client and eligible spouse</b>                                 |
| - 20.00   | - 20.00                                   | - 20.00   |
| -   | -   | -   |
| - 65.00   | - 65.00                                   | - 65.00   |
| + 2   | + 2                                       | + 2   |
| =   | =   | =   |
| <b>Compare to Couple Income Limit</b>                               | <b>Compare to INDIVIDUAL Income Limit</b> | <b>Compare to Couple Income Limit</b>                             |
| <input type="checkbox"/> ELIGIBLE                                   | <input type="checkbox"/> ELIGIBLE         | <input type="checkbox"/> ELIGIBLE                                 |
| <input type="checkbox"/> INELIGIBLE                                 | <input type="checkbox"/> INELIGIBLE       | <input type="checkbox"/> INELIGIBLE                               |

Income Month(s) \_\_\_\_\_ Benefit Month(s) \_\_\_\_\_

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

|                  |                    |             |               |
|------------------|--------------------|-------------|---------------|
|                  |                    |             |               |
| <b>Case Name</b> | <b>Case Number</b> | <b>Date</b> | <b>Worker</b> |

|   |                        |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
|---|------------------------|------------|---|---------|------------------------|-------|---|---------|-----------------------------------|-------|-----------------------------------|----------|--------------------------------|---------|--|-------|--|--|--|----------|-----------------------------|----------|---|---------|---|----------|--|------------|------------|-----------------------------------|----------|----------|------------------------------|---------|---------|-------------------------|----------|----------|--|-----|-----|----------------------------------|----------|----------|---|----------|--|----------------------------------|----------|---|-----------|-------------------------------------|-----------|--------------------------------------|----------|--------------|--|-----------------------------------|---------|--|----------|---------------------------|--|--|---------|---------------------------|---------|--|---------|-----------------------------------|---------|-----------------------------------|----------|--------------------------------------|----------|---|------------------------------------|----------|-----------------------------------|---------|------------------|---------|--|---------|-----------------------------------|------------|
| <p style="text-align: center;"><b>MAINTENANCE ALLOWANCE</b></p> <p><b>COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE</b></p> <table style="width: 100%;"> <tr> <td>1. Housing Costs .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Standard Utility Allowance (SUA) .....</td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td>3. Shelter Costs .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>4. Maximum Shelter<br/>(30% of 150% of 2-Person Poverty) .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>5. Excess Shelter Allowance .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>6. 150% of 2-Person Poverty .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>    Excess Shelter Allowance .....</td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td>7. Monthly Maintenance Allowance .....</td> <td style="text-align: right;">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>▲</b><br/><b>COMPARE</b><br/><b>▼</b></td> </tr> <tr> <td>8. Federal Maximum Monthly Maintenance Allowance .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>9. Lessor of #7 or #8 .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>10. Community Spouse Gross Income .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>11. Community Spouse Monthly Income Allowance .....</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="text-align: center;"><b>FAMILY ALLOWANCE</b></p> <p>Repeat this calculation for each family member:</p> <table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><b>-1-</b></td> <td style="text-align: center;"><b>-2-</b></td> </tr> <tr> <td>1. 150% of 2-Person Poverty .....</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>2. Family Member Total .....</td> <td style="text-align: right;">- _____</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>3. Net Difference .....</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">+ 3</td> <td style="text-align: right;">+ 3</td> </tr> <tr> <td>4. Family Member Allowance .....</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>5. Total All Family Member Allowances (1+2) .....</td> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> </table> <p style="text-align: center;"><b>PATIENT LIABILITY</b></p> <p>INCOME MONTH: _____ FOR: _____<br/> <small>(MONTH)</small></p> <table style="width: 100%;"> <tr> <td>TOTAL GROSS MONTHLY INCOME .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Less Involuntary Mandatory Deductions .....</td> <td style="text-align: right;">\$- _____</td> </tr> <tr> <td>Less Income Excluded from P/L .....</td> <td style="text-align: right;">\$- _____</td> </tr> <tr> <td>TOTAL PATIENT LIABILITY INCOME .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2"><b>LESS:</b></td> </tr> <tr> <td>1. Personal Needs Allowance .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>(SUBTOTAL)</small></td> </tr> <tr> <td>2. Community Spouse Income Allowance .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>3. Family Allowance .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>4. Payments for Health Insurance .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>5. Incurred Medical Expense .....</td> <td style="text-align: right;">- _____</td> </tr> <tr> <td>TOTAL DEDUCTIONS (Nos. 2-5) .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>PATIENT LIABILITY (Full Month) .....</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | 1. Housing Costs ..... | \$ _____   | 2. Standard Utility Allowance (SUA) ..... | + _____ | 3. Shelter Costs ..... | _____ | 4. Maximum Shelter<br>(30% of 150% of 2-Person Poverty) ..... | - _____ | 5. Excess Shelter Allowance ..... | _____ | 6. 150% of 2-Person Poverty ..... | \$ _____ | Excess Shelter Allowance ..... | + _____ | 7. Monthly Maintenance Allowance ..... | _____ | <b>▲</b><br><b>COMPARE</b><br><b>▼</b> |  | 8. Federal Maximum Monthly Maintenance Allowance ..... | \$ _____ | 9. Lessor of #7 or #8 ..... | \$ _____ | 10. Community Spouse Gross Income ..... | - _____ | 11. Community Spouse Monthly Income Allowance ..... | \$ _____ |  | <b>-1-</b> | <b>-2-</b> | 1. 150% of 2-Person Poverty ..... | \$ _____ | \$ _____ | 2. Family Member Total ..... | - _____ | - _____ | 3. Net Difference ..... | \$ _____ | \$ _____ |  | + 3 | + 3 | 4. Family Member Allowance ..... | \$ _____ | \$ _____ | 5. Total All Family Member Allowances (1+2) ..... | \$ _____ |  | TOTAL GROSS MONTHLY INCOME ..... | \$ _____ | Less Involuntary Mandatory Deductions ..... | \$- _____ | Less Income Excluded from P/L ..... | \$- _____ | TOTAL PATIENT LIABILITY INCOME ..... | \$ _____ | <b>LESS:</b> |  | 1. Personal Needs Allowance ..... | - _____ |  | \$ _____ | <small>(SUBTOTAL)</small> |  | 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) ..... | \$ _____ | <p style="text-align: center;"><b>PARTIAL MONTH PRORATION</b></p> <table style="width: 100%;"> <tr> <td>Full Month Patient Liability .....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Number of Days in the Month .....</td> <td style="text-align: right;">+ _____</td> </tr> <tr> <td style="text-align: right;">Daily Rate .....</td> <td style="text-align: right;">= _____</td> </tr> <tr> <td>Number of Days Institutionalized .....</td> <td style="text-align: right;">x _____</td> </tr> <tr> <td>Patient Liability for _____ .....</td> <td style="text-align: right;">= \$ _____</td> </tr> </table> <p style="text-align: center;"><b>REMARKS/DOCUMENTATION</b></p> | Full Month Patient Liability ..... | \$ _____ | Number of Days in the Month ..... | + _____ | Daily Rate ..... | = _____ | Number of Days Institutionalized ..... | x _____ | Patient Liability for _____ ..... | = \$ _____ |
| 1. Housing Costs .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 2. Standard Utility Allowance (SUA) .....   | + _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 3. Shelter Costs .....  | _____                  |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 4. Maximum Shelter<br>(30% of 150% of 2-Person Poverty) .....   | - _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 5. Excess Shelter Allowance .....   | _____                  |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 6. 150% of 2-Person Poverty .....   | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Excess Shelter Allowance .....  | + _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 7. Monthly Maintenance Allowance .....  | _____                  |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| <b>▲</b><br><b>COMPARE</b><br><b>▼</b>  |                        |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 8. Federal Maximum Monthly Maintenance Allowance .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 9. Lessor of #7 or #8 .....   | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 10. Community Spouse Gross Income .....   | - _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 11. Community Spouse Monthly Income Allowance .....   | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
|   | <b>-1-</b>             | <b>-2-</b> |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 1. 150% of 2-Person Poverty .....   | \$ _____               | \$ _____   |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 2. Family Member Total .....  | - _____                | - _____    |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 3. Net Difference .....   | \$ _____               | \$ _____   |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
|   | + 3                    | + 3        |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 4. Family Member Allowance .....  | \$ _____               | \$ _____   |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 5. Total All Family Member Allowances (1+2) .....   | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| TOTAL GROSS MONTHLY INCOME .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Less Involuntary Mandatory Deductions .....   | \$- _____              |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Less Income Excluded from P/L .....   | \$- _____              |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| TOTAL PATIENT LIABILITY INCOME .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| <b>LESS:</b>  |                        |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 1. Personal Needs Allowance .....   | - _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
|   | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| <small>(SUBTOTAL)</small>   |                        |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| 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) .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Full Month Patient Liability .....  | \$ _____               |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Number of Days in the Month .....   | + _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Daily Rate .....  | = _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Number of Days Institutionalized .....  | x _____                |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |
| Patient Liability for _____ .....   | = \$ _____             |            |   |         |                        |       |   |         |                                   |       |                                   |          |                                |         |  |       |  |  |  |          |                             |          |   |         |   |          |  |            |            |                                   |          |          |                              |         |         |                         |          |          |  |     |     |                                  |          |          |   |          |  |                                  |          |   |           |                                     |           |                                      |          |              |  |                                   |         |  |          |                           |  |  |         |                           |         |  |         |                                   |         |                                   |          |                                      |          |   |                                    |          |                                   |         |                  |         |  |         |                                   |            |

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

|           |             |      |        |
|-----------|-------------|------|--------|
|           |             |      |        |
| Case Name | Case Number | Date | Worker |

| MAINTENANCE ALLOWANCE                                   | REMARKS/DOCUMENTATION |
|---|-----------------------|
| <b>EARNED INCOME</b>                                    |                       |
| SPOUSE/DEPENDENT'S GROSS EARNINGS..... _____            |                       |
| LESS:   |                       |
| 1. Tax and Social Security..... _____                   |                       |
| 2. Other ..... _____                                    |                       |
| 3. Other ..... _____                                    |                       |
| TOTAL EXPENSES ..... _____                              |                       |
| NET EARNINGS ..... _____                                |                       |
| <b>UNEARNED INCOME</b>                                  |                       |
| RSDI ..... _____  |                       |
| SSI..... _____  |                       |
| UIB..... _____  |                       |
| Pensions ..... _____                                    |                       |
| Other ..... _____                                       |                       |
| TOTAL UNEARNED INCOME ..... _____                       |                       |
| <b>ALLOWANCE</b>  |                       |
| SPOUSE/DEPENDENTS' TOTAL NEEDS..... _____               |                       |
| TOTAL NET INCOME (Earned and Unearned)..... _____       |                       |
| MAINTENANCE ALLOWANCE..... _____                        |                       |
| <b>PATIENT LIABILITY</b>                                |                       |
| <i>INCOME MONTH:</i> _____ <i>FOR:</i> _____<br>(MONTH) |                       |
| TOTAL GROSS MONTHLY INCOME ..... \$ _____               |                       |
| 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) ..... \$ _____           |                       |
| <b>PARTIAL MONTH PRORATION</b>                          |                       |
| Full Month Patient Liability ..... \$ _____             |                       |
| Number of Days in the Month..... ÷ _____                |                       |
| Daily Rate..... = _____                                 |                       |
| Number of Days Institutionalized ..... x _____          |                       |
| Patient Liability for _____ = \$ _____<br>(MONTH)       |                       |



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

Case Name: \_\_\_\_\_ Case No.: \_\_\_\_\_

**DEEMING COMPUTATION**

1. Ineligible parent'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 .....              | \$361.00 | \$361.00 | \$361.00 |   |
| Subtract child's income ..... | -        | -        | -        |   |
|                               | +        | +        | +        | = |

(a) Subtract total allocation for ineligible children ..... -  
 (b) Remaining unearned income ..... \$ \_\_\_\_\_

2. Ineligible parent's earned income .....  
 (a) Subtract balance of allocation for ineligible child(ren) not offset by unearned income ..... -  
 (b) Remaining earned income ..... \$ \_\_\_\_\_

**3. PARENT DEDUCTION & ALLOCATION**

(a) Enter remaining unearned income .....  
 (b) Subtract general income exclusion ..... - 20.00  
 (c) Countable unearned income .....  
 (d) Enter remaining earned income .....  
 (e) Subtract balance of general income exclusion ..... - 20.00  
 (f) Remainder .....  
 (g) Subtract work expense exclusion ..... - 65.00  
 (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 .....

**4. ELIGIBILITY DETERMINATION      ELIGIBILITY**

Deemed income .....  
 Add individual's own unearned income ..... +  
 Total unearned income .....  
 Subtract general income exclusion ..... - 20.00  
 Total countable unearned income .....  
 Total earned income .....  
 Subtract balance of general income exclusion ..... -  
 Remainder .....  
 Subtract work expense exclusions ..... - 65.00  
 Subtract 1/2 remainder ..... -  
 Countable earned income .....  
 Add countable unearned income ..... +  
 Total countable income .....

Benefit month(s) \_\_\_\_\_  
 Income month(s) \_\_\_\_\_  
 Worker \_\_\_\_\_  
 Date \_\_\_\_\_

**INSTITUTIONAL LIMIT**  
\$2,163

**SSI PAYMENT AMOUNT (SPA)**  
Effective 1/1/14 through 12/31/14

Blind ..... \$830.30  
 Disabled ..... \$721.00

**COMPARE TO INSTITUTIONAL LIMIT OR SPA**  
 Eligible       Ineligible

**PARENT ALLOCATION**  
**\$721** only one parent lives in the household;  
**\$1,082** if both parents live in the household.

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

| Case Name  | Case Number          | Worker  | Date                                   |
|--|----------------------|---|--|
|  | A.<br>RSDI<br>Amount | B.<br>Percentage of<br>Prior Cost of<br>Living Increase | C.<br>Effective<br>Date of<br>Increase |
| 1. Enter the current RSDI amount on the top line of Column A.  | \$ _____ ÷           | 1.015   | (1/14) = \$ _____                      |
|  | \$ _____ ÷           | 1.017   | (1/13) = \$ _____                      |
| 2. Divide the Column A amount by the Column B figure (percentage amount of the previous cost of living increase). Round to the nearest dime and enter that amount in Column C. | \$ _____ ÷           | 1.036   | (1/12) = \$ _____                      |
|  | \$ _____ ÷           | 0.00  | (1/11) = \$ _____                      |
|  | \$ _____ ÷           | 0.00  | (1/10) = \$ _____                      |
| 3. Transfer the Column C figure to the next line in Column A.  | \$ _____ ÷           | 1.058   | (1/09) = \$ _____                      |
|  | \$ _____ ÷           | 1.023   | (1/08) = \$ _____                      |
| 4. Continue steps 2. and 3. for each year until you reach the last RSDI amount received before client became ineligible for SSI.   | \$ _____ ÷           | 1.033   | (1/07) = \$ _____                      |
|  | \$ _____ ÷           | 1.041   | (1/06) = \$ _____                      |
|  | \$ _____ ÷           | 1.027   | (1/05) = \$ _____                      |
|  | \$ _____ ÷           | 1.021   | (1/04) = \$ _____                      |
|  | \$ _____ ÷           | 1.014   | (1/03) = \$ _____                      |
| 5. Transfer the final amount in Column C. to SSI Budget as the countable RSDI amount.  | \$ _____ ÷           | 1.026   | (1/02) = \$ _____                      |
|  | \$ _____ ÷           | 1.035   | (1/01) = \$ _____                      |
|  | \$ _____ ÷           | 1.024   | (1/00) = \$ _____                      |
|  | \$ _____ ÷           | 1.013   | (1/99) = \$ _____                      |
|  | \$ _____ ÷           | 1.021   | (1/98) = \$ _____                      |
|  | \$ _____ ÷           | 1.029   | (1/97) = \$ _____                      |
|  | \$ _____ ÷           | 1.026   | (1/96) = \$ _____                      |
|  | \$ _____ ÷           | 1.028   | (1/95) = \$ _____                      |
|  | \$ _____ ÷           | 1.026   | (1/94) = \$ _____                      |
|  | \$ _____ ÷           | 1.030   | (1/93) = \$ _____                      |
|  | \$ _____ ÷           | 1.037   | (1/92) = \$ _____                      |
|  | \$ _____ ÷           | 1.054   | (1/91) = \$ _____                      |
|  | \$ _____ ÷           | 1.047   | (1/90) = \$ _____                      |
|  | \$ _____ ÷           | 1.040   | (1/89) = \$ _____                      |
|  | \$ _____ ÷           | 1.042   | (1/88) = \$ _____                      |
| \$ _____ ÷   | 1.013                | (1/87) = \$ _____                                       |  |
| \$ _____ ÷   | 1.031                | (7/86) = \$ _____                                       |  |
| \$ _____ ÷   | 1.035                | (7/85) = \$ _____                                       |  |
| \$ _____ ÷   | 1.035                | (7/84) = \$ _____                                       |  |
| \$ _____ ÷   | 1.074                | (7/82) = \$ _____                                       |  |
| \$ _____ ÷   | 1.112                | (7/81) = \$ _____                                       |  |
| \$ _____ ÷   | 1.143                | (7/80) = \$ _____                                       |  |
| \$ _____ ÷   | 1.099                | (7/79) = \$ _____                                       |  |
| \$ _____ ÷   | 1.065                | (7/78) = \$ _____                                       |  |

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

|           |             |      |        |
|-----------|-------------|------|--------|
|           |             |      |        |
| Case Name | Case Number | Date | Worker |

**I. SPOUSAL SHARE OF RESOURCES AT TIME OF INSTITUTIONALIZATION/HOME BASED WAIVER SERVICES**

- a. Community spouse's separate resources     \$ \_\_\_\_\_ (Client's Spouse)
  - b. Client's separate resources                     + \_\_\_\_\_
  - c. Joint resources between spouses             + \_\_\_\_\_
  - d. Total Resources                                     \$ \_\_\_\_\_
  - e. Total resources divided equally                     +2
  - f. A spousal share                                     \$ \_\_\_\_\_
- \_\_\_\_\_ Month/Year

**II. COMMUNITY SPOUSE RESOURCE ALLOWANCE**

- a. Enter State Medicaid Maximum Resource Share from Appendix C     \$ \_\_\_\_\_
- b. Enter the spousal share up to the Federal Maximum from Appendix C     \$ \_\_\_\_\_
- c. Enter the amount established based on a hearing decision     \$ \_\_\_\_\_
- d. Enter the amount established in a court order     \$ \_\_\_\_\_
- e. Enter the greatest of a, b, c or d above     \$ \_\_\_\_\_
- f. The amount "considered" available to the community spouse (M.S. 350.M.2)     - \_\_\_\_\_
- g. Community Spouse Resource Allowance     \$ \_\_\_\_\_

**III. ASSIGNMENT OF RESOURCES AT TIME OF APPLICATION**

- a. Community spouse's separate resources     \$ \_\_\_\_\_ (Client's Spouse)
- b. Client's separate resources                     + \_\_\_\_\_
- c. Joint resources between spouses             + \_\_\_\_\_
- d. Total Resources                                     \$ \_\_\_\_\_
- e. Total amount from Section II, item e above     - \_\_\_\_\_
- \*f. Countable resources for client's eligibility     \$ \_\_\_\_\_

*\*If the amount in item III.f is within Medicaid resource limits, then resources up to the amount in item II.g must be transferred to the community spouse within 30 days from the date of the approval notice.*

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

|           |             |      |        |
|-----------|-------------|------|--------|
|           |             |      |        |
| Case Name | Case Number | Date | Worker |

**I. SPOUSAL SHARE OF RESOURCES AT TIME OF INSTITUTIONALIZATION/HOME BASED WAIVER SERVICES**

|  |  |   |
|--|--|---|
| a. Community spouse's separate resources | <i>Liquid/non-liquid in spouse's name and/or joint with others - not the client.</i><br>\$ _____ (Client's Spouse) |   |
| b. Client's separate resources           | <i>Liquid/non-liquid in client's name and/or joint with others - not the spouse.</i><br>+ _____                    |   |
| c. Joint resources between spouses       | <i>Liquid/non-liquid joint between spouses.</i><br>+ _____   | <i>Day of Admit</i><br>_____<br><i>Month/Year</i> |
| d. Total Resources                       | \$ _____   |   |
| e. Total resources divided equally       | ÷ 2  |   |
| f. A spousal share                       | \$ _____   |   |

**II. COMMUNITY SPOUSE RESOURCE ALLOWANCE**

|   |          |
|---|----------|
| a. Enter the State Medicaid Maximum Resource Share from Appendix C          | \$ _____ |
| b. Enter the spousal share up to the Federal Maximum from Appendix C        | \$ _____ |
| c. Enter the amount established based on a hearing decision                 | \$ _____ |
| d. Enter the amount established in a court order                            | \$ _____ |
| e. Enter the greatest of a, b, c or d above                                 | \$ _____ |
| f. The amount "considered" available to the community spouse (M.S. 350.M.2) | — _____  |
| g. Community Spouse Resource Allowance                                      | \$ _____ |

**III. ASSIGNMENT OF RESOURCES AT TIME OF APPLICATION**

|  |  |   |
|--|--|---|
| a. Community spouse's separate resources         | <i>Liquid/non-liquid in spouse's name and/or joint with others - not the client.</i><br>\$ _____ (Client's Spouse) |   |
| b. Client's separate resources                   | <i>Liquid/non-liquid in client's name and/or joint with others - not the spouse.</i><br>+ _____                    | <i>Day of Application</i><br>_____<br><i>Month/Year</i>   |
| c. Joint resources between spouses               | <i>Liquid/non-liquid joint between spouses.</i><br>+ _____   | <i>Second and ongoing month(s) use low resource balance.</i>  |
| d. Total Resources                               | \$ _____   |   |
| e. Total amount from Section II, item e above    | — _____  |   |
| *f. Countable resources for client's eligibility | \$ _____   | <i>*If the amount in item III.f is within Medicaid resource limits, then resources up to the amount in item II.g must be transferred to the community spouse within 30 days from the date of the approval notice.</i> |

|           |             |      |        |
|-----------|-------------|------|--------|
|           |             |      |        |
| Case Name | Case Number | Date | Worker |

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

**FINANCIAL ELIGIBILITY** INCOME MONTH:

**I. GROSS COUNTABLE INCOME TEST**

**A. UNEARNED INCOME**

|                                      |                 |
|--------------------------------------|-----------------|
|                                      | <b>*GROSS –</b> |
| RSDI.....                            | _____           |
| Railroad Retirement.....             | _____           |
| Veteran Benefits.....                | _____           |
| Pension / Retirement.....            | _____           |
| Contributions.....                   | _____           |
| Other.....                           | _____           |
| Total Countable Unearned Income..... | \$ _____        |
| GROSS UNEARNED INCOME LIMIT.....     | \$ _____        |

|   |
|---|
| ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|

**B. EARNED INCOME**

|                                |          |
|--------------------------------|----------|
| Gross Earnings.....            | _____    |
| GROSS EARNED INCOME LIMIT..... | \$ _____ |

|   |
|---|
| ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|

**II. NET INCOME TEST**

**A. UNEARNED INCOME**

|                                       |             |
|---------------------------------------|-------------|
| 1. Total.....                         | \$ _____    |
|                                       | (COUNTABLE) |
| LESS                                  |             |
| (a) General Income Exclusion.....     | – 20.00     |
| 2. Net Countable Unearned Income..... | \$ _____    |

**B. EARNED INCOME**

|  |                      |
|--|----------------------|
| 1. Gross Earnings.....                   | \$ _____             |
| LESS                                     |                      |
| (a) Remaining General Exclusion.....     | –                    |
| (b) Earnings Exclusions.....             | – 65.00              |
| (c) Remaining Earned Income.....         | _____                |
| (d) Less 1/2 of 1(c).....                | _____                |
| 2. Countable Net Earned Income.....      | _____                |
| LESS                                     |                      |
| Total Employment Related Disregards..... | –                    |
| 3. Net Countable Earned Income.....      | _____                |
| <b>TOTAL COUNTABLE NET INCOME</b> .....  | _____                |
|  | (Sum of A-2 and B-3) |
| COMBINED NET INCOME LIMIT.....           | _____                |

|   |
|---|
| ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|

INSTRUCTIONS FOR FORM 2046-EM (6/04), "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.