

**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 — 2019

- 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 2019:

Maximum VA Annual Rate for A&A Veteran with a spouse = \$26,766.00

Maximum VA Annual Rate for A&A Veteran = \$22,577.00

Maximum VA Annual Rate for HB Veteran with a spouse = \$20,731.00

Maximum VA Annual Rate for HB Veteran = \$16,540.00

Maximum VA Annual Rate for A&A Widow = \$14,509.00

Maximum VA Annual Rate for HB Widow = \$11,095.00

INSTRUCTIONS FOR FORM 2039-EE (2019)
"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.

MAABD BUDGET

Case Name	Case Number	Date	Case Manager

FINANCIAL ELIGIBILITY

I. GROSS COUNTABLE INCOME TEST

INCOME MONTH: _____

A. UNEARNED INCOME

	*GROSS -	EXCLUSIONS	=COUNTABLE
RSDI	_____	_____	_____
Railroad Retirement	_____	_____	_____
Veteran Benefits	_____	_____	_____
Pension/Retirement	_____	_____	_____
Contributions	_____	_____	_____
Other	_____	_____	_____

Total Countable Unearned Income
\$ _____

B. EARNED INCOME

Gross Earnings
\$ _____

TOTAL GROSS COUNTABLE INCOME \$ _____

GROSS Income Limit \$ _____

ELIGIBLE YES NO

C. DIVISION OF INCOME

Client's Gross Income
\$ _____

Spouse's Gross Income
\$ _____

Total GROSS Community Income
\$ _____

Divide Community Income by 2
\$ _____

Total Countable Income
\$ _____

GROSS Income Limit
\$ _____

ELIGIBLE YES NO

II. NET INCOME DETERMINATION

A. UNEARNED INCOME

1. Total..... \$ _____

(COUNTABLE)

LESS:

(a) General Income Exclusion - 20.00

2. Countable Unearned Income..... \$ _____

B. EARNED INCOME

1. Earnings..... _____

LESS:

(a) Remaining General Exclusion..... - _____

(b) Earnings Exclusions..... - 65.00

(c) IRWE - _____

Remaining Earned

Income = _____

(d) Less 1/2 of 1(c) - _____

2. Countable Earned Income..... _____

TOTAL COUNTABLE NET INCOME \$ _____
(Sum of A-2 and B-2)

III. AID CODE DETERMINATION

- Receiving \$30 SSI institutional payment (SS)
- Countable Net income greater than \$30 and less than SSI Payment level. (WB)
- Countable Net income greater than SSI Payment level up to 142% of payment level. (SI)
- Countable Net is greater than 142% and less than 300% SSI payment level, County Match. (CM)

REMARKS/DOCUMENTATION

(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	\$386.00	\$386.00	\$386.00
Subtract child's (under 18) income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	+	+	=

- 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 \$386, Deeming does NOT apply. Proceed to Part B, second column, using only the client's income
 \$386 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.)

Income Month(s) _____ Benefit Month(s) _____

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

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

Case Name	Case Number	Date	Worker

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MAINTENANCE ALLOWANCE</td> <td style="text-align: center;">PARTIAL MONTH PRORATION</td> </tr> <tr> <td style="text-align: center;">COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE</td> <td>Full Month Patient Liability..... \$ _____</td> </tr> <tr> <td>1. Housing Costs..... \$ _____</td> <td>Number of Days in the Month + _____</td> </tr> <tr> <td>2. Standard Utility Allowance (SUA) + _____</td> <td style="text-align: right;">Daily Rate..... = _____</td> </tr> <tr> <td>3. Shelter Costs..... _____</td> <td>Number of Days Institutionalized x _____</td> </tr> <tr> <td>4. Maximum Shelter (30% of 150% of 2-Person Poverty) - _____</td> <td>Patient Liability for _____ = \$ _____</td> </tr> <tr> <td>5. Excess Shelter Allowance..... _____</td> <td></td> </tr> <tr> <td>6. 150% of 2-Person Poverty \$ _____</td> <td></td> </tr> <tr> <td>Excess Shelter Allowance..... + _____</td> <td></td> </tr> <tr> <td>7. Monthly Maintenance Allowance..... _____</td> <td></td> </tr> <tr> <td style="text-align: center;">▲ <i>COMPARE</i> ▼</td> <td></td> </tr> <tr> <td>8. Federal Maximum Monthly Maintenance Allowance \$ _____</td> <td></td> </tr> <tr> <td>9. Lessor of #7 or #8 \$ _____</td> <td></td> </tr> <tr> <td>10. Community Spouse Gross Income..... - _____</td> <td></td> </tr> <tr> <td>11. Community Spouse Monthly Income Allowance \$ _____</td> <td></td> </tr> </table>	MAINTENANCE ALLOWANCE	PARTIAL MONTH PRORATION	COMMUNITY SPOUSE MONTHLY INCOME ALLOWANCE	Full Month Patient Liability..... \$ _____	1. Housing Costs..... \$ _____	Number of Days in the Month + _____	2. Standard Utility Allowance (SUA) + _____	Daily Rate..... = _____	3. Shelter Costs..... _____	Number of Days Institutionalized x _____	4. Maximum Shelter (30% of 150% of 2-Person Poverty) - _____	Patient Liability for _____ = \$ _____	5. Excess Shelter Allowance..... _____		6. 150% of 2-Person Poverty \$ _____		Excess Shelter Allowance..... + _____		7. Monthly Maintenance Allowance..... _____		▲ <i>COMPARE</i> ▼		8. Federal Maximum Monthly Maintenance Allowance \$ _____		9. Lessor of #7 or #8 \$ _____		10. Community Spouse Gross Income..... - _____		11. Community Spouse Monthly Income Allowance \$ _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">REMARKS/DOCUMENTATION</td> </tr> <tr> <td style="height: 150px;"></td> </tr> </table>	REMARKS/DOCUMENTATION	
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NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
PATIENT LIABILITY BUDGET – NON-SPOUSAL IMPOVERISHMENT

Case Name	Case Number	Date	Worker

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

NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES
SSI BUDGET

Case Name: _____
 Case No.: _____

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	\$386.00	\$386.00	\$386.00
Subtract child's (under 18) income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		+	+ =

- 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 \$386, Deeming does NOT apply. Proceed to Part B, second column, using only the client's income

\$386 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. SSI 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 SPA. If amount is equal or greater than the SPA in the first and second columns, the client is ineligible for Medicaid. If ineligible in the third column, proceed to the first column.....

Income Month(s) _____ Benefit Month(s) _____

Worker: _____

Date: _____

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

SSI PAYMENT AMOUNTS (SPA)		
Effective 1/1/19 through 12/31/19		
Aged	\$807.40	\$1,231.46
Blind	\$880.30	\$1,531.60
Disabled	\$771.00	\$1,157.00
Aged person and Blind spouse		\$1,381.53
Aged person and Disabled spouse		\$1,194.23
Blind person and Disabled spouse		\$1,344.30

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	\$386.00	\$386.00	\$386.00	
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
\$2,313

SSI PAYMENT AMOUNT (SPA)
 Effective 1/1/19 through 12/31/19

Blind \$880.30
 Disabled \$771.00

COMPARE TO INSTITUTIONAL LIMIT OR SPA
 Eligible Ineligible

PARENT ALLOCATION
\$771.00 only one parent lives in the household;
\$1,157.00 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. RSDI Amount	B. Percentage of Prior Cost of Living Increase	C. Effective Date of Increase	Previous Year RSDI Amount
1.	Enter the current RSDI amount on the top line of Column A.	\$ _____ +	2.018	(1/19)	= \$ _____
		\$ _____ ÷	2.000	(1/18)	= \$ _____
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.	\$ _____ ÷	1.000	(1/16)	= \$ _____
		\$ _____ ÷	1.017	(1/15)	= \$ _____
		\$ _____ ÷	1.015	(1/14)	= \$ _____
3.	Transfer the Column C figure to the next line in Column A.	\$ _____ +	1.017	(1/13)	= \$ _____
		\$ _____ +	1.036	(1/12)	= \$ _____
4.	Continue steps 2. and 3. for each year until you reach the last RSDI amount received before client became ineligible for SSI.	\$ _____ +	1.000	(1/11)	= \$ _____
		\$ _____ +	1.000	(1/10)	= \$ _____
5.	Transfer the final amount in Column C. to SSI Budget as the countable RSDI amount.	\$ _____ +	1.058	(1/09)	= \$ _____
		\$ _____ +	1.023	(1/08)	= \$ _____
		\$ _____ +	1.033	(1/07)	= \$ _____
		\$ _____ +	1.041	(1/06)	= \$ _____
		\$ _____ +	1.027	(1/05)	= \$ _____
		\$ _____ +	1.021	(1/04)	= \$ _____
		\$ _____ +	1.014	(1/03)	= \$ _____
		\$ _____ +	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)	= \$ _____

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 *Liquid/non-liquid in spouse's name and/or joint with others - not the client.*
\$ _____ (Client's Spouse)
- b. Client's separate resources *Liquid/non-liquid in client's name and/or joint with others - not the spouse.*
+ _____
- c. Joint resources between spouses *Liquid/non-liquid joint between spouses.*
+ _____ *Day of Admit*
_____ *Month/Year*
- 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 (MAM F-115.2) - _____
Total of I.a. and 1/2 of non-liquid in I.c.
- g. Community Spouse Resource Allowance \$ _____

III. ASSIGNMENT OF RESOURCES AT TIME OF APPLICATION

- a. Community spouse's separate resources *Liquid/non-liquid in spouse's name and/or joint with others - not the client.*
\$ _____ (Client's Spouse)
- b. Client's separate resources *Liquid/non-liquid in client's name and/or joint with others - not the spouse.*
+ _____ *Day of Application*
_____ *Month/Year*
- c. Joint resources between spouses *Liquid/non-liquid joint between spouses.*
+ _____ *Second and ongoing month(s) use low resource balance.*
- d. Total Resources \$ _____
- e. Total amount from Section II, item e above - _____
- *f. Countable resources for client's eligibility \$ _____

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

Case Name	Case Number	Date	Worker

FINANCIAL ELIGIBILITY INCOME MONTH:

I. GROSS COUNTABLE INCOME TEST

A. UNEARNED INCOME

*GROSS –

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	_____
TOTAL COUNTABLE NET INCOME	\$ _____
(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.