

**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 — 2021

- 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 2021:

Maximum VA Annual Rate for A&A Veteran with a spouse = \$27,549.00

Maximum VA Annual Rate for A&A Veteran = \$23,238.00

Maximum VA Annual Rate for HB Veteran with a spouse = \$21,337.00

Maximum VA Annual Rate for HB Veteran = \$17,024.00

Maximum VA Annual Rate for A&A Widow = \$14,934.00

Maximum VA Annual Rate for HB Widow = \$11,420.00

INSTRUCTIONS FOR FORM 2039-EE (2021)
"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	\$397.00	\$397.00	\$397.00
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 \$397, Deeming does NOT apply. Proceed to Part B, second column, using only the client's income
 \$397 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
⌘		
⌘		
+		
=	<i>START HERE</i>	<i>START HERE</i>
Client and ineligible spouse's deemed	Client	Client and eligible spouse
⌘ 20.00	⌘ 20.00	⌘ 20.00
⌘	⌘	⌘
⌘ 65.00	⌘ 65.00	⌘ 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

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 \$ _____	
FAMILY ALLOWANCE	REMARKS/DOCUMENTATION
Repeat this calculation for each family member:	
	-1- -2-
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)..... \$ _____	
PATIENT LIABILITY	
<i>INCOME MONTH:</i> _____ <i>FOR:</i> _____	
	(MONTH)
TOTAL GROSS MONTHLY INCOME..... \$ _____	
Less Involuntary Mandatory Deductions..... \$- _____	
Less Income Excluded from P/L..... \$- _____	
TOTAL PATIENT LIABILITY INCOME..... \$ _____	
LESS:	
1. Personal Needs Allowance..... - _____	\$ _____
(SUBTOTAL)	
2. Community Spouse Income Allowance..... - _____	
3. Family Allowance..... - _____	
4. Payments for Health Insurance - _____	
5. Incurred Medical Expense..... - _____	
TOTAL DEDUCTIONS (Nos. 2-5)..... \$ _____	
PATIENT LIABILITY (Full Month)..... \$ _____	

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

Case Name	Case Number	Date	Worker

MAINTENANCE 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	\$397.00	\$397.00	\$397.00
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 \$392, Deeming does NOT apply. Proceed to Part B, second column, using only the client's income

- \$392 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
⌘			
⌘			
+			
		START HERE	START HERE
Client and ineligible spouse's deemed	Client	Client and eligible spouse	
⌘ 20.00	⌘ 20.00	⌘ 20.00	
⌘	⌘	⌘	
⌘ 65.00	⌘ 65.00	⌘ 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"/> INELIGIBLE	<input type="checkbox"/> INELIGIBLE	<input type="checkbox"/> INELIGIBLE	

SSI PAYMENT AMOUNTS (SPA)		
Effective 1/1/21 through 12/31/21		
Aged	\$830.40	\$1,265.46
Blind	\$903.30	\$1,565.60
Disabled	\$794.00	\$1,191.00
Aged person and Blind spouse		\$1,415.53
Aged person and Disabled spouse		\$1,229.23
Blind person and Disabled spouse		\$1,378.30

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	\$397.00	\$397.00	\$397.00	
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
\$2,382

SSI PAYMENT AMOUNT (SPA)
Effective 1/1/21 through 12/31/21

Blind\$903.30
 Disabled\$794.00

COMPARE TO INSTITUTIONAL LIMIT OR SPA
 Eligible Ineligible

PARENT ALLOCATION
\$794.00 only one parent lives in the household;
\$1,191.00 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	
			Effective Date of Increase	
			C. Previous Year RSDI Amount	
1.	Enter the current RSDI amount on the top line of Column A.	\$ _____ ÷	1.013 (1/21) = \$ _____	
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.	\$ _____ ÷	1.016 (1/20) = \$ _____	
		\$ _____ ÷	2.018 (1/19) = \$ _____	
		\$ _____ ÷	2.000 (1/18) = \$ _____	
3.	Transfer the Column C figure to the next line in Column A.	\$ _____ ÷	1.000 (1/16) = \$ _____	
		\$ _____ ÷	1.017 (1/15) = \$ _____	
4.	Continue steps 2. and 3. for each year until you reach the last RSDI amount received before client became ineligible for SSI.	\$ _____ ÷	1.015 (1/14) = \$ _____	
		\$ _____ ÷	1.017 (1/13) = \$ _____	
		\$ _____ ÷	1.036 (1/12) = \$ _____	
5.		Transfer the final amount in Column C. to SSI Budget as the countable RSDI amount.	\$ _____ ÷	1.000 (1/11) = \$ _____
			\$ _____ ÷	1.000 (1/10) = \$ _____
			\$ _____ ÷	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 \$ _____ (Client's Spouse)
- b. Client's separate resources + _____
- c. Joint resources between spouses + _____
- _____ Month/Year
- d. Total Resources \$ _____
- e. Total resources divided equally ÷2
- f. A spousal share \$ _____

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 (MAM F-115.2) - _____
- 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 + _____
- _____ Month/Year
- 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 *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 \$ _____
- *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
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 YES NO

B. EARNED INCOME

Gross Earnings _____
 GROSS EARNED INCOME LIMIT \$ _____

ELIGIBLE YES 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 YES NO

INSTRUCTIONS FOR FORM 2046-EM (10/21), "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.