

NEVADA STATE DIVISION OF
SOCIAL SERVICES

MEDICAL ASSISTANCE
PROGRAM MANUAL

APPENDIX F

MAABD BUDGETS

NEVADA STATE DIVISION OF SOCIAL SERVICES

VETERAN ADMINISTRATION (VA) UNUSUAL MEDICAL EXPENSE (UME) BUDGET — 2024

- 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 customer 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 (PL).

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 2024:

Maximum VA Annual Rate for A&A Veteran with a spouse = \$32,729.00
(\$1,806.16 Base + \$921.25 A&A x 12)

Maximum VA Annual Rate for A&A Veteran = \$27,609.00
(\$1,379.25 Base + \$921.50 A&A x 12)

Maximum VA Annual Rate for HB Veteran with a spouse = \$25,348.00
(\$1,806.16 Base + \$306.16 HB x 12)

Maximum VA Annual Rate for HB Veteran = \$20,226.00
(\$1,379.25 Base + \$306.25 HB x 12)

Maximum VA Annual Rate for A&A Widow = \$17,743.00
(\$925.16 Base + \$553.42 A&A x 12)

Maximum VA Annual Rate for HB Widow = \$13,568.00
(\$925.16 Base + \$205.50 HB x 12)

INSTRUCTIONS FOR FORM 2039-EE (2024)
"VETERAN ADMINISTRATION (VA) UNUSUAL MEDICAL EXPENSE (UME) BUDGET"

PURPOSE — To assist the case manager in determining the portion of a veteran's pension which is an UME reimbursement. UME is excluded as income for financial eligibility and patient liability.

INSTRUCTIONS

1. Enter maximum VA annual rate in field "A".
2. Enter the customer's/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 customer'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 customer 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 Aid and Attendance (A&A) or House Bound (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 CUSTOMER/SPOUSE'S INCOME.

EXAMPLE #1

U . . . 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 SOCIAL SERVICES

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

Customer'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 SOCIAL 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	\$472.00	\$472.00	\$472.00
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 \$472.00, Deeming does NOT apply. Proceed to Part B, second column, using only the customer's income

☐ \$ 472.00 OR MORE, Deeming DOES apply. Proceed to Part B, first column, adding the figure in 1.b. to the customer's unearned income in B.1. and using the figure in 2.b. to the customer's earned income in B.2.

B. ELIGIBILITY DETERMINATION

Use combined income (customer and ineligible spouse after ineligible child allocations when deeming applies OR Title 54 of NRS (Nevada Revised Statutes) refers to "Professions, Occupations and Businesses," encompassing regulations for various professional licenses and practices within the state of Nevada, including architects, contractors, engineers, accountants, and healthcare practitioners. and eligible spouse) OR customer'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 customer 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
-		
-		
+		
	START HERE	START HERE
Customer and ineligible spouse's deemed	Customer	Customer 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 SOCIAL SERVICES
PATIENT LIABILITY (P/L) BUDGET – SPOUSAL IMPOVERISHMENT

Case Name	Case Number	Date	Worker

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

NEVADA STATE DIVISION OF SOCIAL SERVICES
PATIENT LIABILITY (P/L) 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)	= \$ _____

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.....	\$472.00	\$472.00	\$472.00	
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
 \$2,829

SSI PAYMENT AMOUNT (SPA)
 Effective 1/1/24 through 12/31/24

Blind.....\$1,052.30
 Disabled\$943.00

COMPARE TO INSTITUTIONAL LIMIT OR SPA
☐ Eligible ☐ Ineligible

PARENT ALLOCATION
\$943.00 only one parent lives in the household;
\$1,415.00 if both parents live in the household.

NEVADA STATE DIVISION OF SOCIAL SERVICES

RSDI COMPUTATION WORKSHEET

Case Name	Case Number	Worker	Date
	A.	B.	C.
	RSDI Amount	Percentage of Prior Cost of Living Increase	Effective Date of Increase
			Previous Year RSDI Amount
1. Enter the current RSDI amount on the top line of Column A.	\$ _____ ÷	1.032	(1/24) = \$ _____
	\$ _____ ÷	1.087	(1/23) = \$ _____
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.	\$ _____ ÷	1.059	(1/22) = \$ _____
	\$ _____ ÷	1.013	(1/21) = \$ _____
	\$ _____ ÷	1.016	(1/20) = \$ _____
	\$ _____ ÷	1.028	(1/19) = \$ _____
3. Transfer the Column C figure to the next line in Column A.	\$ _____ ÷	1.020	(1/18) = \$ _____
	\$ _____ ÷	1.003	(1/17) = \$ _____
4. Continue steps 2. and 3. for each year until you reach the last RSDI amount received before client/customer became ineligible for SSI.	\$ _____ ÷	1.000	(1/16) = \$ _____
	\$ _____ ÷	1.017	(1/15) = \$ _____
	\$ _____ ÷	1.015	(1/14) = \$ _____
5. Transfer the final amount in Column C. to SSI Budget as the countable RSDI amount.	\$ _____ ÷	1.017	(1/13) = \$ _____
	\$ _____ ÷	1.036	(1/12) = \$ _____
	\$ _____ ÷	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) = \$ _____

NEVADA STATE DIVISION OF SOCIAL SERVICES

SPOUSAL IMPOVERISHMENT RESOURCE DETERMINATION

Case Name	Case Number	Date	Worker

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

Month/Year

- a. Community spouse's separate resources \$ _____ (Customer's Spouse)
- b. Customer's separate resources + _____
- c. Joint resources between spouses + _____
- d. Total Resources \$ _____
- e. Total resources divided equally $\div 2$
- 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 \$ _____ (Customer's Spouse)
- b. Customer's separate resources + _____
- c. Joint resources between spouses + _____
- d. Total Resources \$ _____
- e. Total amount from Section II, item e above - _____
- *f. Countable resources for Customer's eligibility \$ _____

Month/Year

**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 SOCIAL 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 customer.*
\$ _____ (customer's Spouse)
- b. Customer's separate resources *Liquid/non-liquid in customer'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 $\div 2$
- 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 customer.*
\$ _____ (Customer's Spouse)
- b. Customer's separate resources *Liquid/non-liquid in customer'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 customer'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 SOCIAL SERVICES

HEALTH INSURANCE WORK ADVANCEMENT (HIWA) BUDGET

Case Name	Case Number	Date	Worker
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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 (04/24), "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.