

Louisiana Medicaid Enrollment	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020
Type of Assistance	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees	Total Enrollees
ABD Spend-Down Medically Needy	83	94	110	154	187	223	259	283	308	321	350	364
ACA Adult Expansion	482,806	472,427	483,759	505,153	516,116	527,124	538,114	550,576	562,374	572,485	586,031	599,463
ADHC Waiver Spend-down MNP	5	8	7	8	7	5	5	4	3	4	3	3
Adult Day Health Care (ADHC)	568	566	593	618	596	593	593	586	578	576	563	553
Breast and Cervical Cancer	309	321	330	343	340	338	334	335	334	338	341	344
Category F Medicaid	4,057	3,993	4,018	4,008	4,000	4,014	4,059	4,098	4,135	4,140	4,170	4,211
Category I Medicaid	8,831	8,806	8,792	8,883	8,914	8,931	8,959	8,970	9,017	9,049	9,103	9,134
Category O Medicaid	24	24	26	30	30	31	35	35	37	43	46	45
Category V Medicaid	317	320	323	329	333	338	345	349	351	365	374	375
CHAMP Child	476,149	478,413	470,142	473,301	475,246	477,380	479,597	481,727	484,187	485,435	486,975	488,683
CHAMP Pregnant Women	13,956	14,042	14,195	14,911	15,528	15,975	16,360	16,368	16,893	17,743	17,949	18,257
Childrens Choice Waiver (CCW)	2,082	2,120	2,151	2,196	2,225	2,256	2,277	2,290	2,304	2,323	2,312	2,307
Community Choices Waiver (CC)	4,145	4,202	4,383	4,533	4,533	4,551	4,527	4,506	4,462	4,418	4,395	4,365
Community Choices Waiver Spend-down MNP	45	30	28	25	25	20	21	22	23	25	24	24
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	67	70	82	86	83	91	92	93	96	97	99	101
Deemed Eligible Child	41,629	41,236	41,202	42,565	44,229	46,582	48,985	51,112	52,896	54,694	56,356	58,795
Disabled Adult Children	2,765	2,859	2,891	2,950	2,971	2,988	2,998	3,018	3,033	3,040	3,037	3,040
Disabled Widows/Widowers and Divorced Spouses	32	30	30	30	25	22	20	18	16	19	19	18
Early Widows/Widowers	71	69	65	66	64	62	58	57	53	50	49	48
Express Lane Eligibility (ELE)	26,745	27,055	27,876	29,220	30,600	31,064	31,815	32,702	33,232	34,096	34,597	35,261
Emergency Services Only	13	7	21	34	58	132	177	357	439	522	580	650
Family Opportunity Act Buy-In	237	243	244	255	247	250	251	244	242	243	245	244
FITAP	10,719	10,395	10,077	9,848	9,981	10,044	10,064	10,083	10,014	9,992	10,105	10,184
Former Foster Care Children	1,140	1,165	1,175	1,208	1,195	1,218	1,224	1,223	1,214	1,201	1,213	1,228
Hospital Presumptive Eligibility-Take Charge Plus	0	0	0	0	0	40	129	185	256	266	310	383
LaCHIP	59,291	62,309	64,052	65,423	65,902	65,113	65,548	66,357	67,047	68,513	68,026	68,082
LaCHIP Affordable Plan	1,975	2,056	2,045	2,199	2,214	2,220	2,172	2,120	2,069	2,057	2,044	2,072
LaCHIP Phase 2 and 3	51,582	51,248	54,206	56,083	58,774	61,528	62,868	63,154	63,268	62,677	63,845	64,583
LaCHIP Phase IV - Prenatal Care	3,690	3,697	3,737	4,038	3,827	3,928	3,802	3,669	3,453	3,280	3,215	3,335
Long Term Care	23,662	23,607	24,288	24,992	23,974	23,513	23,355	23,153	23,039	22,794	22,730	22,715
Long Term Care Spend-Down	1,207	1,240	1,264	1,272	1,256	1,202	1,178	1,154	1,120	1,087	1,080	1,063
Low Income Subsidy	15	23	23	23	24	26	25	24	22	22	22	22
LTC Co-Insurance	837	798	1,239	2,341	3,277	3,558	3,291	3,319	3,133	2,848	2,720	2,650
LTC Co-Insurance Spend down	0	0	0	1	7	7	6	6	11	12	12	11
MAGI Spend-Down Medically Needy	81	88	73	83	104	117	121	139	160	176	189	217
Medicaid Purchase Plan	3,936	4,065	4,239	4,623	5,982	7,526	9,144	10,137	10,851	11,591	11,450	11,604
New Opportunities Waiver (NOW)	5,262	5,250	5,243	5,246	5,228	5,229	5,225	5,218	5,207	5,199	5,192	5,173
New Opportunities Waiver Spend-down MNP	28	22	13	11	8	8	7	7	7	7	7	7
New Opportunities Waiver-Fund	3,025	3,025	3,026	3,021	3,014	3,008	3,000	2,998	2,992	2,988	2,979	2,975
PACE	489	480	484	483	476	470	471	465	460	459	458	455
Parent/Caretaker Relative	57,537	57,690	58,732	57,859	58,965	60,059	61,054	61,986	62,678	62,364	62,541	62,562
Pickle	10,900	10,616	11,017	11,452	11,825	12,041	12,236	12,712	13,018	13,018	12,965	12,943
Provisional Medicaid	20,833	21,517	22,508	24,505	27,479	30,589	33,300	35,767	37,896	39,112	39,105	39,738
Qualified Disabled Working Individuals	1,199	1,297	1,199	897	868	813	797	800	765	747	716	708
Qualified Individuals	16,225	17,258	18,061	18,357	18,276	18,011	18,011	18,183	18,234	17,878	18,060	18,131
Qualified Medicare Beneficiary	142,994	144,096	146,453	150,990	153,458	155,112	156,324	157,498	158,939	161,287	161,866	162,520
Refugee Cash Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	602	621	660	689	702	721	730	751	773	797	828	851
Residential Options Waiver Spend-down MNP	4	4	3	2	2	0	0	1	1	1	2	2
Specified Low-Income Medicare Beneficiary	34,719	36,199	37,859	38,415	37,684	37,314	37,166	36,980	37,061	36,658	36,671	36,729
State Retirees	2	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	166,754	166,399	165,514	165,934	165,457	165,314	165,342	165,668	165,730	165,871	165,523	165,374
Supports Waiver (SW)	2,070	2,073	2,092	2,110	2,124	2,140	2,151	2,182	2,195	2,201	2,201	2,196
Supports Waiver Spend-down MNP	1	2	2	1	1	1	1	1	1	1	2	2
Take Charge Plus	97,028	100,384	102,608	103,625	100,322	99,378	99,007	98,838	98,686	97,230	97,457	97,625
Transitional Medicaid	19,728	19,326	17,906	17,782	17,527	17,247	16,649	15,204	14,106	13,199	13,202	13,361
Tuberculosis Infected Individuals	1	1	1	1	1	1	1	1	1	1	1	1
Youth Aging Out of Foster Care	0	0	0	0	0	0	0	0	0	0	0	0
Other	36	36	36	36	36	36	36	36	36	36	36	36
<b>Total Unduplicated</b>	<b>1,606,372</b>	<b>1,604,957</b>	<b>1,616,614</b>	<b>1,650,271</b>	<b>1,674,652</b>	<b>1,698,699</b>	<b>1,721,489</b>	<b>1,742,690</b>	<b>1,762,454</b>	<b>1,778,703</b>	<b>1,797,193</b>	<b>1,817,530</b>

Notes:  
1. Enrollment is calculated by counting anyone enrolled at any point in the month. Prior to November 2018 enrollment only counted someone who was enrolled at the date the report was generated.  
2. All counts are unduplicated in their individual cell. One person may be counted multiple times if they changed Type of Assistance in the month.  
3. Data for each month is as of the 1st of the subsequent month. For example, the May 2020 enrollment is as of 06/01/2020.  
4. This report is a rolling 12 month period.  
5. For description of Assistance Types, please see page 42 of SFY 2018/19 Annual Report.  
6. <https://dsh.ks.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2019.pdf>