

Louisiana Medicaid Enrollment	March 2020	April 2020	May 2020	June 2020	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021
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	110	154	187	223	259	283	308	321	350	364	381	390
ACA Adult Expansion	483,759	505,153	516,116	527,124	538,114	550,576	562,374	572,485	586,031	599,463	607,757	617,709
ADHC Waiver Spend-down MNP	7	8	7	5	5	4	3	4	3	3	3	3
Adult Day Health Care (ADHC)	593	618	596	593	593	586	578	576	563	553	544	530
Breast and Cervical Cancer	330	343	340	338	334	335	334	338	341	344	349	346
Category F Medicaid	4,018	4,008	4,000	4,014	4,059	4,098	4,135	4,140	4,170	4,211	4,245	4,308
Category I Medicaid	8,792	8,883	8,914	8,931	8,959	8,970	9,017	9,049	9,103	9,134	9,192	9,234
Category O Medicaid	26	30	30	31	35	35	37	43	46	45	46	47
Category V Medicaid	323	329	333	338	345	349	351	365	374	375	378	379
CHAMP Child	470,142	473,301	475,246	477,380	479,597	481,727	484,187	485,435	486,975	488,683	488,919	485,356
CHAMP Pregnant Women	14,195	14,911	15,528	15,975	16,360	16,368	16,893	17,743	17,949	18,257	18,883	17,971
Childrens Choice Waiver (CCW)	2,151	2,196	2,225	2,256	2,277	2,290	2,304	2,323	2,312	2,307	2,310	2,321
Community Choices Waiver (CC)	4,383	4,533	4,533	4,551	4,527	4,506	4,462	4,418	4,395	4,365	4,369	4,344
Community Choices Waiver Spend-down MNP	28	25	25	20	21	22	23	25	24	24	25	24
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	82	86	83	91	92	93	96	97	99	101	103	102
Deemed Eligible Child	41,202	42,565	44,229	46,582	48,985	51,112	52,896	54,694	56,356	58,795	60,339	60,753
Disabled Adult Children	2,891	2,950	2,971	2,988	2,998	3,018	3,033	3,040	3,037	3,040	3,051	2,779
Disabled Widows/Widowers and Divorced Spouses	30	30	25	22	20	18	16	19	19	18	19	8
Early Widows/Widowers	65	66	64	62	58	57	53	50	49	48	46	27
Express Lane Eligibility (ELE)	27,876	29,220	30,600	31,064	31,815	32,702	33,232	34,096	34,597	35,261	35,848	36,294
Emergency Services Only	21	34	58	132	177	357	439	522	580	650	728	836
Family Opportunity Act Buy-In	244	255	247	250	251	244	242	243	245	244	248	249
FITAP	10,077	9,848	9,981	10,044	10,064	10,083	10,014	9,992	10,105	10,184	10,335	10,204
Former Foster Care Children	1,175	1,208	1,195	1,218	1,224	1,223	1,214	1,201	1,213	1,228	1,238	1,252
Hospital Presumptive Eligibility-Take Charge Plus	0	0	0	40	129	185	256	266	310	383	420	445
LaCHIP	64,052	65,423	65,902	65,113	65,548	66,357	67,047	68,513	68,026	68,082	69,105	70,395
LaCHIP Affordable Plan	2,045	2,199	2,214	2,220	2,172	2,120	2,069	2,057	2,044	2,072	2,094	2,068
LaCHIP Phase 2 and 3	54,206	56,083	58,774	61,528	62,868	63,154	63,268	62,677	63,845	64,583	64,647	65,792
LaCHIP Phase IV - Prenatal Care	3,737	4,038	3,827	3,928	3,802	3,669	3,453	3,280	3,215	3,335	3,418	3,487
Long Term Care	24,288	24,992	23,974	23,513	23,355	23,153	23,039	22,794	22,730	22,715	22,539	22,208
Long Term Care Spend-Down	1,264	1,272	1,256	1,202	1,178	1,154	1,120	1,087	1,060	1,053	1,053	1,022
Low Income Subsidy	23	23	24	26	25	24	22	22	22	22	22	22
LTC Co-Insurance	1,239	2,341	3,277	3,558	3,291	3,319	3,133	2,848	2,720	2,650	2,736	2,656
LTC Co-Insurance Spend down	0	1	7	7	6	6	11	12	12	11	12	14
MAGI Spend-Down Medically Needy	73	83	104	117	121	139	160	176	189	217	229	248
Medicaid Purchase Plan	4,239	4,623	5,982	7,526	9,144	10,137	10,851	11,591	11,450	11,604	11,834	12,466
New Opportunities Waiver (NOW)	5,243	5,246	5,228	5,229	5,225	5,218	5,207	5,199	5,192	5,173	5,168	5,141
New Opportunities Waiver Spend-down MNP	13	11	8	8	7	7	7	7	7	7	8	6
New Opportunities Waiver-Fund	3,026	3,021	3,014	3,008	3,000	2,998	2,992	2,988	2,979	2,975	2,967	2,959
PACE	484	483	476	470	471	465	460	459	458	455	449	443
Parent/Caretaker Relative	58,732	57,859	58,965	60,059	61,054	61,986	62,678	62,364	62,541	62,562	61,607	59,471
Pickle	11,017	11,452	11,825	12,041	12,236	12,712	13,012	13,018	12,965	12,943	13,437	13,904
Provisional Medicaid	22,508	24,505	27,479	30,589	33,300	35,767	37,896	39,112	39,105	39,738	40,443	42,140
Qualified Disabled Working Individuals	1,199	897	868	813	797	800	765	747	716	708	690	662
Qualified Individuals	18,061	18,357	18,276	18,011	18,011	18,183	18,234	17,878	18,060	18,131	18,333	18,411
Qualified Medicare Beneficiary	146,453	150,990	153,458	155,112	156,324	157,498	158,939	161,287	161,866	162,520	163,386	164,297
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)	660	689	702	721	730	751	773	797	828	851	868	887
Residential Options Waiver Spend-down MNP	3	2	2	0	0	1	1	1	2	2	4	3
Specified Low-Income Medicare Beneficiary	37,859	38,415	37,684	37,314	37,166	36,980	37,061	36,658	36,671	36,729	37,098	36,823
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,514	165,934	165,457	165,314	165,342	165,668	165,730	165,871	165,523	165,374	165,967	166,233
Supports Waiver (SW)	2,092	2,110	2,124	2,140	2,151	2,182	2,195	2,201	2,201	2,196	2,204	2,206
Supports Waiver Spend-down MNP	2	1	1	1	1	1	1	1	2	2	2	1
Take Charge Plus	102,608	103,625	100,322	99,378	99,007	98,838	98,686	97,230	97,457	97,625	97,752	97,016
Transitional Medicaid	17,906	17,782	17,527	17,247	16,649	15,204	14,106	13,199	13,202	13,361	13,558	14,528
Tuberculosis Infected Individuals	1	1	1	1	1	1	1	1	1	1	1	0
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>1,616,614</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>	<b>1,830,586</b>	<b>1,841,513</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. For description of Assistance Types, please see page 42 of SFY 2019/20 Annual Report.  
<https://dsh.ks.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2019.pdf>