

Louisiana Medicaid Enrollment	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 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	259	283	308	321	350	364	381	390	414	382	387	405
ACA Adult Expansion	538,114	550,576	562,374	572,485	586,031	599,463	607,757	617,709	626,415	629,876	638,981	649,213
ADHC Waiver Spend-down MNP	5	4	3	4	3	3	3	3	3	3	3	4
Adult Day Health Care (ADHC)	593	586	578	576	563	553	544	530	522	506	498	489
Breast and Cervical Cancer	334	335	334	338	341	344	349	346	350	353	354	355
Category F Medicaid	4,059	4,098	4,135	4,140	4,170	4,211	4,245	4,308	4,330	4,398	4,452	4,495
Category I Medicaid	8,959	8,970	9,017	9,049	9,103	9,134	9,192	9,234	9,288	9,357	9,401	9,428
Category O Medicaid	35	35	37	43	46	45	46	47	51	49	52	54
Category V Medicaid	345	349	351	365	374	375	378	379	388	385	404	417
CHAMP Child	479,597	481,727	484,187	485,435	486,975	488,683	488,919	485,356	483,581	482,040	481,868	479,416
CHAMP Pregnant Women	16,360	16,368	16,893	17,743	17,949	18,257	18,883	17,971	18,020	18,423	19,125	19,526
Childrens Choice Waiver (CCW)	2,277	2,290	2,304	2,323	2,312	2,307	2,310	2,321	2,345	2,344	2,365	2,389
Community Choices Waiver (CC)	4,527	4,506	4,462	4,418	4,395	4,365	4,369	4,344	4,384	4,396	4,439	4,460
Community Choices Waiver Spend-down MNP	21	22	23	25	24	24	25	24	28	25	29	30
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	92	93	96	97	99	101	103	102	100	92	88	91
Deemed Eligible Child	48,985	51,112	52,896	54,694	56,356	58,795	60,339	60,753	62,690	62,863	63,275	64,151
Disabled Adult Children	2,998	3,018	3,033	3,040	3,037	3,040	3,051	2,779	2,766	2,671	2,653	2,648
Disabled Widows/Widowers and Divorced Spouses	20	18	16	19	19	18	19	8	7	5	6	6
Early Widows/Widowers	58	57	53	50	49	48	46	27	26	25	21	20
Express Lane Eligibility (ELE)	31,815	32,702	33,232	34,096	34,597	35,261	35,848	36,294	36,815	36,925	36,923	37,143
Emergency Services Only	177	357	439	522	580	650	728	836	930	1,029	1,102	1,190
Family Opportunity Act Buy-In	251	244	242	243	245	244	248	249	253	272	277	283
FITAP	10,064	10,083	10,014	9,992	10,105	10,184	10,335	10,204	10,264	10,364	10,374	10,382
Former Foster Care Children	1,224	1,223	1,214	1,201	1,213	1,228	1,238	1,252	1,259	1,259	1,260	1,271
Hospital Presumptive Eligibility-Take Charge Plus	129	185	256	266	310	383	420	445	462	452	457	456
LaCHIP	65,548	66,357	67,047	68,513	68,026	68,082	69,105	70,395	70,485	71,052	70,578	70,181
LaCHIP Affordable Plan	2,172	2,120	2,069	2,057	2,044	2,072	2,094	2,068	2,036	2,034	2,007	1,993
LaCHIP Phase 2 and 3	62,868	63,154	63,268	62,677	63,845	64,583	64,647	65,792	67,857	70,132	71,704	74,286
LaCHIP Phase IV - Prenatal Care	3,802	3,669	3,453	3,280	3,215	3,335	3,418	3,487	3,629	3,593	3,594	3,697
Long Term Care	23,355	23,153	23,039	22,794	22,730	22,715	22,539	22,208	22,331	22,352	22,465	22,441
Long Term Care Spend-Down	1,178	1,154	1,120	1,087	1,080	1,063	1,053	1,022	1,018	1,010	1,009	1,017
Low Income Subsidy	25	24	22	22	22	22	22	22	22	21	21	22
LTC Co-Insurance	3,291	3,319	3,133	2,848	2,720	2,650	2,736	2,656	2,517	2,186	2,053	1,932
LTC Co-Insurance Spend down	6	6	11	12	12	11	12	14	11	11	12	13
MAGI Spend-Down Medically Needy	121	139	160	176	189	217	229	248	264	267	291	322
Medicaid Purchase Plan	9,144	10,137	10,851	11,591	11,450	11,604	11,834	12,466	12,719	13,178	12,095	11,556
New Opportunities Waiver (NOW)	5,225	5,218	5,207	5,199	5,192	5,173	5,168	5,141	5,126	5,113	5,102	5,093
New Opportunities Waiver Spend-down MNP	7	7	7	7	7	7	8	6	6	4	4	3
New Opportunities Waiver-Fund	3,000	2,998	2,992	2,988	2,979	2,975	2,967	2,959	2,956	2,944	2,941	2,934
PACE	471	465	460	459	458	455	449	443	443	436	432	433
Parent/Caretaker Relative	61,054	61,986	62,678	62,364	62,541	62,562	61,607	59,471	58,767	57,748	56,690	55,682
Pickle	12,236	12,712	13,012	13,018	12,965	12,943	13,437	13,904	14,103	12,646	12,634	12,520
Provisional Medicaid	33,300	35,767	37,896	39,112	39,105	39,738	40,443	42,140	42,428	39,542	37,914	37,329
Qualified Disabled Working Individuals	797	800	765	747	716	708	690	662	620	546	535	518
Qualified Individuals	18,011	18,183	18,234	17,878	18,060	18,131	18,333	18,411	19,206	20,759	21,052	21,368
Qualified Medicare Beneficiary	156,324	157,498	158,939	161,287	161,866	162,520	163,386	164,297	160,497	161,129	161,368	161,267
Refugee Cash Assistance	0	0	0	0	0	0	0	0	0	0	1	1
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	730	751	773	797	828	851	868	887	907	939	958	982
Residential Options Waiver Spend-down MNP	0	1	1	1	2	2	2	3	4	4	3	3
Specified Low-Income Medicare Beneficiary	37,166	36,980	37,061	36,658	36,671	36,729	37,098	36,823	40,776	40,940	41,090	41,393
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,342	165,668	165,730	165,871	165,523	165,374	165,967	166,233	165,641	164,851	165,275	163,120
Supports Waiver (SW)	2,151	2,182	2,195	2,201	2,201	2,196	2,204	2,206	2,227	2,235	2,257	2,267
Supports Waiver Spend-down MNP	1	1	1	1	2	2	2	1	1	0	0	1
Take Charge Plus	99,007	98,838	98,686	97,230	97,457	97,625	97,752	97,016	97,348	106,375	107,372	108,329
Transitional Medicaid	16,649	15,204	14,106	13,199	13,202	13,361	13,558	14,528	15,184	15,135	15,350	15,424
Tuberculosis Infected Individuals	1	1	1	1	1	1	1	0	0	0	0	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
Total Unduplicated	1,721,489	1,742,690	1,762,454	1,778,703	1,797,193	1,817,530	1,830,586	1,841,513	1,854,714	1,864,487	1,873,294	1,882,486

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/MedicaidAnnualReport2018.pdf>