

Louisiana Medicaid Enrollment	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 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	321	350	364	381	390	414	382	387	405	407	414	412
ACA Adult Expansion	572,485	586,031	599,463	607,757	617,709	626,415	629,876	638,981	649,213	671,918	685,401	690,162
ADHC Waiver Spend-down MNP	4	3	3	3	3	3	3	3	4	4	4	4
Adult Day Health Care (ADHC)	576	563	553	544	530	522	506	498	489	484	475	459
Breast and Cervical Cancer	338	341	344	349	346	350	353	354	355	368	376	373
Category F Medicaid	4,140	4,170	4,211	4,245	4,308	4,330	4,398	4,452	4,495	4,532	4,603	4,647
Category I Medicaid	9,049	9,103	9,134	9,192	9,234	9,288	9,357	9,401	9,428	9,448	9,470	9,479
Category O Medicaid	43	46	45	46	47	51	49	52	54	52	52	53
Category V Medicaid	365	374	375	378	379	388	385	404	417	421	430	436
CHAMP Child	485,435	486,975	488,683	488,919	485,356	483,581	482,040	481,868	479,416	478,715	475,330	474,039
CHAMP Pregnant Women	17,743	17,949	18,257	18,883	17,971	18,020	18,423	19,125	19,526	20,367	20,412	20,916
Childrens Choice Waiver (CCW)	2,323	2,312	2,307	2,310	2,321	2,345	2,344	2,365	2,389	2,404	2,436	2,436
Community Choices Waiver (CC)	4,418	4,395	4,365	4,369	4,344	4,384	4,396	4,439	4,460	4,507	4,569	4,551
Community Choices Waiver Spend-down MNP	25	24	24	25	24	28	25	29	30	29	31	31
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	97	99	101	103	102	100	92	88	91	94	105	108
Deemed Eligible Child	54,694	56,356	58,795	60,339	60,753	62,690	62,863	63,275	64,151	64,799	65,044	65,451
Disabled Adult Children	3,040	3,037	3,040	3,051	2,779	2,766	2,671	2,653	2,648	2,615	2,605	2,576
Disabled Widows/Widowers and Divorced Spouses	19	19	18	19	8	7	5	6	6	6	5	3
Early Widows/Widowers	50	49	48	46	27	26	25	21	20	19	18	17
Express Lane Eligibility (ELE)	34,096	34,597	35,261	35,848	36,294	36,815	36,923	36,923	37,143	37,708	37,966	37,905
Emergency Services Only	522	580	650	728	836	930	1,029	1,102	1,190	1,284	1,361	1,431
Family Opportunity Act Buy-In	243	245	244	248	249	253	272	277	291	291	300	299
FITAP	9,992	10,105	10,184	10,335	10,204	10,264	10,364	10,374	10,382	10,372	10,328	10,245
Former Foster Care Children	1,201	1,213	1,228	1,238	1,252	1,259	1,257	1,260	1,271	1,314	1,310	1,312
Hospital Presumptive Eligibility-Take Charge Plus	266	310	383	420	445	462	452	457	456	467	556	588
LaCHIP	68,513	68,026	68,082	69,105	70,395	70,485	71,052	70,578	70,181	70,426	71,122	71,504
LaCHIP Affordable Plan	2,057	2,044	2,072	2,094	2,068	2,036	2,034	2,007	1,993	1,963	1,944	1,934
LaCHIP Phase 2 and 3	62,677	63,845	64,583	64,647	65,792	67,857	70,132	71,704	74,286	75,538	76,491	77,693
LaCHIP Phase IV - Prenatal Care	3,280	3,215	3,335	3,418	3,487	3,626	3,593	3,594	3,697	3,711	3,814	3,923
Long Term Care	22,794	22,730	22,715	22,539	22,208	22,331	22,352	22,465	22,441	22,489	22,667	22,635
Long Term Care Spend-Down	1,087	1,080	1,063	1,053	1,022	1,018	1,010	1,009	1,017	1,027	1,026	1,011
Low Income Subsidy	22	22	22	22	22	22	21	21	22	24	23	23
LTC Co-Insurance	2,848	2,720	2,650	2,736	2,656	2,517	2,186	2,053	1,932	1,841	1,906	2,015
LTC Co-Insurance Spend down	12	12	11	12	14	11	11	12	13	14	16	16
MAGI Spend-Down Medically Needy	176	189	217	229	248	264	322	291	340	340	345	335
Medicaid Purchase Plan	11,591	11,450	11,604	11,834	12,466	12,719	13,178	12,095	11,556	5,833	5,021	4,877
New Opportunities Waiver (NOW)	5,199	5,192	5,173	5,168	5,141	5,126	5,113	5,102	5,093	5,086	5,088	5,058
New Opportunities Waiver Spend-down MNP	7	7	7	8	6	6	4	4	3	3	3	3
New Opportunities Waiver-Fund	2,988	2,979	2,975	2,967	2,959	2,956	2,944	2,941	2,934	2,921	2,912	2,894
PACE	459	458	455	449	443	443	436	432	433	427	433	431
Parent/Caretaker Relative	62,364	62,541	62,562	61,607	59,471	58,767	57,748	56,690	55,682	55,118	54,308	53,161
Pickle	13,018	12,965	12,943	13,437	13,904	14,103	12,646	12,634	12,520	12,460	12,422	12,290
Provisional Medicaid	39,112	39,105	39,738	40,443	42,140	42,428	39,542	37,914	37,239	27,435	26,765	26,462
Qualified Disabled Working Individuals	747	716	708	690	662	620	546	535	518	497	453	434
Qualified Individuals	17,878	18,060	18,131	18,333	18,411	19,206	20,759	21,052	21,368	21,757	22,141	22,232
Qualified Medicare Beneficiary	161,287	161,866	162,520	163,386	164,297	160,497	161,129	161,368	161,267	161,575	162,012	162,605
Refugee Cash Assistance	0	0	0	0	0	0	0	1	1	1	1	1
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	797	828	851	868	887	907	939	958	982	996	1,017	1,040
Residential Options Waiver Spend-down MNP	1	2	2	4	3	4	4	3	3	3	3	3
Specified Low-Income Medicare Beneficiary	36,658	36,671	36,729	37,098	36,823	40,776	40,940	41,090	41,393	41,713	41,917	42,077
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,871	165,523	165,374	165,967	166,233	165,641	164,851	165,275	163,120	163,060	163,172	162,700
Supports Waiver (SW)	2,201	2,201	2,196	2,204	2,206	2,227	2,270	2,257	2,267	2,270	2,291	2,282
Supports Waiver Spend-down MNP	1	2	2	2	1	1	0	0	1	1	1	1
Take Charge Plus	97,230	97,457	97,625	97,752	97,016	97,348	106,375	107,372	108,329	109,619	110,811	111,690
Transitional Medicaid	13,199	13,202	13,361	13,558	14,528	15,184	15,135	15,350	15,424	15,543	15,623	15,887
Tuberculosis Infected Individuals	1	1	1	1	0	0	0	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	1,778,703	1,797,193	1,817,530	1,830,586	1,841,513	1,854,714	1,864,487	1,873,294	1,882,486	1,893,310	1,904,776	1,910,956

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>