

Louisiana Medicaid Enrollment	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 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	364	381	390	414	382	387	405	407	414	412	416	427
ACA Adult Expansion	599,463	607,757	617,709	626,415	629,876	638,981	649,213	671,918	685,401	690,162	696,096	705,943
ADHC Waiver Spend-down MNP	3	3	3	3	3	3	4	4	4	4	4	4
Adult Day Health Care (ADHC)	553	544	530	522	506	498	489	484	475	459	445	422
Breast and Cervical Cancer	344	349	346	350	353	354	355	368	376	373	374	375
Category F Medicaid	4,211	4,245	4,308	4,330	4,398	4,452	4,495	4,532	4,603	4,647	4,706	4,513
Category I Medicaid	9,134	9,192	9,234	9,288	9,357	9,401	9,428	9,448	9,470	9,479	9,528	9,382
Category O Medicaid	45	46	47	51	49	52	54	52	52	53	55	52
Category V Medicaid	375	378	379	388	385	404	417	421	430	436	434	394
CHAMP Child	488,683	488,919	485,356	483,581	482,400	481,868	479,416	478,715	475,330	474,039	471,708	472,597
CHAMP Pregnant Women	18,257	18,883	17,971	18,020	18,423	19,125	19,526	20,367	20,412	20,916	21,392	20,647
Childrens Choice Waiver (CCW)	2,307	2,310	2,321	2,345	2,344	2,365	2,389	2,404	2,436	2,436	2,454	2,425
Community Choices Waiver (CC)	4,365	4,369	4,344	4,384	4,396	4,439	4,460	4,507	4,569	4,551	4,574	4,598
Community Choices Waiver Spend-down MNP	24	25	24	28	25	29	30	29	31	31	30	30
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	101	103	102	100	92	88	91	94	105	108	109	106
Deemed Eligible Child	58,795	60,339	60,753	62,690	62,863	63,275	64,151	64,799	65,044	65,451	67,338	66,977
Disabled Adult Children	3,040	3,051	2,779	2,766	2,671	2,653	2,648	2,615	2,605	2,576	2,569	2,561
Disabled Widows/Widowers and Divorced Spouses	18	19	8	7	5	6	6	6	5	3	2	2
Early Widows/Widowers	48	46	27	26	25	21	20	19	18	17	17	15
Express Lane Eligibility (ELE)	35,261	35,848	36,294	36,815	36,925	36,923	37,143	37,708	37,966	37,905	38,044	37,993
Emergency Services Only	650	728	836	930	1,029	1,102	1,190	1,284	1,361	1,431	1,534	1,633
Family Opportunity Act Buy-In	244	248	249	253	272	277	283	291	300	299	311	328
FITAP	10,184	10,335	10,204	10,264	10,364	10,374	10,382	10,372	10,328	10,245	10,182	10,039
Former Foster Care Children	1,228	1,238	1,252	1,259	1,257	1,260	1,271	1,314	1,312	1,312	1,307	1,325
Hospital Presumptive Eligibility-Take Charge Plus	383	420	445	462	452	457	456	467	556	588	611	623
LaCHIP	68,082	69,105	70,395	70,485	71,052	70,578	70,181	70,426	71,122	71,504	71,777	71,264
LaCHIP Affordable Plan	2,072	2,094	2,068	2,036	2,034	2,007	1,993	1,963	1,944	1,934	1,915	1,901
LaCHIP Phase 2 and 3	64,583	64,647	65,792	67,857	70,132	71,704	74,286	75,538	76,491	77,693	79,889	81,486
LaCHIP Phase IV - Prenatal Care	3,335	3,418	3,487	3,626	3,593	3,594	3,626	3,711	3,814	3,923	4,185	3,710
Long Term Care	22,715	22,539	22,208	22,331	22,352	22,465	22,441	22,489	22,667	22,635	22,641	22,642
Long Term Care Spend-Down	1,063	1,053	1,022	1,018	1,010	1,009	1,017	1,027	1,026	1,011	1,024	1,034
Low Income Subsidy	22	22	22	22	21	21	22	24	23	23	23	23
LTC Co-Insurance	2,650	2,736	2,656	2,517	2,186	2,053	1,932	1,841	1,906	2,015	2,118	1,983
LTC Co-Insurance Spend down	12	12	14	11	11	12	13	14	16	16	15	15
MAGI Spend-Down Medically Needy	217	229	248	264	267	291	322	340	345	335	349	355
Medicaid Purchase Plan	11,604	11,834	12,466	12,719	13,178	12,095	11,556	5,833	5,021	4,877	4,805	4,105
New Opportunities Waiver (NOW)	5,173	5,168	5,141	5,126	5,113	5,102	5,093	5,086	5,068	5,058	5,051	5,037
New Opportunities Waiver Spend-down MNP	7	8	6	6	4	4	3	3	3	3	3	3
New Opportunities Waiver-Fund	2,975	2,967	2,959	2,956	2,944	2,941	2,934	2,921	2,912	2,894	2,879	2,869
PACE	455	449	443	443	436	432	433	427	433	431	433	434
Parent/Caretaker Relative	62,562	61,607	59,471	58,767	57,748	56,690	55,682	55,118	54,308	53,161	52,626	52,611
Pickle	12,943	13,437	13,904	14,103	12,646	12,634	12,520	12,422	12,290	12,290	12,330	12,403
Provisional Medicaid	39,738	40,443	42,140	42,428	39,542	37,914	37,239	27,435	26,765	26,462	26,687	26,236
Qualified Disabled Working Individuals	708	690	662	620	546	535	518	497	453	434	425	413
Qualified Individuals	18,131	18,333	18,411	19,206	20,759	21,052	21,368	21,757	22,141	22,232	22,656	22,895
Qualified Medicare Beneficiary	162,520	163,386	164,297	160,497	161,129	161,368	161,267	161,575	162,012	162,605	162,777	163,006
Refugee Cash Assistance	0	0	0	0	0	1	1	1	1	1	1	1
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	851	868	887	907	939	958	982	996	1,017	1,040	1,075	1,100
Residential Options Waiver Spend-down MNP	2	4	3	4	4	3	3	3	3	3	3	3
Specified Low-Income Medicare Beneficiary	36,729	37,098	36,823	40,776	40,940	41,090	41,393	41,713	41,917	42,077	41,977	42,314
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,374	165,967	166,233	165,641	164,851	165,275	163,120	163,060	163,172	162,700	162,859	160,786
Supports Waiver (SW)	2,196	2,204	2,206	2,227	2,235	2,257	2,267	2,270	2,291	2,282	2,310	2,324
Supports Waiver Spend-down MNP	2	2	1	1	0	0	1	1	1	1	0	1
Take Charge Plus	97,625	97,752	97,016	97,348	106,375	107,372	108,329	109,619	110,811	111,690	112,443	113,146
Transitional Medicaid	13,361	13,558	14,528	15,184	15,135	15,350	15,424	15,543	15,623	15,887	16,050	16,206
Tuberculosis Infected Individuals	1	1	0	0	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	1,817,530	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	1,919,714	2,153,754

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>