

Louisiana Medicaid Enrollment	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022
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	414	382	387	405	407	414	412	416	427	440	446	464
ACA Adult Expansion	626,415	629,876	638,981	649,213	671,918	685,401	690,162	696,096	705,943	713,056	718,477	722,842
ADHC Waiver Spend-down MNP	3	3	3	4	4	4	4	4	4	3	3	3
Adult Day Health Care (ADHC)	522	506	498	489	484	475	459	445	422	399	389	383
Breast and Cervical Cancer	350	353	354	355	368	376	373	374	375	375	373	375
Category F Medicaid	4,330	4,398	4,452	4,495	4,532	4,603	4,647	4,706	4,513	4,579	4,611	4,610
Category I Medicaid	9,288	9,357	9,401	9,428	9,448	9,470	9,479	9,528	9,382	9,427	9,506	9,530
Category O Medicaid	51	49	52	54	52	52	53	55	52	56	55	54
Category V Medicaid	388	385	404	417	421	430	436	434	394	404	411	413
CHAMP Child	483,581	482,040	481,868	479,416	478,715	475,330	474,039	471,708	472,597	470,578	467,674	463,563
CHAMP Pregnant Women	18,020	18,423	19,125	19,526	20,367	20,412	20,916	21,392	20,647	20,607	20,649	20,776
Childrens Choice Waiver (CCW)	2,345	2,344	2,365	2,389	2,404	2,436	2,436	2,454	2,425	2,436	2,446	2,471
Community Choices Waiver (CC)	4,384	4,396	4,439	4,460	4,507	4,569	4,551	4,574	4,598	4,610	4,622	4,608
Community Choices Waiver Spend-down MNP	28	25	29	30	29	31	31	30	30	31	29	29
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	100	92	88	91	94	105	108	109	106	109	108	108
Deemed Eligible Child	62,690	62,863	63,275	64,151	64,799	65,044	65,451	67,338	66,977	68,568	70,895	72,653
Disabled Adult Children	2,766	2,671	2,653	2,648	2,615	2,605	2,576	2,569	2,561	2,552	2,579	2,576
Disabled Widows/Widowers and Divorced Spouses	7	5	6	6	6	5	3	2	2	2	2	3
Early Widows/Widowers	26	25	21	20	19	18	17	17	15	16	15	17
Express Lane Eligibility (ELE)	36,815	36,925	36,923	37,143	37,708	37,966	37,905	38,044	37,993	38,247	38,603	39,064
Emergency Services Only	930	1,029	1,102	1,190	1,284	1,361	1,431	1,534	1,633	1,743	1,885	1,988
Family Opportunity Act Buy-In	253	272	277	283	291	302	299	311	328	328	331	332
FITAP	10,264	10,364	10,374	10,382	10,372	10,328	10,245	10,182	10,039	10,185	10,264	10,418
Former Foster Care Children	1,259	1,257	1,260	1,271	1,314	1,310	1,312	1,307	1,325	1,316	1,323	1,309
Hospital Presumptive Eligibility-Take Charge Plus	462	452	457	456	467	556	588	611	623	636	691	688
LaCHIP	70,485	71,052	70,578	70,181	70,426	71,122	71,504	71,777	71,264	71,757	72,952	75,152
LaCHIP Affordable Plan	2,036	2,034	2,007	1,993	1,963	1,944	1,934	1,915	1,901	1,899	1,894	1,885
LaCHIP Phase 2 and 3	67,857	70,132	71,704	74,286	75,538	76,491	77,693	79,869	81,486	82,225	83,077	83,030
LaCHIP Phase IV - Prenatal Care	3,626	3,593	3,594	3,697	3,711	3,814	3,923	4,185	3,710	3,601	3,752	3,839
Long Term Care	22,331	22,352	22,465	22,441	22,489	22,667	22,635	22,641	22,642	22,707	22,764	22,591
Long Term Care Spend-Down	1,018	1,010	1,009	1,017	1,027	1,026	1,011	1,024	1,034	1,054	1,002	995
Low Income Subsidy	22	21	21	22	24	23	23	23	23	24	22	22
LTC Co-Insurance	2,517	2,186	2,053	1,932	1,841	1,906	2,015	2,118	1,983	1,855	2,064	2,634
LTC Co-Insurance Spend down	11	11	12	13	14	16	16	15	15	15	14	14
MAGI Spend-Down Medically Needy	264	267	291	322	340	345	335	349	378	399	391	397
Medicaid Purchase Plan	12,719	13,178	12,095	11,556	5,833	5,021	4,877	4,805	4,105	4,268	3,994	4,039
New Opportunities Waiver (NOW)	5,126	5,113	5,102	5,093	5,086	5,068	5,058	5,051	5,037	5,035	5,020	5,005
New Opportunities Waiver Spend-down MNP	6	4	4	3	3	3	3	3	3	3	3	3
New Opportunities Waiver-Fund	2,956	2,944	2,941	2,934	2,921	2,912	2,894	2,879	2,869	2,868	2,851	2,838
PACE	443	436	432	433	427	433	431	433	434	427	426	425
Parent/Caretaker Relative	58,767	57,748	56,690	55,682	55,118	54,308	53,161	52,626	52,611	52,085	51,793	50,724
Pickle	14,103	12,646	12,634	12,520	12,460	12,422	12,290	12,330	12,403	12,485	14,733	14,735
Provisional Medicaid	42,428	39,542	37,914	37,239	27,435	26,765	26,462	26,687	26,236	26,990	26,606	26,845
Qualified Disabled Working Individuals	620	546	535	518	497	453	434	425	413	403	393	386
Qualified Individuals	19,206	20,759	21,052	21,368	21,757	22,141	22,232	22,656	22,895	23,062	23,783	23,493
Qualified Medicare Beneficiary	160,497	161,129	161,368	161,267	161,575	162,012	162,605	162,777	163,006	164,118	163,501	164,175
Refugee Cash Assistance	0	0	1	1	1	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)	907	939	958	982	996	1,017	1,040	1,075	1,100	1,132	1,154	1,175
Residential Options Waiver Spend-down MNP	4	4	3	3	3	3	3	3	3	3	3	3
Specified Low-Income Medicare Beneficiary	40,776	40,940	41,090	41,393	41,713	41,917	42,077	41,977	42,314	42,579	43,475	43,669
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,641	164,851	165,275	163,120	163,060	163,172	162,700	162,859	160,786	160,430	159,814	159,733
Supports Waiver (SW)	2,227	2,235	2,257	2,267	2,270	2,291	2,282	2,310	2,324	2,323	2,322	2,344
Supports Waiver Spend-down MNP	1	0	0	1	1	1	1	0	1	0	0	0
Take Charge Plus	97,348	106,375	107,372	108,329	109,619	110,811	111,690	112,443	113,146	113,914	108,507	108,669
Transitional Medicaid	15,184	15,135	15,350	15,424	15,543	15,623	15,887	16,050	16,206	16,313	16,410	16,725
Tuberculosis Infected Individuals	0	0	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	1,854,714	1,864,487	1,873,294	1,882,486	1,893,310	1,904,776	1,910,956	1,919,714	1,927,833	1,937,265	1,946,322	1,951,143

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>