

Louisiana Medicaid Enrollment	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 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	387	405	407	414	412	416	427	440	446	464	478	479
ACA Adult Expansion	638,981	649,213	671,918	685,401	690,162	696,096	705,943	713,056	718,477	722,842	727,501	732,243
ADHC Waiver Spend-down MNP	3	4	4	4	4	4	4	3	3	3	3	3
Adult Day Health Care (ADHC)	498	489	484	475	459	445	422	399	389	383	383	384
Breast and Cervical Cancer	354	355	368	376	373	374	375	375	373	375	372	372
Category F Medicaid	4,452	4,495	4,532	4,603	4,647	4,706	4,513	4,579	4,611	4,610	4,693	4,765
Category I Medicaid	9,401	9,428	9,448	9,470	9,479	9,528	9,382	9,427	9,506	9,530	9,562	9,631
Category O Medicaid	52	54	52	52	53	55	52	56	55	54	53	51
Category V Medicaid	404	417	421	430	436	434	394	404	411	413	421	433
CHAMP Child	481,868	479,416	478,715	475,330	474,039	471,708	472,597	470,578	467,674	463,563	459,623	455,482
CHAMP Pregnant Women	19,125	19,526	20,367	20,412	20,916	21,392	20,647	20,607	20,649	20,776	21,146	21,742
Childrens Choice Waiver (CCW)	2,365	2,389	2,404	2,436	2,436	2,454	2,425	2,436	2,446	2,471	2,467	2,472
Community Choices Waiver (CC)	4,439	4,460	4,507	4,569	4,551	4,574	4,598	4,610	4,622	4,608	4,630	4,686
Community Choices Waiver Spend-down MNP	29	30	29	31	31	30	30	31	29	29	29	29
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	88	91	94	105	108	109	106	109	108	108	124	127
Deemed Eligible Child	63,275	64,151	64,799	65,044	65,451	67,338	66,977	68,568	70,895	72,653	74,663	76,510
Disabled Adult Children	2,653	2,648	2,615	2,605	2,576	2,569	2,561	2,552	2,579	2,576	2,567	2,565
Disabled Widows/Widowers and Divorced Spouses	6	6	6	5	3	2	2	2	2	3	3	4
Early Widows/Widowers	21	20	19	18	17	17	15	16	15	17	15	14
Express Lane Eligibility (ELE)	36,923	37,143	37,708	37,966	37,905	38,044	37,993	38,247	38,603	39,064	39,339	39,607
Emergency Services Only	1,102	1,190	1,284	1,361	1,431	1,534	1,633	1,743	1,885	1,988	2,078	2,150
Family Opportunity Act Buy-In	277	283	291	300	299	311	328	328	331	332	336	334
FITAP	10,374	10,382	10,372	10,328	10,245	10,182	10,039	10,185	10,264	10,418	10,770	10,960
Former Foster Care Children	1,260	1,271	1,314	1,310	1,312	1,307	1,325	1,316	1,322	1,309	1,305	1,303
Hospital Presumptive Eligibility-Take Charge Plus	457	456	467	556	588	611	623	636	691	688	686	695
LaCHIP	70,578	70,181	70,426	71,122	71,504	71,777	71,264	71,757	72,952	75,152	75,618	76,014
LaCHIP Affordable Plan	2,007	1,993	1,963	1,944	1,934	1,915	1,901	1,899	1,894	1,885	1,874	1,849
LaCHIP Phase 2 and 3	71,704	74,286	75,538	76,491	77,693	79,869	81,486	82,225	83,077	83,030	85,527	88,265
LaCHIP Phase IV - Prenatal Care	3,594	3,697	3,711	3,814	3,923	4,185	3,710	3,601	3,752	3,839	3,966	4,041
Long Term Care	22,465	22,441	22,489	22,667	22,635	22,641	22,642	22,707	22,764	22,591	22,829	23,178
Long Term Care Spend-Down	1,009	1,017	1,027	1,026	1,011	1,024	1,034	1,054	1,002	995	994	1,015
Low Income Subsidy	21	22	24	23	23	23	23	24	22	22	23	25
LTC Co-Insurance	2,053	1,932	1,841	1,906	2,015	2,118	1,983	1,855	2,064	2,634	2,468	1,941
LTC Co-Insurance Spend down	12	13	14	16	16	15	15	15	14	14	14	15
MAGI Spend-Down Medically Needy	291	322	340	345	335	349	355	379	391	397	421	439
Medicaid Purchase Plan	12,095	11,556	5,833	5,021	4,877	4,805	4,105	4,268	3,994	4,039	4,061	4,255
New Opportunities Waiver (NOW)	5,102	5,093	5,086	5,068	5,058	5,051	5,037	5,035	5,020	5,005	5,006	4,994
New Opportunities Waiver Spend-down MNP	4	3	3	3	3	3	3	3	3	3	3	3
New Opportunities Waiver-Fund	2,941	2,934	2,921	2,912	2,894	2,879	2,869	2,868	2,851	2,838	2,831	2,829
PACE	432	433	427	433	431	433	434	427	426	425	420	419
Parent/Caretaker Relative	56,690	55,682	55,118	54,308	53,161	52,626	52,611	52,085	51,793	50,724	49,746	48,952
Pickle	12,634	12,520	12,460	12,422	12,290	12,330	12,403	12,485	14,733	14,735	14,768	14,748
Provisional Medicaid	37,914	37,239	27,435	26,765	26,462	26,687	26,236	26,990	26,606	26,845	27,077	27,277
Qualified Disabled Working Individuals	535	518	497	453	434	425	413	403	393	386	380	377
Qualified Individuals	21,052	21,368	21,757	22,141	22,232	22,656	22,895	23,062	23,783	23,493	23,652	23,780
Qualified Medicare Beneficiary	161,368	161,267	161,575	162,012	162,605	162,777	163,006	164,118	163,501	164,175	164,345	164,681
Refugee Cash Assistance	1	1	1	1	1	1	1	1	1	1	1	0
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	958	982	996	1,017	1,040	1,075	1,100	1,132	1,154	1,175	1,201	1,223
Residential Options Waiver Spend-down MNP	3	3	3	3	3	3	3	3	3	3	3	3
Specified Low-Income Medicare Beneficiary	41,090	41,393	41,713	41,917	42,077	41,977	42,314	42,579	43,475	43,669	43,750	43,870
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	165,275	163,120	163,060	163,172	162,700	162,859	160,786	160,430	159,814	159,733	159,167	159,803
Supports Waiver (SW)	2,257	2,267	2,270	2,291	2,282	2,310	2,324	2,323	2,332	2,344	2,342	2,340
Supports Waiver Spend-down MNP	0	1	1	1	1	0	1	0	0	0	0	0
Take Charge Plus	107,372	108,329	109,619	110,811	111,690	112,443	113,146	113,914	108,507	108,669	109,709	110,286
Transitional Medicaid	15,350	15,424	15,543	15,623	15,887	16,050	16,206	16,313	16,410	16,725	17,048	17,148
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	1,873,294	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	1,958,037	1,965,265

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>