

Louisiana Medicaid Enrollment	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 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	405	407	414	412	416	427	440	446	464	478	479	442
ACA Adult Expansion	649,213	671,918	685,401	690,162	696,096	705,943	713,056	718,477	722,842	727,501	732,243	735,480
ADHC Waiver Spend-down MNP	4	4	4	4	4	4	3	3	3	3	3	3
Adult Day Health Care (ADHC)	489	484	475	459	445	422	399	389	383	383	384	385
Breast and Cervical Cancer	355	368	376	373	374	375	375	373	375	372	372	371
Category F Medicaid	4,495	4,532	4,603	4,647	4,706	4,513	4,579	4,611	4,610	4,693	4,765	4,818
Category I Medicaid	9,428	9,448	9,470	9,479	9,528	9,382	9,427	9,506	9,530	9,562	9,631	9,655
Category O Medicaid	54	52	52	53	55	52	56	55	54	53	51	56
Category V Medicaid	417	421	430	436	434	394	404	411	413	421	433	453
CHAMP Child	479,416	478,715	475,330	474,039	471,708	472,597	470,578	467,674	463,563	459,623	455,482	452,319
CHAMP Pregnant Women	19,526	20,367	20,412	20,916	21,392	20,647	20,607	20,649	20,776	21,146	21,742	25,540
Childrens Choice Waiver (CCW)	2,389	2,404	2,436	2,436	2,454	2,425	2,436	2,446	2,471	2,467	2,472	2,457
Community Choices Waiver (CC)	4,460	4,507	4,569	4,551	4,574	4,598	4,610	4,622	4,608	4,630	4,686	4,640
Community Choices Waiver Spend-down MNP	30	29	31	31	30	30	31	29	29	29	29	31
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	91	94	105	108	109	106	109	108	108	124	127	129
Deemed Eligible Child	64,151	64,799	65,044	65,451	67,338	66,977	68,568	70,895	72,653	74,663	76,510	77,417
Disabled Adult Children	2,648	2,615	2,605	2,576	2,569	2,561	2,552	2,579	2,576	2,567	2,565	2,522
Disabled Widows/Widowers and Divorced Spouses	6	6	5	3	2	2	2	2	3	3	4	4
Early Widows/Widowers	20	19	18	17	17	15	16	15	17	15	14	14
Express Lane Eligibility (ELE)	37,143	37,708	37,966	37,905	38,044	37,993	38,247	38,603	39,064	39,339	39,607	38,993
Emergency Services Only	1,190	1,284	1,361	1,431	1,534	1,633	1,743	1,885	1,988	2,078	2,150	2,223
Family Opportunity Act Buy-In	283	291	300	299	311	328	332	331	338	336	332	332
FITAP	10,382	10,372	10,328	10,245	10,182	10,039	10,185	10,264	10,418	10,770	10,960	11,167
Former Foster Care Children	1,271	1,314	1,310	1,312	1,307	1,325	1,310	1,323	1,309	1,305	1,316	1,245
Hospital Presumptive Eligibility-Take Charge Plus	456	467	556	588	611	623	636	691	688	686	695	721
LaCHIP	70,181	70,426	71,122	71,504	71,777	71,264	71,578	72,952	75,152	75,618	76,014	75,301
LaCHIP Affordable Plan	1,993	1,963	1,944	1,934	1,915	1,901	1,899	1,894	1,885	1,874	1,849	1,797
LaCHIP Phase 2 and 3	74,286	75,538	76,491	77,693	79,869	81,486	82,225	83,077	83,030	85,527	88,265	90,043
LaCHIP Phase IV - Prenatal Care	3,697	3,711	3,814	3,923	4,185	3,710	3,601	3,752	3,839	3,966	4,041	4,023
Long Term Care	22,441	22,489	22,667	22,635	22,641	22,642	22,707	22,764	22,591	22,829	23,178	20,994
Long Term Care Spend-Down	1,017	1,027	1,026	1,011	1,024	1,034	1,054	1,002	995	994	1,015	884
Low Income Subsidy	22	24	23	23	23	23	24	22	22	23	25	27
LTC Co-Insurance	1,932	1,841	1,906	2,015	2,118	1,983	1,855	2,064	2,634	2,468	1,941	1,830
LTC Co-Insurance Spend down	13	14	16	16	15	15	15	14	14	14	15	15
MAGI Spend-Down Medically Needy	322	340	345	335	349	355	379	391	397	421	439	417
Medicaid Purchase Plan	11,556	5,833	5,021	4,877	4,805	4,105	4,268	3,994	4,039	4,061	4,255	4,038
New Opportunities Waiver (NOW)	5,093	5,086	5,068	5,058	5,051	5,037	5,035	5,020	5,005	5,006	4,994	4,952
New Opportunities Waiver Spend-down MNP	3	3	3	3	3	3	3	3	3	3	3	3
New Opportunities Waiver-Fund	2,934	2,921	2,912	2,894	2,879	2,869	2,868	2,851	2,838	2,831	2,829	2,805
PACE	433	427	433	431	433	434	427	426	425	420	419	414
Parent/Caretaker Relative	55,682	55,118	54,308	53,161	52,626	52,611	52,085	51,793	50,724	49,746	48,952	45,346
Pickle	12,520	12,460	12,422	12,290	12,330	12,403	12,485	14,733	14,735	14,768	14,748	14,712
Provisional Medicaid	37,239	27,435	26,765	26,462	26,687	26,236	26,990	26,606	26,845	27,077	27,277	27,289
Qualified Disabled Working Individuals	518	497	453	434	425	413	403	393	386	380	377	370
Qualified Individuals	21,368	21,757	22,141	22,232	22,656	22,895	23,062	23,783	23,493	23,652	23,780	23,932
Qualified Medicare Beneficiary	161,267	161,575	162,012	162,605	162,777	163,006	164,118	163,501	164,175	164,345	164,681	165,037
Refugee Cash Assistance	1	1	1	1	1	1	1	1	1	0	0	0
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	982	996	1,017	1,040	1,075	1,100	1,132	1,154	1,175	1,201	1,223	1,239
Residential Options Waiver Spend-down MNP	3	3	3	3	3	3	3	3	3	3	3	3
Specified Low-Income Medicare Beneficiary	41,393	41,713	41,917	42,077	41,977	42,314	42,579	43,475	43,669	43,750	43,870	43,837
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	163,120	163,060	163,172	162,700	162,859	160,786	160,430	159,814	159,733	159,167	159,803	159,342
Supports Waiver (SW)	2,267	2,270	2,291	2,282	2,310	2,324	2,323	2,332	2,340	2,342	2,340	2,328
Supports Waiver Spend-down MNP	1	1	1	1	0	1	0	0	0	0	0	0
Take Charge Plus	108,329	109,619	110,811	111,690	112,443	113,146	113,914	108,507	108,669	109,709	110,286	110,781
Transitional Medicaid	15,424	15,543	15,623	15,887	16,050	16,206	16,313	16,410	16,725	17,048	17,148	17,160
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	0
Total Unduplicated	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	1,968,349

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>