

Louisiana Medicaid Enrollment	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	July 2022	August 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	412	416	427	440	446	464	478	479	442	451	448	452
ACA Adult Expansion	690,162	696,096	705,943	713,056	718,477	722,842	727,501	732,243	735,480	739,173	742,897	747,200
ADHC Waiver Spend-down MNP	4	4	4	3	3	3	3	3	3	4	5	5
Adult Day Health Care (ADHC)	459	445	422	399	389	383	383	384	385	388	390	391
Breast and Cervical Cancer	373	374	375	375	373	375	372	372	371	368	369	374
Category F Medicaid	4,647	4,706	4,513	4,579	4,611	4,610	4,693	4,765	4,818	4,854	4,931	4,969
Category I Medicaid	9,479	9,528	9,382	9,427	9,506	9,530	9,562	9,631	9,655	9,722	9,769	9,831
Category O Medicaid	53	55	52	56	55	54	53	51	56	54	54	57
Category V Medicaid	436	434	394	404	411	413	421	433	453	472	482	500
CHAMP Child	474,039	471,708	472,597	470,578	467,674	463,563	459,623	455,482	452,319	449,236	446,895	444,072
CHAMP Pregnant Women	20,916	21,392	20,647	20,607	20,649	20,776	21,146	21,742	25,540	26,715	28,393	29,988
Childrens Choice Waiver (CCW)	2,436	2,454	2,425	2,436	2,446	2,471	2,467	2,472	2,457	2,450	2,455	2,443
Community Choices Waiver (CC)	4,551	4,574	4,598	4,610	4,622	4,608	4,630	4,686	4,640	4,713	4,772	4,846
Community Choices Waiver Spend-down MNP	31	30	30	31	29	29	29	29	31	33	37	41
Coordinated System of Care - Severely Emotionally Disturbed Waiver (CSoc-SED)	108	109	106	109	108	108	124	127	129	134	133	137
Deemed Eligible Child	65,451	67,338	66,977	68,568	70,895	72,653	74,663	76,510	77,417	79,110	81,254	83,735
Disabled Adult Children	2,576	2,569	2,561	2,552	2,579	2,576	2,567	2,565	2,522	2,522	2,508	2,504
Disabled Widows/Widowers and Divorced Spouses	3	2	2	2	2	3	3	4	4	3	3	3
Early Widows/Widowers	17	17	15	16	15	17	15	14	14	13	13	13
Express Lane Eligibility (ELE)	37,905	38,044	37,993	38,247	38,603	39,064	39,339	39,607	38,993	39,303	39,801	40,025
Emergency Services Only	1,431	1,534	1,633	1,743	1,885	1,988	2,078	2,150	2,223	2,295	2,359	2,448
Family Opportunity Act Buy-In	299	311	328	328	331	332	332	334	324	324	318	312
FITAP	10,245	10,182	10,039	10,185	10,264	10,418	10,770	10,960	11,167	11,403	11,850	12,292
Former Foster Care Children	1,312	1,307	1,325	1,316	1,323	1,309	1,305	1,303	1,239	1,239	1,212	1,210
Hospital Presumptive Eligibility-Take Charge Plus	588	611	623	636	691	688	686	695	721	731	760	785
LaCHIP	71,504	71,777	71,264	71,757	72,952	75,152	75,618	76,014	75,301	75,342	75,761	76,154
LaCHIP Affordable Plan	1,934	1,915	1,901	1,899	1,894	1,885	1,874	1,849	1,797	1,773	1,765	1,750
LaCHIP Phase 2 and 3	77,693	79,869	81,486	82,225	83,077	83,030	85,527	88,265	90,043	92,002	93,660	94,978
LaCHIP Phase IV - Prenatal Care	3,923	4,185	3,710	3,601	3,752	3,839	3,966	4,041	4,023	4,125	4,131	4,192
Long Term Care	22,635	22,641	22,642	22,707	22,764	22,591	22,829	23,178	20,994	20,978	20,944	20,923
Long Term Care Spend-Down	1,011	1,024	1,034	1,054	1,002	995	994	1,015	884	893	901	910
Low Income Subsidy	23	23	23	24	22	22	23	25	27	31	32	32
LTC Co-Insurance	2,015	2,118	1,983	1,855	2,064	2,634	2,468	1,941	1,830	1,876	1,970	2,275
LTC Co-Insurance Spend down	16	15	15	15	14	14	14	15	15	15	14	13
MAGI Spend-Down Medically Needy	335	349	355	379	391	397	421	439	417	421	417	430
Medicaid Purchase Plan	4,877	4,805	4,105	4,268	3,994	4,039	4,061	4,255	4,038	4,089	4,151	4,113
New Opportunities Waiver (NOW)	5,058	5,051	5,037	5,035	5,020	5,005	5,006	4,994	4,952	4,930	4,920	4,901
New Opportunities Waiver Spend-down MNP	3	3	3	3	3	3	3	3	3	3	3	3
New Opportunities Waiver-Fund	2,894	2,879	2,869	2,868	2,851	2,838	2,831	2,829	2,805	2,798	2,784	2,774
PACE	431	433	434	427	426	425	420	419	414	412	413	413
Parent/Caretaker Relative	53,161	52,626	52,611	52,085	51,793	50,724	49,746	48,952	45,346	44,703	44,070	43,694
Pickle	12,290	12,330	12,403	12,485	14,733	14,735	14,768	14,748	14,712	14,712	14,767	14,700
Provisional Medicaid	26,462	26,687	26,236	26,990	26,606	26,845	27,077	27,277	27,289	27,431	27,552	27,625
Qualified Disabled Working Individuals	434	425	413	403	393	386	380	377	370	365	356	345
Qualified Individuals	22,232	22,656	22,895	23,062	23,783	23,493	23,652	23,780	23,932	24,068	24,246	24,858
Qualified Medicare Beneficiary	162,605	162,777	163,006	164,118	163,501	164,175	164,345	164,681	165,037	165,522	165,522	165,835
Refugee Cash Assistance	1	1	1	1	1	1	0	0	0	0	0	0
Refugee Medical Assistance	0	0	0	0	0	0	0	0	0	0	0	0
Residential Options Waiver (ROW)	1,040	1,075	1,100	1,132	1,154	1,175	1,201	1,223	1,239	1,278	1,294	1,330
Residential Options Waiver Spend-down MNP	3	3	3	3	3	3	3	3	3	3	2	2
Specified Low-Income Medicare Beneficiary	42,077	41,977	42,314	42,579	43,475	43,669	43,750	43,870	43,837	43,922	43,922	43,958
State Retirees	1	1	1	1	1	1	1	1	1	1	1	1
Supplemental Security Income (SSI)	162,700	162,859	160,786	160,430	159,814	159,733	159,167	159,803	159,342	158,723	158,581	158,844
Supports Waiver (SW)	2,282	2,310	2,324	2,323	2,332	2,344	2,342	2,340	2,328	2,334	2,337	2,345
Supports Waiver Spend-down MNP	1	0	1	0	0	0	0	0	0	0	0	0
Take Charge Plus	111,690	112,443	113,146	113,914	108,507	108,669	109,709	110,286	110,781	111,485	111,682	114,144
Transitional Medicaid	15,887	16,050	16,206	16,313	16,410	16,725	17,048	17,148	17,160	17,247	17,363	17,243
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	0	0	0	0
Total Unduplicated	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	1,974,812	1,982,593	1,991,308

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>