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Dear Reader:

During the state fiscal year ending June 30, 2003, the Louisiana Medicaid Program continued to focus on initiatives which reflected the Department of Health & Hospitals' stated vision to: 1) increase access to primary and preventive care, 2) provide home and community-based alternatives to institutions, and 3) deliver quality health care in an efficient manner.

The Department believes that primary and preventive care are essential and will result in both improved health outcomes and cost savings. The statewide phase-in of CommunityCARE continued with implementation in Alexandria, Monroe, and Shreveport. CommunityCARE is our Primary Care Case Management (PCCM) system, which links Medicaid and LaCHIP recipients to a "medical home." The term "medical home" refers to a medical provider who is responsible not only for preventive, primary, and acute care but also for health education, which is essential to address lifestyle issues impacting health. The primary provider makes any necessary referrals to specialists, hospitals, and other medically necessary health services. The percentage of Medicaid enrollees participating in CommunityCARE increased from 207,946 (25.3 percent of Medicaid enrollees) to 500,797 (56.8 percent of Medicaid enrollees). At year end, CommunityCARE had been implemented in 60 parishes with the remaining four parishes scheduled for implementation by the end of 2003.

Several web-based administrative tools were implemented to assist providers in reducing paperwork (e.g., on-line CommunityCARE referrals), as well as to provide important information to assist providers in treatment coordination. Prescribing providers can access a patient's prescription history and use this information in management of care, including the newly implemented limit of eight prescriptions per month. A web-based system was deployed for issuing Medicaid identification numbers for newborns, dramatically reducing the time it takes for a number to be issued.

The Department continued to make strides and improvements in long-term care:

- The availability of home and community-based services and supports as an alternative to institutional care increased by 34 percent. The number of individuals receiving services through home and community-based waivers increased from 5,688 in SFY '02 to 7,638 in SFY '03. The number of waiver slots for older adults and persons with disabilities in the Elderly and Disabled Adult (EDA) Waiver more than doubled and overall spending for waiver services increased by almost 19 percent to just over \$180 million.
- In January 2003, the case mix acuity methodology (RUGS) for determining nursing facility rates was implemented. Each facility's rate is individually determined and is based on the aggregate acuity level of its residents.

While overall our Medicaid spending growth was below the national average, we continually looked for ways to increase access and quality of services for Medicaid enrollees. Highlights include the following:

- We were able to increase our physician rates for certain procedure codes.
- The criteria for electric wheelchairs was broadened to be similar to Medicare's policy so that access will not be limited to only those persons attending work or school.
- Hospice services were expanded to cover not only Medicare-Medicaid dual eligibles, but Medicaid enrollees without Medicare coverage.
- Occupational and speech therapy were added as covered services, and physical therapy was removed from the 50 visit per year home health limit.

This report highlights these accomplishments and provides a detailed look at our Medicaid program. We are proud of our Medicaid program and are poised for a better future.

Sincerely,



Ben Bearden  
Medicaid Director

# YEAR IN REVIEW

**SFY 2002-2003**



## A LOOK BACK AT THE YEAR

2002-2003

The Louisiana Medicaid program took some important steps over the past year. This report outlines those achievements and provides an in-depth look at the financial integrity of the program.

Perhaps the focal point of the past 12 months was the introduction of LaMOMS, an expansion program to provide health care coverage to pregnant women. Other key successes included the introduction of the New Opportunities Waiver, which allows more people to receive quality, community-based services; the continued implementation of the CommunityCARE program; and greater recognition and achievement for reducing the number of uninsured children through the Louisiana Children's Health Insurance Program.

Outlined below are the highlights of these and other accomplishments during fiscal year 2003.

### **Medicaid Introduces LaMOMS -- Health Coverage for Pregnant Women**

In order to make proper prenatal care available to more pregnant women, the Louisiana Department of Health and Hospitals implemented LaMOMS in January 2003. Prenatal care is vital in preventing many health-related problems for children later in life.

LaMOMS pays for pregnancy-related services, delivery and care up to 60 days after the pregnancy ends, including doctor visits, lab work/tests, prescription medicines and hospital care. The program is an expansion of Medicaid, allowing pregnant women with an income of up to 200 percent of the Federal Poverty Level to be eligible for prenatal services. Now, a woman in a family of four (unborn child is included in family size) can have a monthly household income of up to \$3,000 per month and still qualify for this program. The guidelines match those put in place in recent years for children through the Louisiana Children's Health Insurance Program (LaCHIP). In its first year, LaMOMS provided coverage to thousands more pregnant women than the year before its introduction.

Research in Louisiana has shown that fewer low birth weight babies are born to teen mothers who have Medicaid or other health coverage than to teen moms who lack any type of health insurance.

"If those of us involved in Louisiana's health system are going to improve the historically poor health outcomes of our state's citizens, we need to take smart steps like this. Making sure that more expectant mothers get proper prenatal care through LaMOMS is just one of those steps," said DHH Secretary David Hood.

***"The lack of prenatal care results in tragic and long-lasting difficulties for children. LaMOMS will ensure access to health care, greatly benefiting the people of Louisiana."***

**– Dr. Michael Kudla, President of the Louisiana Chapter of the American College of Obstetrics**

### **CommunityCARE Expansion Continues Across the State**

By the end of the 2002-2003 fiscal year, CommunityCARE had expanded into 60 Louisiana parishes. The program included more than 1,280 participating physicians. This allows every eligible Medicaid recipient throughout Louisiana to be linked to a primary care physician, group clinic, federally qualified health center or rural health clinic that serves as the primary care provider for that recipient and also coordinates all other health care.

By linking patients to primary care providers, CommunityCARE is demonstrating that the rates of serious illnesses such as cancer and diabetes can be decreased through regular doctor visits. The program also is reducing unnecessary emergency room visits, thus saving money for the Medicaid program.

## **LaCHIP Garners National Acclaim for Reducing the Number of Uninsured Children**

In 2002, the Kaiser Commission on Medicaid and the Uninsured reported that Louisiana had made greater strides than any other state to reduce its number of uninsured children. The report, titled "Health Insurance Coverage in America: 2001," was based on federal census estimates compiled through the end of the 2001 calendar year.

Between 1999 and 2001, Louisiana's percentage of uninsured children dropped from 20.4 percent to 14.4 percent. This six percent reduction was the best among all 50 states. This improvement means that Louisiana moves from a national ranking of third for uninsured children to eighth.

DHH Secretary David W. Hood credited this achievement to the Louisiana Children's Health Insurance Program that provides health care coverage to uninsured children up to the age of 19. Since LaCHIP began in 1998, the number of uninsured children in the state has been reduced by more than 261,000 as of June 2003. Since the data in the Kaiser report was compiled, an additional 70,000 Louisiana children have been enrolled in health coverage from the state.

"We've moved ahead of Florida, California, Nevada, Oklahoma and Arizona and pulled almost even with Colorado and Montana in the percentage of our state's children who now have health insurance," Hood said. "By increasing access to primary and preventive health care for our children, we may finally be able to overcome some of the poor health outcomes that have haunted Louisiana for too long now."

***"Making improvements in national rankings is incredibly difficult. In fact, most advances are made in increments ... improving by six percentage points is extraordinary."***

– Ruth Kennedy, deputy director of the Medicaid program

## **American Academy of Pediatrics Recognizes LaCHIP**

The American Academy of Pediatrics recognized Louisiana's success in reducing the number of uninsured children through the Louisiana Children's Health Insurance Program. In doing so, the Academy named DHH Secretary David W. Hood as the 2002 recipient of its Child Health Advocate award. The award is given nationally to a health care administrator or elected official who has made significant progress toward improving the lives of children.

Darrell S. Barnett, M.D., president of the Louisiana Chapter of the Academy, said Louisiana had moved to the forefront in the nation in the effort to provide health care coverage to children.

***"LaCHIP has made a difference in the lives of the hundreds of thousands of children who rely on our public health care system."***

– Dr. Steven Edwards, President, American Academy of Pediatrics

## **Louisiana Moves Up the Kids Count Ladder**

The Annie E. Casey Foundation's Kids Count report for 2003 showed Louisiana had improved in eight of 10 categories that indicate how children are faring. The successful LaCHIP program was a key component of the Foundation's report on Louisiana.

***"Louisiana was right to focus in recent years on ... expanding health care to cover more poor children. Such efforts must continue to be a priority, and lawmakers ought to find money to expand them."***

– Editorial in the New Orleans Times-Picayune



## **New Opportunities Waiver Approved by CMS**

In 2002-2003, Louisiana became only the third state to receive approval from the federal Centers for Medicare and Medicaid Services to offer a new array of community-based services to people with developmental disabilities. Starting in July 2002, this new program, named the New Opportunities Waiver (NOW), will allow qualifying individuals to have more choices and more flexibility when it comes to the services they receive from the Louisiana Medicaid program. The NOW will replace the current Mentally Retarded/Developmentally Disabled (MR/DD) waiver without a break in service as recipients are transferred from MR/DD to NOW.

Through NOW, people with developmental disabilities can better tailor to their needs the services and supports they receive in their homes or in their communities. NOW replaces and enhances an earlier program that provided similar services. Those who received services believed the older program was more restrictive in terms of flexibility and choice. Advocates for people with developmental disabilities have been working with officials from DHH for several years to design this new service package.

***“This is an historic day for people with developmental disabilities, as well as for everyone who values the concept of community-based health services.”***

**– Governor M.J. “Mike” Foster, Jr.**

NOW provides specific, activity-focused services rather than continuous custodial care. To qualify for NOW, individuals must be at least three years old and have met the definition of mental retardation or developmental disability prior to age 22. The current monthly income limit is \$1,656. For children, income of other family members is not considered if the child receives Social Security benefits.

## **Budget Concerns**

Going into the budget process for the next state fiscal year, Louisiana Medicaid was under funded in excess of a billion dollars. This huge financing hole was filled with temporary funding from an enhanced Federal Medical Assistance Percentage (FMAP) and authorization from the state Legislature to use 175 percent disproportionate share (DSH) payments for funding. The enhanced FMAP expires during the 2003-2004 state fiscal year and the 175 percent disproportionate share hospital payment funding expires during the 2004-2005 state fiscal year. In the next two state fiscal years, Louisiana Medicaid will be challenged to find ways to cover program costs and find new funding sources.

# STATISTICAL ABSTRACT SFY 2002-2003



## I. FINANCIAL OVERVIEW

Louisiana's Medicaid program expended \$4,512,557,565 for healthcare services to its individuals for state fiscal year 2002-2003. Of these expenditures, nearly 97% was spent on payments to healthcare providers.

**Table 1: MEDICAID MEANS OF FINANCING SFY 2002-2003**

Source	Provider Programs (\$)	Administration	Total
State	1,177,210,472	48,943,468	1,226,153,940
Federal	3,185,626,715	100,776,911	3,286,403,626
<b>Totals</b>	<b>\$4,362,837,187</b>	<b>\$149,720,379</b>	<b>\$4,512,557,566</b>

**Table 2: MEDICAID PROGRAM AND ADMINISTRATIVE EXPENDITURES**

Program	State Fiscal Year (\$)				Percentage Change		
	1999-2000	2000-2001	2001-2002	2002-2003	99/00 - 00/01	00/01 - 01/02	01/02 - 02/03
Private Providers	2,163,744,718	2,354,374,934	2,756,714,098	2,952,755,849	8.81	17.09	7.11
Public Providers	389,197,445	383,247,904	392,604,599	537,553,283	-1.53	2.44	36.92
Medicare Buy-Ins	85,827,705	83,553,637	92,245,813	104,194,158	-2.65	10.40	12.95
Uncompensated Care	821,424,802	826,902,940	834,867,713	768,333,897	0.67	0.96	-7.97
<b>Provider Program Totals</b>	<b>\$3,460,194,670</b>	<b>\$3,648,079,415</b>	<b>\$4,076,432,223</b>	<b>\$4,362,837,187</b>	<b>5.43</b>	<b>11.74</b>	<b>7.03</b>
Administration	103,327,178	102,048,355	131,023,915	149,720,378	-1.24	28.39	14.27
<b>Total Medicaid</b>	<b>\$3,563,521,848</b>	<b>\$3,750,127,770</b>	<b>\$4,207,456,138</b>	<b>\$4,512,557,565</b>	<b>5.24</b>	<b>12.20</b>	<b>7.25</b>

**Table 3: HISTORICAL CLAIMS/UNCOMPENSATED CARE EXPENDITURES (\$ in Millions)**

SFY	CLAIMS (\$)	UNCOMPENSATED CARE (UCC) \$	TOTAL MEDICAID MINUS ADMINISTRATION (\$)	UCC AS A PERCENTAGE OF TOTAL
1996-1997	2,588.4	672.8	3,261.2	20.63
1997-1998	2,406.7	757.4	3,164.1	23.94
1998-1999	2,500.3	784.3	3,284.6	23.88
1999-2000	2,638.8	821.4	3,460.2	23.74
2000-2001	2,821.2	826.9	3,648.1	22.67
2001-2002	3,241.5	834.9	4,076.4	20.48
2002-2003	3,594.5	768.3	4,362.8	17.61

**Table 4: HISTORICAL FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)**

	1998-1999		1999-2000		2000-2001		2001-2002		2002-2003	
	Title XIX	Title XXI (LaCHIP)	Title XIX	Title XXI (LaCHIP)	Title XIX	Title XXI (LaCHIP)	Title XIX	Title XXI (LaCHIP)	Title XIX	Title XXI (LaCHIP)
<b>State</b>	29.71	20.92	29.67	20.75	29.52	20.67	29.64	20.75	28.96	20.27
<b>Federal</b>	70.29	79.08	70.33	79.25	70.48	79.33	70.36	79.25	71.04	79.73

**Table 5: EXPENDITURES BY BUDGET CATEGORY OF SERVICE SFY 2002-2003**

**PRIVATE PROVIDERS**

Sub-Program	Actual Expenditures (\$)
Hospital - Inpatient Services*	591,600,662
Pharmaceutical Products and Services	590,401,356
Nursing Homes	570,850,314
Physicians Services	254,497,534
Hospital - Outpatient Services	208,685,210
ICF-MR (MR/DD Community Homes)	184,050,122
Waiver - MR/DD (Community Services)	161,598,757
EPSDT (Screening and Early Diagnosis)	77,077,189
Laboratory and X-Ray Services	52,629,414
Mental Health Rehabilitation	38,835,277
Durable Medical Equipment	31,258,965
Hemodialysis Services	28,062,505
Home Health Services	26,869,252
Transportation - Emergency-Ambulance	23,203,817
Rural Health Clinics	16,124,847
Other Private Providers	15,735,138
Case Management Services	12,987,916
Waiver - Elderly & Disabled Adult	9,970,327
Family Planning	8,988,389
Transportation - Non-Emergency Non-Ambulance	8,129,323
Federally Qualified Health Centers	8,028,096
Transportation - Non-Emergency Ambulance	7,877,453
Mental Health - Inpatient Services	7,619,639
Certified RN Anesthetists (CRNAs)	5,828,346
Adult Dentures	3,904,291
Waiver - Adult Day Health Care	3,854,870
Waiver - Children's Choice	2,965,761
Rehabilitation Services	1,121,078
<b>Total Private Providers</b>	<b>\$2,952,755,848</b>

\*Included UPL

**PUBLIC PROVIDERS**

Sub-Program	Actual Expenditures (\$)
LSU - HCSD	244,598,470
Other Public Providers	184,930,419
State Education	55,192,129
LSUMC - Shreveport	13,663,419
DHH - State Nursing Homes	10,437,835
DHH - State MR/DD Services	9,622,700
DHH - Office of Public Health	9,210,388
DHH - Public Psychiatric Distinct Part Units	5,843,923
DHH - Community Mental Health	2,086,313
DHH - Public Psychiatric Free Standing Units	1,967,687
<b>Total Public Providers</b>	<b>\$537,553,283</b>

**MEDICARE BUY IN**

<b>Medicare Buy In</b>	<b>\$104,194,158</b>
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**UNCOMPENSATED CARE**

LSU - HCSD	498,158,986
LSUMC - Shreveport	128,263,875
Public Psychiatric Free-Standing Units	95,009,023
Private Hospitals	46,153,339
Villa Feliciana	748,674
<b>Total Uncompensated Care</b>	<b>\$768,333,897</b>

<b>Total Medical Vendor Program</b>	<b>\$4,362,837,186</b>
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Source: Medicaid Year End Financial Report SFY 02-03

## II. LOUISIANA'S MEDICAID PROFILE

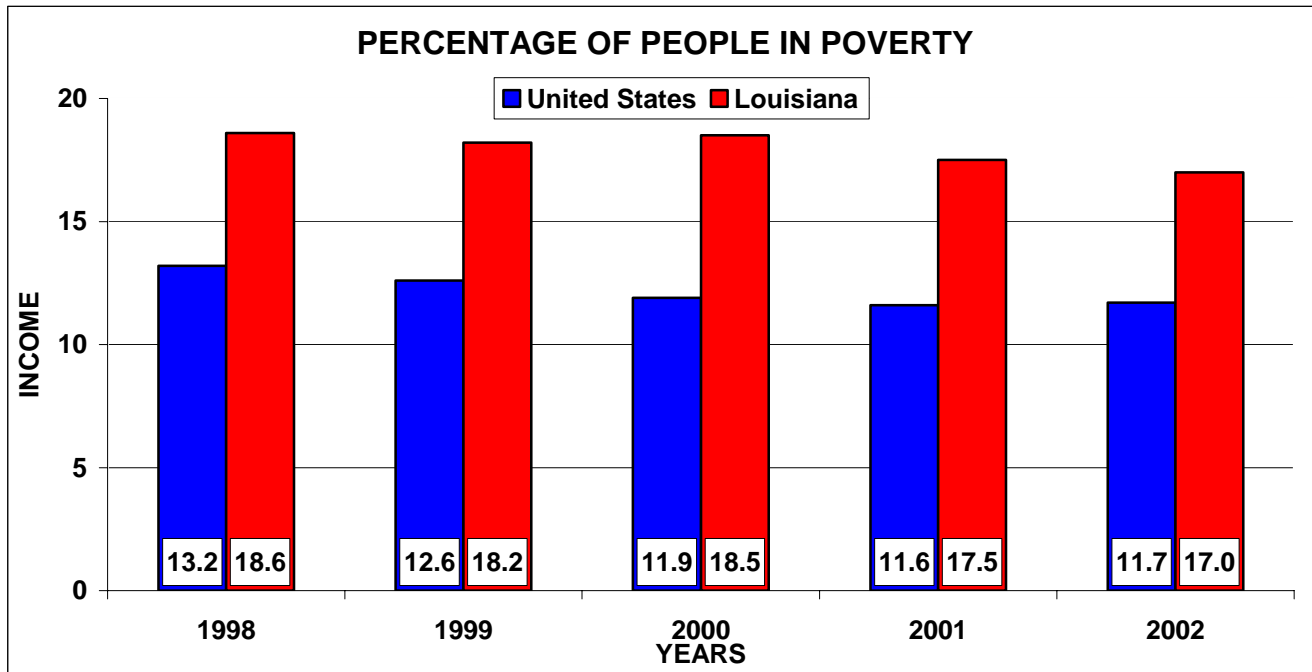
Louisiana's population for 2003 was 4,496,334. The U. S. Census Bureau estimated that 18.2 percent of the state's residents were at or below 100 percent of poverty.

**Table 6: POVERTY INCOME GUIDELINES**

Family Size	Annual 100%	Monthly					
		100%	133%	150%	200%	300%	400%
1	8,980	748	995	1,123	1,497	2,245	2,993
2	12,120	1010	1,343	1,515	2,020	3,030	4,040
3	15,260	1,272	1,691	1,908	2,543	3,815	5,087
4	18,400	1,533	2,039	2,300	3,067	4,600	6,133
5	21,540	1,795	2,387	2,693	3,590	5,385	7,180
6	24,680	2,057	2,735	3,085	4,113	6,170	8,227
7	27,820	2,318	3,083	3,478	4,637	6,955	9,273
8	30,960	2,580	3,431	3,870	5,160	7,740	10,320

Source: Federal Register, Vol. 68, No. 27, February 7, 2003

**Chart 1.**



Source: U.S. Census Bureau, Poverty Reports: 1998, 1999, 2000, 2001, 2002

Note: Numbers represent three year averages

**Table 7: TOTAL POPULATION VS. MEDICAID ELIGIBLES BY PARISH**

PARISH	POPULATION	MEDICAID ELIGIBLES	PERCENTAGE OF POPULATION
Acadia	59,246	15,398	25.99
Allen	25,268	5,732	22.68
Ascension	84,424	12,448	14.74
Assumption	23,269	5,530	23.77
Avoyelles	41,791	12,688	30.36
Beauregard	33,514	6,604	19.71
Bienville	15,320	4,165	27.19
Bossier	101,999	15,839	15.53
Caddo	250,342	57,254	22.87
Calcasieu	183,889	36,445	19.82
Caldwell	10,599	2,553	24.09
Cameron	9,708	1,325	13.65
Catahoula	10,615	3,007	28.33
Claiborne	16,534	4,189	25.34
Concordia	19,730	6,158	31.21
De Soto	25,990	5,826	22.42
East Baton Rouge	412,447	76,395	18.52
East Carroll	8,997	4,012	44.59
East Feliciana	21,095	4,386	20.79
Evangeline	35,149	11,557	32.88
Franklin	20,860	6,928	33.21
Grant	18,887	4,541	24.04
Iberia	74,146	18,921	25.52
Iberville	32,811	8,383	25.55
Jackson	15,259	3,479	22.80
Jefferson	452,459	80,030	17.69
Jefferson Davis	31,113	7,420	23.85
Lafayette	194,239	33,573	17.28
Lafourche	91,281	17,835	19.54
La Salle	14,179	3,211	22.65
Lincoln	42,413	8,316	19.61
Livingston	102,046	16,002	15.68
Madison	13,079	4,912	37.56
Morehouse	30,671	9,443	30.79
Natchitoches	39,002	9,500	24.36
Orleans	469,032	142,296	30.34
Ouachita	147,898	32,876	22.23
Plaquemines	28,025	5,547	19.79
Pointe Coupee	22,564	5,481	24.29
Rapides	127,394	32,411	25.44
Red River	9,524	2,539	26.66
Richland	20,623	6,425	31.15
Sabine	23,406	5,202	22.23
St. Bernard	66,113	11,646	17.62
St. Charles	49,353	7,585	15.37
St. Helena	10,307	2,838	27.53
St. James	21,118	4,654	22.04
St. John the Baptist	44,816	9,768	21.80
St. Landry	89,041	26,988	30.31
St. Martin	49,911	12,215	24.47
St. Mary	52,357	15,035	28.72
St. Tammany	207,743	27,048	13.02
Tangipahoa	103,591	29,066	28.06
Tensas	6,247	2,229	35.68
Terrebonne	106,107	23,007	21.68
Union	22,966	4,899	21.33
Vermilion	54,222	11,103	20.48
Vernon	50,669	8,644	17.06
Washington	43,947	13,518	30.76
Webster	41,404	9,587	23.15
West Baton Rouge	21,717	4,057	18.68
West Carroll	12,236	3,737	30.54
West Feliciana	15,235	1,853	12.16
Winn	16,397	4,285	26.13
<b>TOTALS</b>	<b>4,496,334</b>	<b>990,544</b>	<b>23.96</b>

Source: Population Division, U.S. Census Bureau

Release Date: April 2004

Note: Population Data are from June 2003, Eligible Data are from SFY 2002-03

**Table 8: LOUISIANA FAMILY HOUSEHOLD INCOME DISTRIBUTION**

Income Level	Families	Percentage
Less than \$10,000	98,556	8.60
\$10,000 to \$14,999	89,403	7.80
\$15,000 to \$24,999	155,859	13.60
\$25,000 to \$34,999	146,073	12.75
\$35,000 to \$49,999	186,447	16.27
\$50,000 to \$74,999	238,600	20.82
\$75,000 to \$99,999	115,035	10.04
\$100,000 to \$149,999	80,838	7.05
\$150,000 to \$199,999	17,288	1.51
\$200,000 or more	17,835	1.56
<b>Total Households</b>	<b>1,145,934</b>	<b>100.00</b>

Source: U.S. Census Bureau, Supplementary Survey Profile for Louisiana 2002

**Table 9: UNEMPLOYMENT RATES FOR LOUISIANA, SFY 2002-2003**

MONTH	LABOR FORCE	EMPLOYED	UNEMPLOYED	UNEMPLOYMENT RATE
Jul	2,000,839	1,878,813	122,026	6.1
Aug	1,999,540	1,876,545	122,995	6.2
Sep	1,998,034	1,875,508	122,526	6.1
Oct	1,993,639	1,871,704	121,935	6.1
Nov	1,998,453	1,874,156	124,297	6.2
Dec	2,001,841	1,876,096	125,745	6.3
Jan	2,043,252	1,935,312	107,940	5.3
Feb	2,058,780	1,941,086	117,694	5.7
Mar	2,061,134	1,931,796	129,338	6.3
Apr	2,051,842	1,924,524	127,318	6.2
May	2,064,731	1,933,944	130,787	6.3
Jun	2,044,678	1,905,657	139,021	6.8
<b>TOTAL</b>	<b>2,026,397</b>	<b>1,902,095</b>	<b>124,302</b>	<b>6.1</b>

Source: U.S. Bureau of Labor Statistics

**Table 10: WEEKLY AVERAGE WAGES OF LOUISIANA WORKERS  
SFY 2002-2003**

SFY	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Weekly Average	SFY Annual Average
<b>2002-2003</b>	\$563	\$613	\$580	\$579	<b>\$585</b>	<b>\$30,437</b>

Source: U.S. Department of Labor, Bureau of Labor Statistics

Data Extraction Date January 30, 2004























































