



Long-Term Services and Supports Workforce

2025 Annual Report

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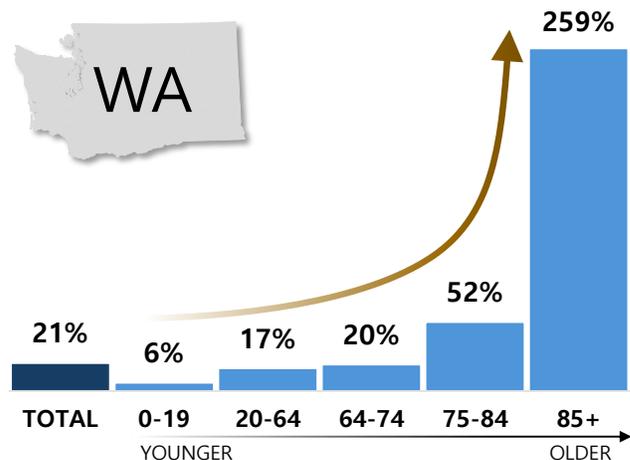
This report was produced in collaboration with the Department of Social and Health Services Aging and Long-Term Supports Administration and Developmental Disabilities Administration.

LONG-TERM SERVICES AND SUPPORTS (LTSS) provide help to persons in need of assistance with daily living activities and are delivered in a variety of settings depending on preferences and care needs. This study is the first in a series of annual reports directed by House Bill 1694 assessing the workforce available to supply LTSS and the projected demand for LTSS in Washington State. Data from the U.S. Census Bureau and Bureau of Labor Statistics, combined with Medicaid LTSS claims data, are used to describe current LTSS workforce and utilization patterns, and to generate forecasts to 2050 of Medicaid-paid LTSS utilization and the number of individuals providing paid direct care in LTSS settings. Analyses examine the geographic distribution of LTSS demand and the available workforce, the demographics of the LTSS workforce, and wage levels relative to comparable occupations.

Key Findings

- 1. Demand for LTSS workforce is projected to far outpace supply, based on current utilization and employment patterns.** The number of people in Washington State needing Medicaid LTSS is projected to increase by 55 percent by 2050, while the number of LTSS workers providing Medicaid paid and non-Medicaid paid direct care is projected to increase by only 17 percent.
- 2. Growing demand is driven by the age wave.** The population of adults ages 85 and older is projected to grow rapidly over the next 25 years, relative to other younger age groups (Figure 1). Older adults needing LTSS will likely have more intense care needs.
- 3. Based on current employment patterns, the supply of direct care workers is projected to grow relatively slowly, with only 20,000 additional direct care workers expected by 2050.** Historically, these positions are paid low wages compared to similar occupations.
- 4. A disproportionate number of direct care workers are women (83%) compared to the overall workforce (49%).** There is also a higher percentage of Black or African Americans in the direct care workforce (17%) than the general workforce (6%).

FIGURE 1. Projected Population Increase by Age Group
Percent Increase CY 2025 to 2050, Washington State



Background

Washington State, like the rest of the United States, is grappling with the increasing volume and intensity of long-term services and supports (LTSS) needed for older adults and persons with disabilities. There are numerous contributing factors to these challenges including the following:

- There is rapid growth in the number of individuals in the older adult population as the “baby boomer” generation grows older.
- The population most likely to be providing LTSS, women ages 25 to 54, is growing at a much lower rate. This demographics group is now “sandwiched” in caregiving for older parents and providing care to young children, while also participating in the labor force at a historically high rate.
- More Americans are living longer with a greater number of chronic conditions, making them more medically complex and in need of more intensive levels of support.
- There are increasing rates of burnout among the people in the healthcare workforce, including the LTSS workforce, which has been further exacerbated by the COVID-19 pandemic. (WTB, 2023)
- Nationally, wages, benefits, and opportunities for advancement have remained low for those providing direct care in LTSS settings, while the workload has increased with growing LTSS demand, greater complexity of needs among care receivers, and lower staffing levels (WTB, 2023; NCHWA, 2024).
- The use of LTSS settings, originally developed for older adults and persons with physical disabilities, is increasing for younger adults with serious behavioral health needs who are also in need of housing support.

Most of these concerns have been well-documented over the past two decades. A 2003 report to the U.S. Congress found that “there are likely to be considerable challenges in finding an adequate supply of workers...should no sources of new workers be found, the ratio of direct care workers and the population in need of their services may change dramatically, with fewer workers available to care for more individuals” (Report to Congress, 2003). In 2011, the University of Washington Center for Healthcare Workforce Studies found that the number of Home Care Aides would need to substantially increase just to meet the demands of the Washington’s Medicaid population (Skillman, 2011).

More recently, the U.S. Health Resources and Services Administration has been reporting on the state of the healthcare workforce and has created sophisticated models of supply and demand for specific types of healthcare including LTSS (NCHWA, 2024). However, due to the complexity of LTSS care delivery across different settings and limited LTSS data sources, LTSS models are still in an early stage of development (NCHWA, 2024). In Washington State, annual reports from the Workforce Training and Education Coordinating Board’s (WTB) Health Workforce Council have highlighted the specific needs and challenges direct care workers are facing in Washington State (WTB, 2022), along with workforce shortages facilities and employers are facing via the Sentential Network (WTB, 2023).

In December 2023 the Washington Workforce Training and Education Coordinating Board released the first Long-Term Care Workforce Initiative Legislative Report, which included a comprehensive history of direct care workforce challenges and COVID-19’s impact in Washington State, a framework for understanding the current state of the workforce versus the ideal state, detailed descriptions of ongoing workforce-building efforts, and stakeholder-informed policy recommendations (WTB, 2023). A second report authored by the workforce Board and released in March 2024, further details the need and critical challenges related to staffing of long-term care services. Their future work will include a quantitative study of the long-term care workforce in nursing facilities and a qualitative study to identify factors influencing long-term care workforce recruitment and retention across multiple settings.

What are Long-Term Services and Supports?

Long-term services and supports (LTSS), also referred to as long-term care, are services that provide help with daily living activities beyond the medical care a person may need. These services may include help with activities such as bathing, dressing, and meal preparation. They can be provided by family caregivers or paid or professional caregivers that provide direct care. LTSS are provided in a variety of settings, depending on the individual care receiver’s preferences and care needs. LTSS includes residential habilitation services for persons with intellectual and developmental disabilities (I/DD).

Workforce analyses in this report focus on the professional direct care occupations of Personal Care Aides (including Washington-certified Home Care Aides) and Nursing Assistants. Direct Care Professionals serving persons with intellectual or developmental disabilities are expected to be included with Personal Care Aides in the available data sources. The Home Health Aide occupation, not to be confused with Washington Home Care Aides, is also included in most analyses due to the difficulty in distinguishing them from Personal Care Aides in most data sources.

Home and Community-Based Services (HCBS)		Out-of-Home Institutional Care
Home Services	Residential Services	
Services and supports to help with daily living activities provided in the recipient’s home	Services and supports to help with daily living activities provided in certified or licensed settings in the community	Comprehensive services and supports for health conditions and help with daily living activities provided in an institutional setting
Examples <ul style="list-style-type: none"> • Personal care assistance with daily living activities • Family caregiving training and respite care 	Examples <ul style="list-style-type: none"> • Assisted living facilities • Adult family homes • Residential habilitation services • Supported living and out of home services for children 	Examples <ul style="list-style-type: none"> • Nursing homes • Intermediate care facilities

While the U.S. Department of Veterans Affairs covers some LTSS care for veterans, the largest payer of LTSS is Medicaid. Most LTSS are not covered by Medicare or most other public health insurance plans. For individuals not eligible for their state’s Medicaid program, most LTSS care is paid out of pocket or provided by family and friends. A small proportion (less than 5 percent) of adults 50 years of age or older are enrolled in private LTSS insurance plans which offer limited LTSS coverage and are typically cost prohibitive for older adults (Rau & Aleccia, 2023). Washington is the first state in the nation to create a non-means tested LTSS benefit (wacaresfund.wa.gov). The Washington State WA Cares program will offer up to \$36,500 (adjusted for inflation) to be spent on covered services for those fully vested in the program when benefits are implemented in July 2026.

In Washington State, many policy and program initiatives implemented since 1980 have improved the availability and quality of LTSS (Figure 2). Several initiatives have facilitated a large shift in the delivery of Medicaid LTSS from Nursing Home settings to Home and Community-Based settings. Other major initiatives have ensured that direct care workers have standardized training and also have provided greater support for family caregivers. In more recent years Medicaid Expansion from the Affordable Care Act and Washington State’s 1115 Medicaid Demonstration Waiver expanded the types of LTSS available and broadened access. In 2023, presumptive eligibility for Medicaid services was implemented for persons transitioning home from acute hospital settings, following testing during the COVID-19 pandemic, allowing quicker access to support while comprehensive eligibility for services is assessed (Bittinger et al, 2024). Additionally, Washington’s Long-Term Services and Supports Trust Act in 2019 created the WA Cares Fund, which will begin providing benefits in July 2026.

FIGURE 2.

LTSS Program Initiatives Supporting Increased Availability and Quality of LTSS

1980	
1981	1981 State-funded in-home program allows self-directed option
1982	
1983	1983 1915(c) waiver approval
1984	1984 First steps to control nursing home growth
1985	1985 Adult Protective Services statute
1986	
1987	
1988	1989 Statewide respite program implementation
1989	1989 State Plan personal care for individuals with physical disabilities
1990	1989 Institutional downsizing begins for the I/DD population
1991	
1992	1993 School-To-Work Opportunities Act
1993	1993 Nursing Home reduction mandates—state staff dedicated to nursing home and hospital transitions
1994	1993 Closure of Interlake School
1995	1995 Required training for all in-home personal care assistance
1996	1995 State plan eligibility expands to those with functional disabilities
1997	1995 SB 5800 shifts funds from institutions into the community
1998	1999 Supreme Court issues Olmstead decision
1999	1999 Developmental Disabilities Endowment Fund
2000	1999 First nurse delegation law and law allowing pay for family members providing skilled tasks
2001	2000 State Family Caregivers Program
2002	2001 Supported Living becomes a program
2003	2001 Self-directed care providers vote to unionize
2004	2003 Abuse registry
2005	2003 Standardized electronic assessment with acuity-based payment methodology used across all HCBS populations (aging, physical, developmental disabilities)
2006	2003 President's Committee on Mental Retardation changes its name to the "President's Committee for People with Intellectual Disabilities"
2007	2006 Working Age Adult Policy the first "Employment First" policy in the country
2008	2008 Money Follows the Person (RCL) implemented in Washington
2009	2010 Rosa's Law changes federal statute references of "mental retardation" to "intellectual disability"
2010	2011 Statewide implementation of Standardized Caregiver Assessment Tool
2011	2011 Closure of Frances Haddon Morgan Center
2012	2012 Long-Term Care Worker Training and Certification requirements
2013	2013 Health Home Program Implementation
2014	2013 Preadmission Screening and Resident Review provides specialized services to nursing facility residents
2015	2014 CMS issued settings rules
2016	2015 State Plan Community First Choice Program
2017	2016 Accelerated community capacity development to serve those with significant behavioral health needs
2018	2017 1115 Waiver creates new options and eligibility for Long-Term Support Services
2019	2017 Supportive Housing and Supported Employment implemented (1115 Medicaid Transformation Waiver)
2020	2019 Direct Care Workforce Development Initiatives
2021	2019 WA Cares Fund passage
2022	2022 Full implementation of Consumer Directed Employer Project
2023	2023 Presumptive Eligibility Implementation
2024	2024 Nothing About Use Without Us law
2025	
2026	2026 WA Cares Benefit Implementation

HB 1694: Addressing Home Care Workforce Shortages

In response to the growing need for LTSS, the Washington State Legislature passed House Bill (HB) 1694 in the Spring of 2023. This bill directs three primary activities: (1) updates to home care aide certification standards, (2) updates to certifications and a pilot program for family caregivers, and (3) an analysis and report on the state of the LTSS workforce. This report provides the required analysis of the LTSS workforce.

As directed by HB 1694, this report is the first annual report on the status of the following:

- The long-term care worker supply;
- The average wages of long-term care workers compared to entry-level positions in other industries;
- Projections of service demands;
- Geographic disparities in the supply of long-term care workers; and
- Any race, gender, or other worker demographic data available through preexisting administrative data sources.

The report is divided into three sections: demand for LTSS, supply of LTSS, and a discussion with policy implications of identified disparities between forecast supply and demand growth.

This report builds and expands on ongoing, parallel work of other Washington State agencies including the Washington Workforce Training and Education Coordinating Board, the LTSS Trust Commission, and the UW Center for Health Workforce Studies. This report provides forecasts of demand for LTSS and uses publicly available American Community Survey (ACS) and Bureau of Labor Statistics (BLS) data to provide a detailed description of the current direct care workforce, how the direct care workforce is likely to grow over time and how their wages and earnings compare to similar occupations.

The LTSS workforce is a broad population of formally employed, informally paid, and unpaid workers providing a wide range of services. For this initial report, the component of the LTSS direct care workforce that can be reliably analyzed is comprised of Personal Care Aides, Home Health Aides, and Nursing Assistants who are employed by entities reporting to the BLS, or those who self-report that they are a direct care worker in the ACS. As the available data allow, future reports may examine other LTSS occupations, more detailed subsets of direct care workers, or unpaid caregivers.

Future reports will:

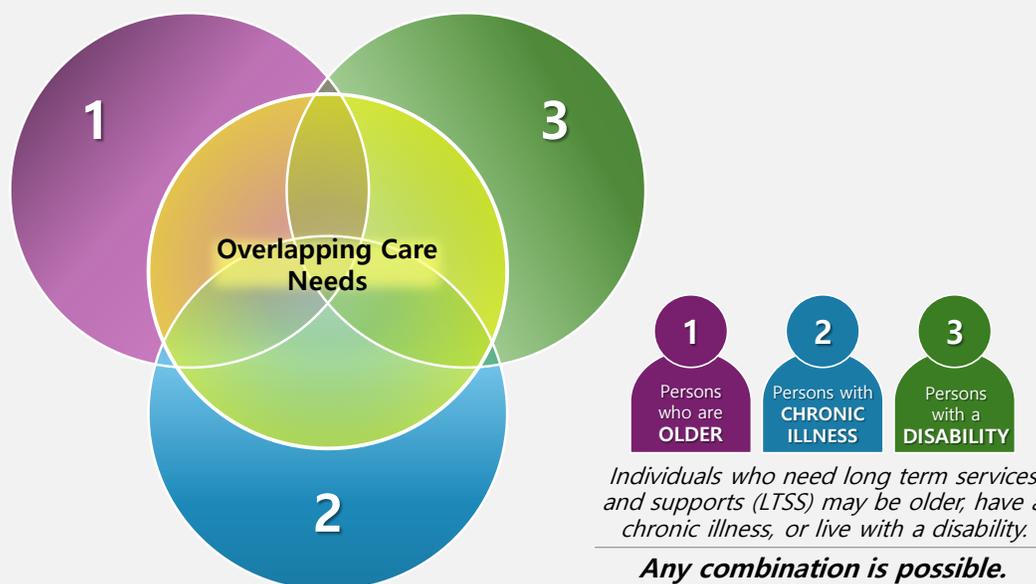
- Update findings with the most recent years of data;
- Further advance the methodology of supply and demand projection models;
- Add more geographic detail as the available data allow; and
- May address other topics of interest to our service partners and legislature.

Demand for Long-Term Services and Supports

Forecasting statewide demand for LTSS is challenging due to the lack of comprehensive LTSS utilization data beyond the Medicaid-paid population. While private-pay utilization data are available for the nursing home population through the Minimum Data Set (MDS) application maintained by CMS, comparable data do not exist for privately paid for assisted living, adult family home, and in-home personal care utilization. Nor is there an ongoing data source comprehensively capturing provision of informal (family) caregiving supports, or the extent of unmet need for LTSS at the state level. However, data are available to forecast need for Medicaid-funded LTSS based on current utilization and forecast population growth. Below we present forecasts of Washington’s older populations, the prevalence of individuals living with dementia, and Medicaid LTSS caseload forecasts.

Who Receives Long-Term Services and Supports?

A wide variety of individuals need LTSS at some point during their life. Being older, having a disability (including cognitive disabilities), or having chronic health conditions does not necessarily mean an individual needs LTSS. However, persons in these circumstances are more likely to need LTSS.



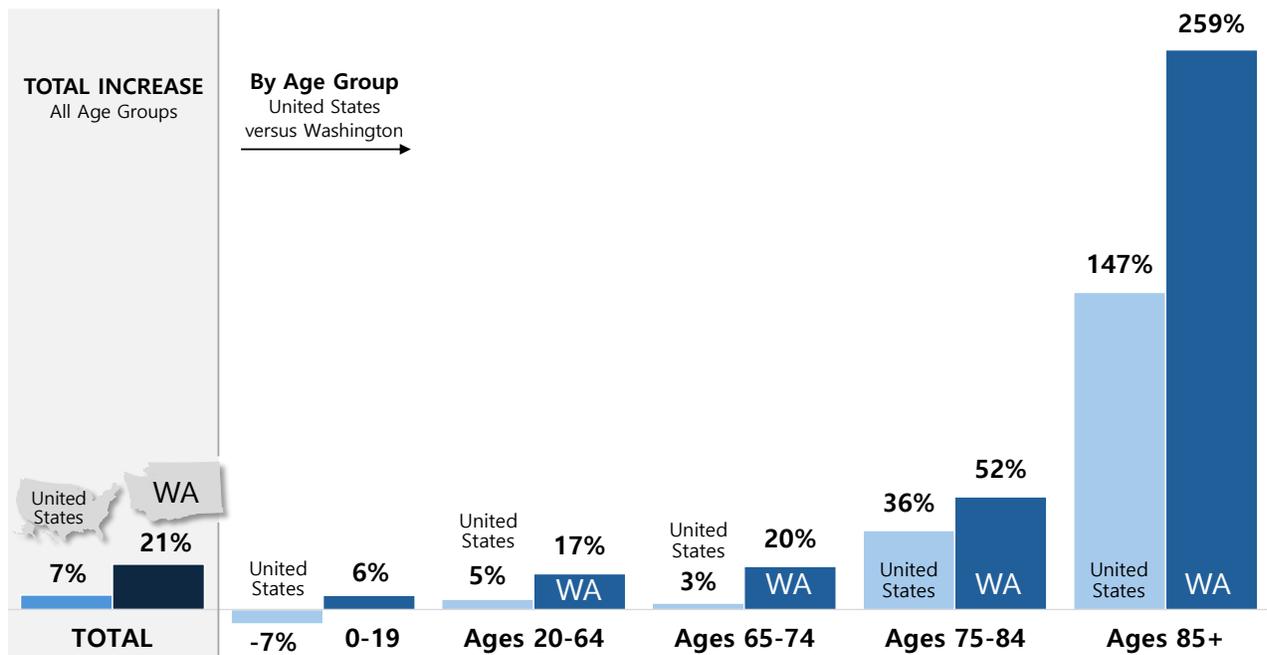
To receive Medicaid LTSS from Washington State’s Aging and Long-Term Support Administration (AL TSA) or Development Disabilities Administration (DDA), individuals need to meet certain eligibility criteria. These criteria are primarily based on income, assets, and the level of care needed, which are determined through a functional and financial assessment. The functional assessment is performed using the Comprehensive Assessment Reporting Evaluation (CARE) tool. See the appendix for a more detailed description of the populations served by AL TSA and DDA.

Changes in Age Demographics

Age demographics are set to change rapidly in the next 25 years in the United States (Figure 3) and Washington will be experiencing even greater changes. This is especially true for adults 85 years of age and older, who are expected to increase in numbers by 259 percent, or roughly 375,000 persons, in Washington State. This group’s trajectory sharply increases after 2030 as the first Baby Boomers reach this age threshold (Figure 4).

FIGURE 3.

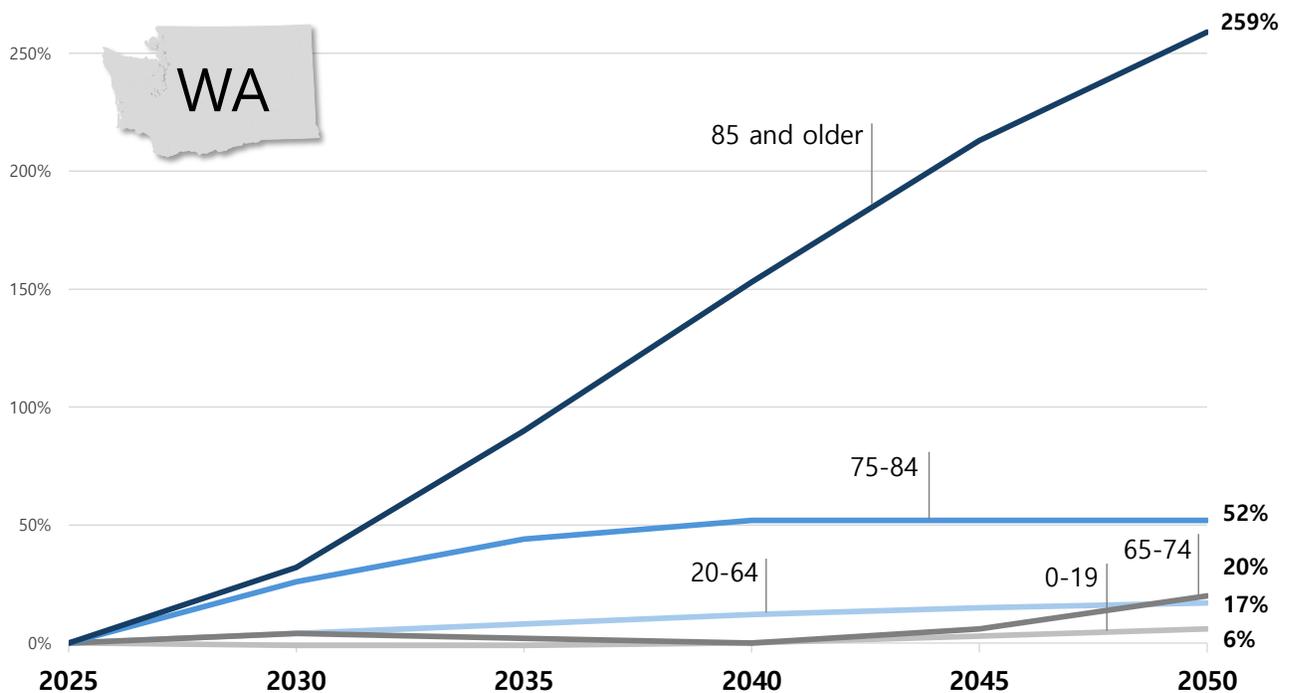
Projected Population Increase in the U.S. versus Washington State by Age Group Percent Change from Calendar Year 2025 to 2050



SOURCES: U.S. Census Bureau Population Predictions (CY 2023), and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

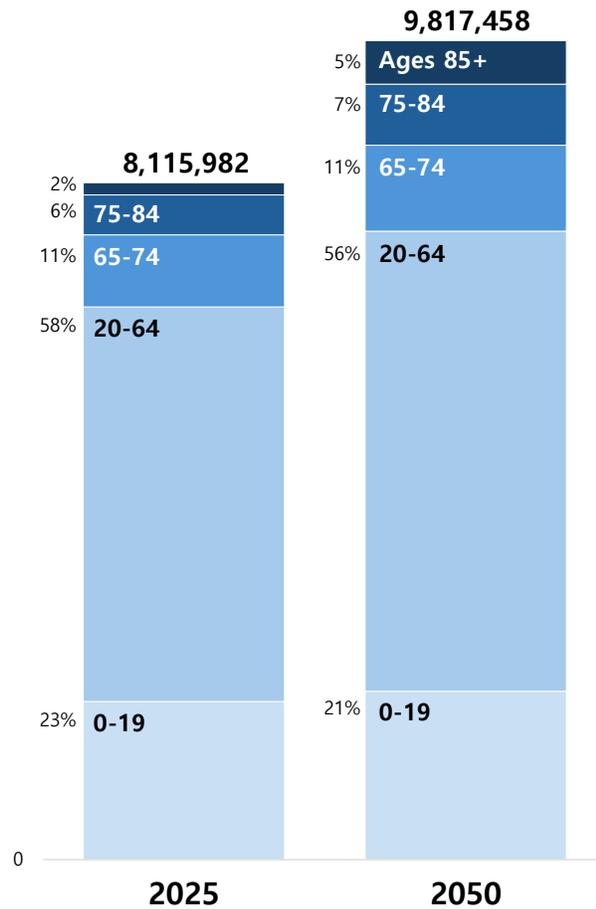
FIGURE 4.

Growth in Washington State Population by Age Range Relative to 2025 Population



SOURCE: Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

FIGURE 5.
Washington Population by Age
Distribution Calendar Year 2025 to 2050



Age Distribution

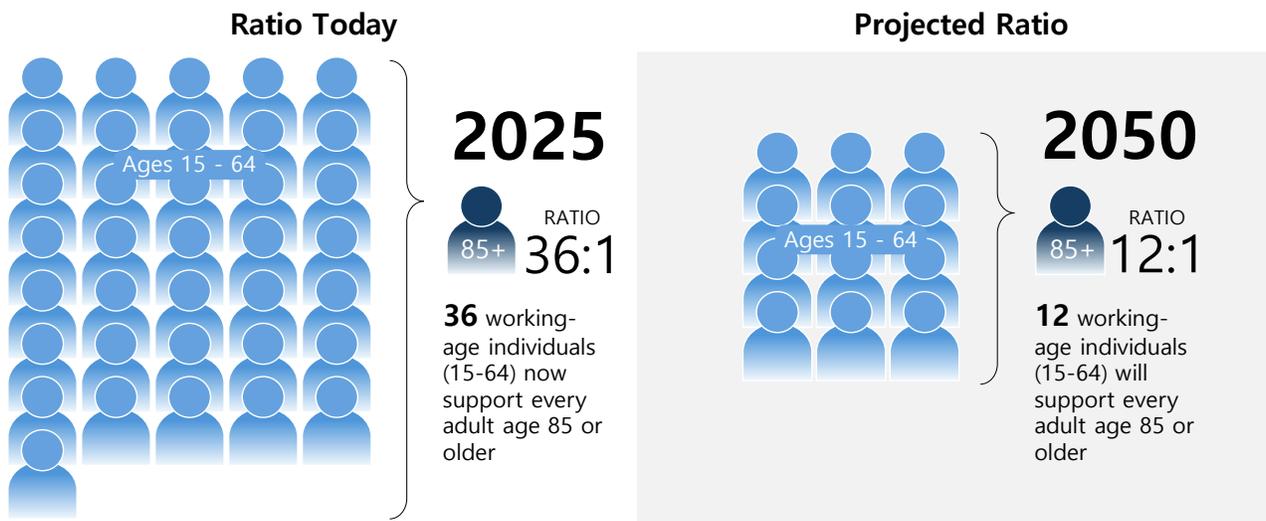
More generally, the proportion of the State population 65 years and older is expected to increase from 18.3 percent (1.5 million) to 23.3 percent (2.3 million) while the share under 65 will decrease from 81.7 percent of the Washington population to 76.8 percent (Figure 5).

The mix of the older adult (65+) population will also change; in 2025 only one in 10 are 85+ years old, while in 2050 one in four will be 85+ years old.

In Washington State, the ratio of the working-age population aged 15 to 64 relative to persons 85 years of age and older will change from 36:1 in 2025 to only 12:1 in 2050 (Figure 6). This means that while there are around 36 working-age individuals that could contribute care to someone 85 years or older in 2025, by 2050 there will be only 12 for every person 85 years or older. Figure 7 shows how this ratio will change by county and rural/urban classification. In 2025, rural counties are already experiencing lower ratios of working-age people to people who are 85 years or older compared to suburban and urban counties. Appendix Table A1 has more detail for each county.

SOURCE (chart left): Washington State Office of Financial Management, Forecasting Division (CY 2024).

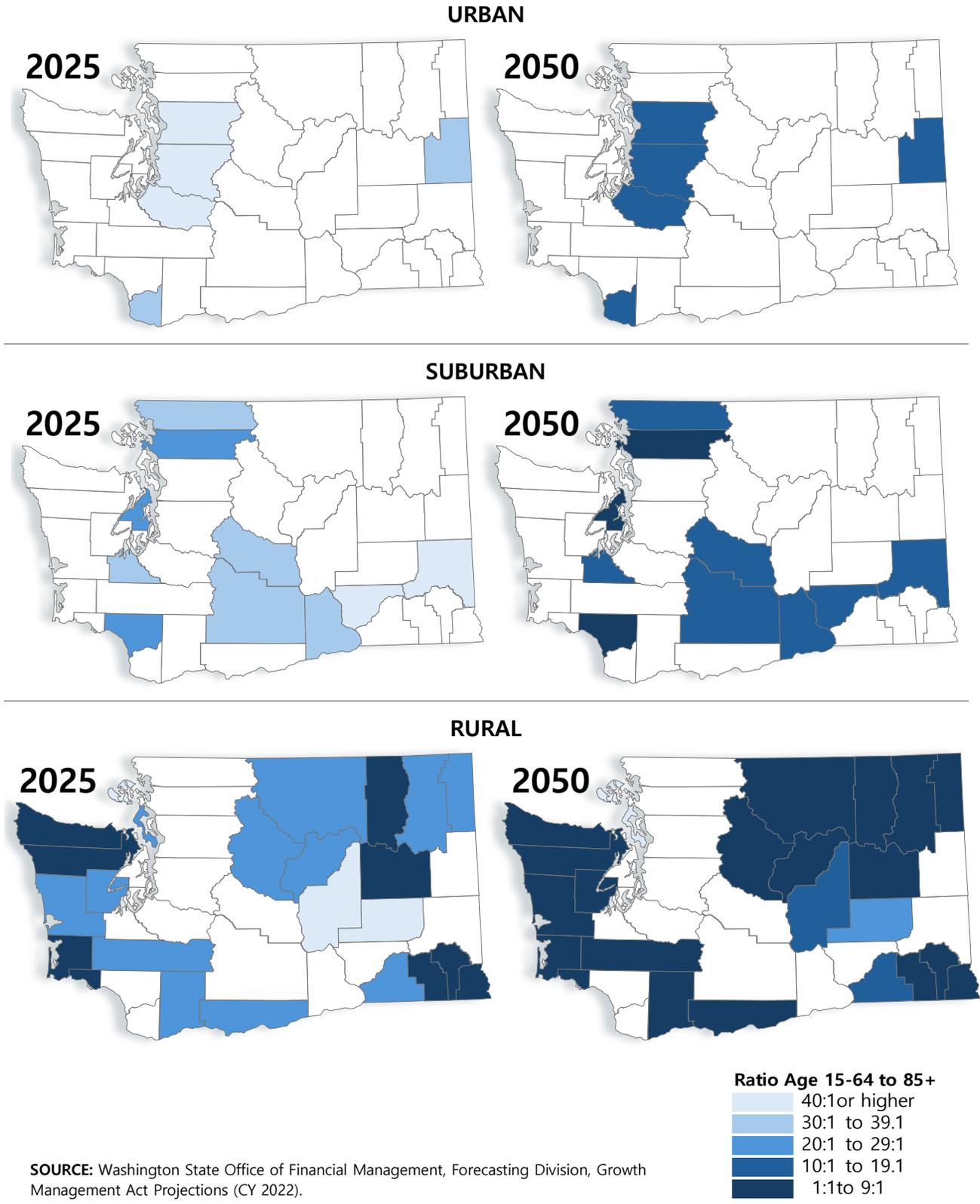
FIGURE 6.
Statewide Ratio of Individuals Who are Working-Age vs. 85+ Years Old, 2025-2050



SOURCE: Washington State Office of Financial Management, Forecasting Division, Growth Management Act Projections (CY 2022).

FIGURE 7.

Ratios of People Working-Age vs. 85+ Years of Age by County, 2025-2050

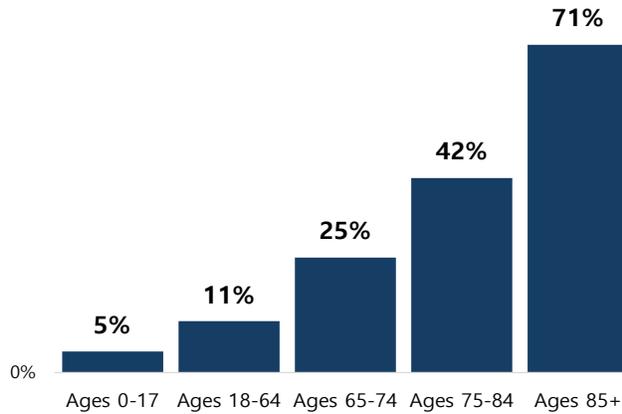


SOURCE: Washington State Office of Financial Management, Forecasting Division, Growth Management Act Projections (CY 2022).

FIGURE 8.

Washington State Population Reporting Any Disability by Age

Combined CY2019-2023, Total with disability 1,049,000



Individuals with a Disability

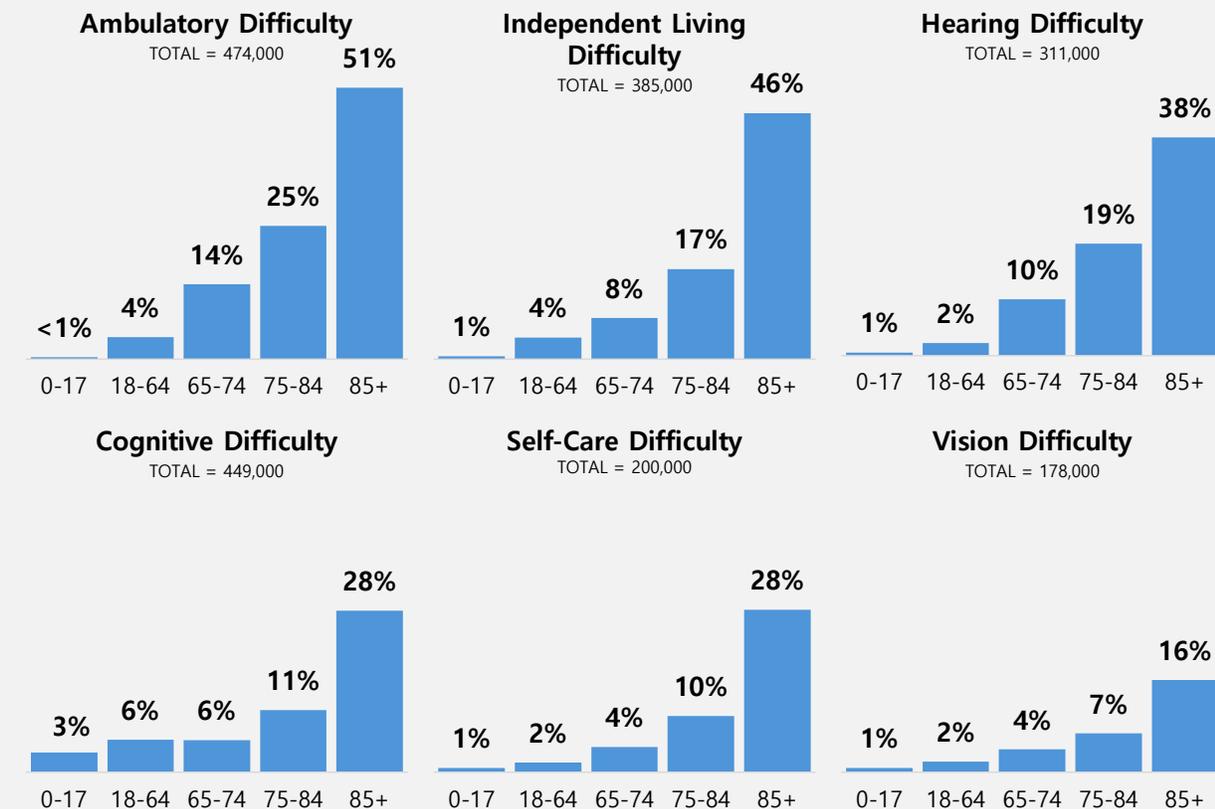
Individuals with disabilities are more likely to need LTSS than the general population. Analyses of the 2023 American Community Survey estimate that approximately 1,049,000 Washingtonians have a disability.¹ When looking at rates of disability by age group (Figure 8), individuals who are ages 85+ had the highest rates of at least one reported disability (71.1 percent). Figure 9 shows the percentage of individuals experiencing each category of care need from the ACS measure of disability, by age group.

SOURCE (chart left): U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

FIGURE 9.

Washington Population with Specific Disability Care Needs by Age

Combined Calendar Years 2019-2023

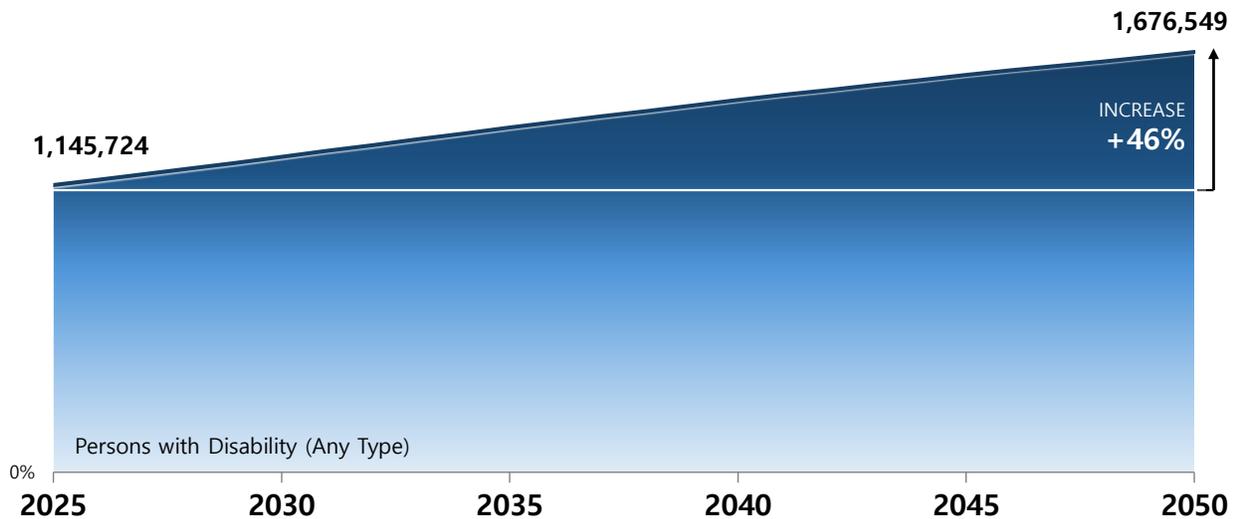


¹ Analyses of 2023 5-year ACS Public Use Microdata Sample. This includes any respondent that indicated they have a vision difficulty, hearing difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, or independent living difficulty. For more details on ACS disability questions, see the Technical Notes.

Based on current age and gender-adjusted disability prevalence and forecasted population growth, the number of individuals with disabilities in Washington is expected to increase by 46 percent (Figure 10), or 530,825 people, from 2025 to 2050. All of the components of the overall ACS-based disability measure except cognitive difficulties are projected to increase at an even higher rate (Figure 11), meaning that the mix of those with disabilities in 2050 will likely have higher rates of ambulatory, independent living, hearing, and self-care difficulties than the current population of individuals with disabilities.

FIGURE 10.

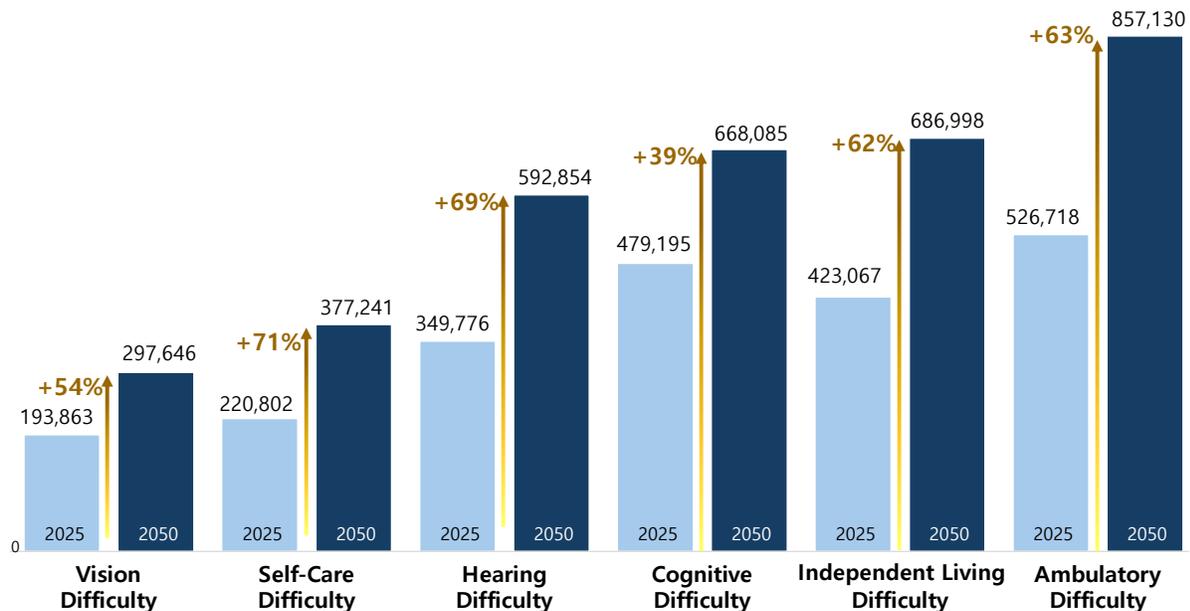
Projections of Disability (Any Type) in Washington State, 2025-2050



SOURCES: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS) and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

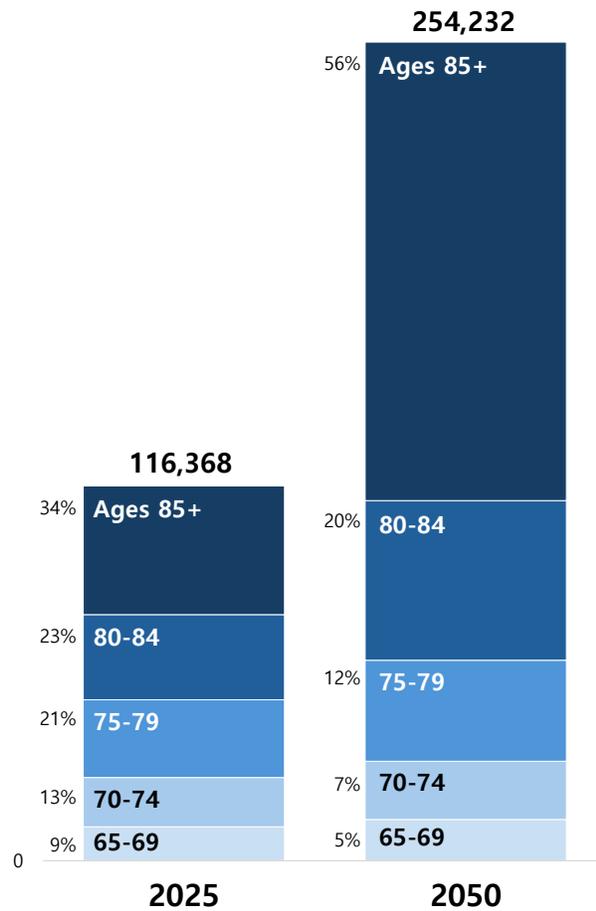
FIGURE 11.

Specific Disability Care Needs, Washington State, 2025-2050



SOURCES: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS) and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

FIGURE 12.
Projection of Older Adults with Dementia by Age
 Washington, Calendar Year 2025 to 2050



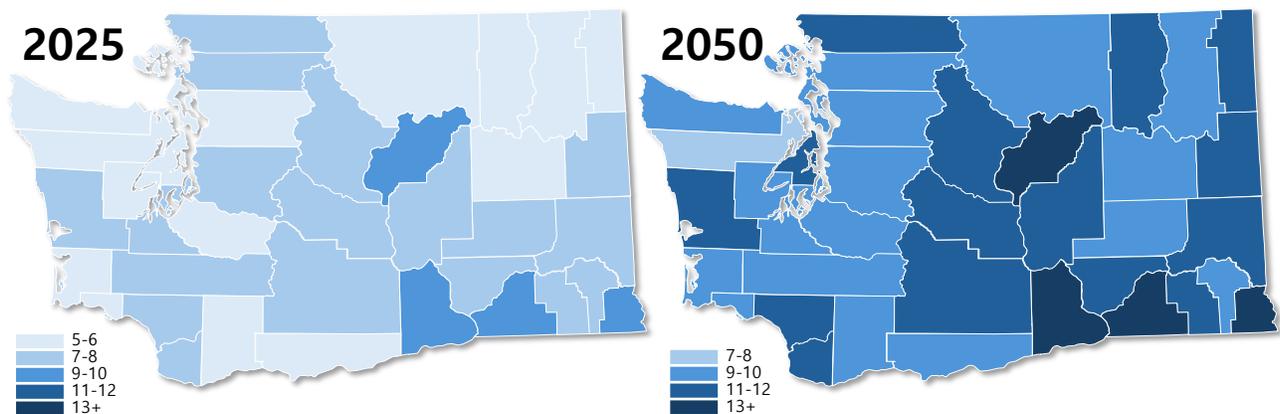
Individuals with Dementia

Persons with Alzheimer’s disease or other forms of dementia are more likely to need LTSS and will require more intensive support as they age and the condition progresses. Nationally, most people with dementia living in the community do not have Medicaid coverage (Garfield et al., 2015). In Washington, the number of persons 65 years old and over living with dementia is expected to more than double over the next 25 years (Figure 12). This translates to approximately 138,000 additional Washingtonians who will be needing care for dementia. The majority (56 percent) will be 85+ years old.

Figure 13 shows the prevalence of dementia for those 65 years and older by county in 2025 and 2050. In 2025 Asotin, Benton, Douglas, Grant, Walla Walla, and Yakima had the highest prevalence with 9 to 10 individuals with dementia per 100 persons age 65 years or older. In 2050, all counties are projected to have higher dementia prevalence among the 65+ population. Asotin, Benton, Douglas, and Walla Walla counties are projected to have the highest dementia prevalence. For detailed forecasts for each county, see appendix Table A2.

SOURCES (chart left): CMS Medicare Claims data (April 2022) and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

FIGURE 13.
Washington State Projection of Older Adults with Dementia, 2025-2050
 Prevalence per 100 individuals Ages 65 and Over



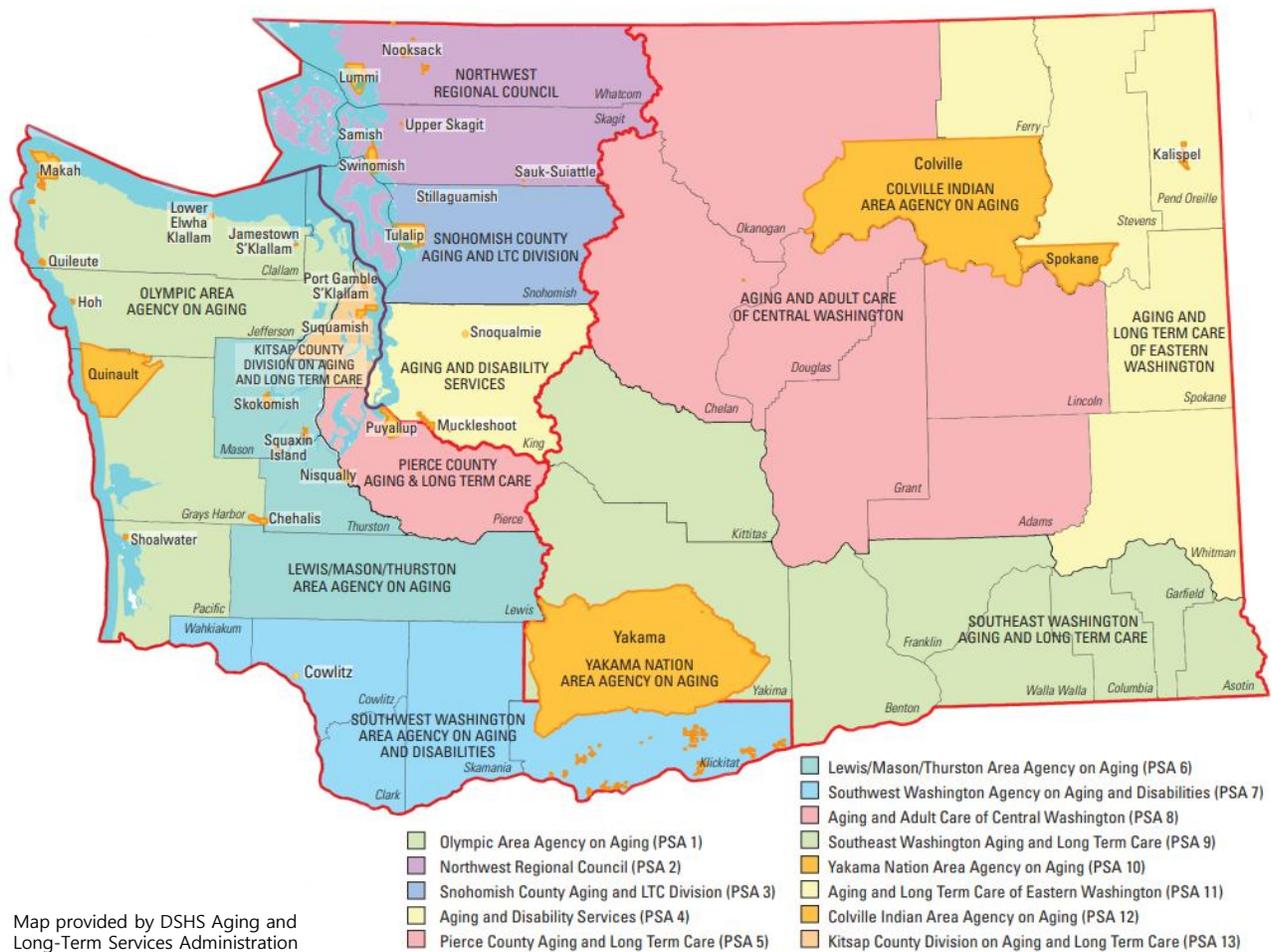
SOURCES: CMS Medicare Claims data (April 2022) and Washington State OFM, Forecasting Division, Growth Management Act Projections (CY 2022).

Washington State Medicaid-Provided Long-Term Services and Supports

The DSHS Aging and Long-Term Support Administration (AL TSA) and Developmental Disability Administration (DDA) coordinates Medicaid LTSS for eligible clients. For AL TSA clients receiving care in their home, case management services are provided by 13 Area Agencies on Aging (map below, Figure 14). AL TSA Home and Community Services Division staff provide case management services for people living in nursing facilities and residential settings like assisted living facilities and adult family homes. The DDA provides LTSS for children and adults with intellectual or developmental disabilities. DDA LTSS include personal care, residential habilitation programs, nursing homes, intermediate care facilities (ICF), and State Operated Living Alternatives (SOLA) services. DDA staff provide case management support for persons receiving DDA LTSS. See the appendix for a more detailed description of the populations served by AL TSA and DDA.

FIGURE 14.

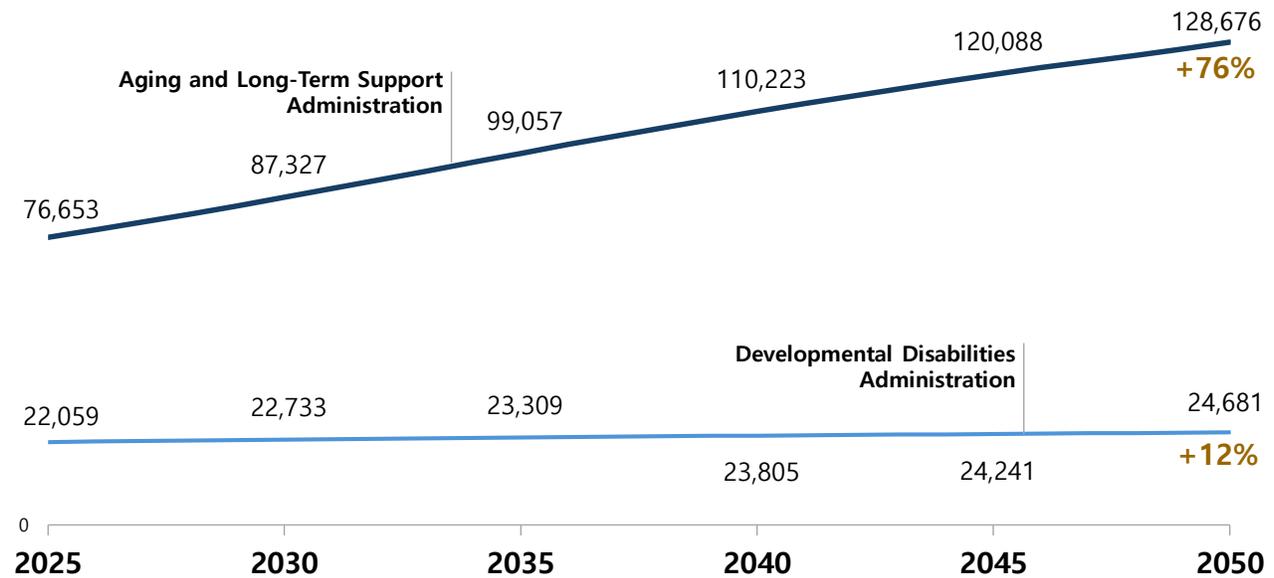
Federally Recognized Washington State Tribes and Area Agencies on Aging November 2019



Figures 15-17 depict AL TSA and DDA LTSS caseloads and the trajectory of their growth through 2050. These estimates were created using DSHS Integrated Client Databases to determine how many clients are using LTSS from AL TSA and DDA in different settings and using the same methodology as the age and gender-adjusted population projections in previous sections. Based on current age-gender specific rates of use of AL TSA and DDA services (Figure 15), AL TSA cases will increase by about 52,000 over the next 25 years and DDA cases will increase by about 2,600.

FIGURE 15.

Washington State ALTSA and DDA Caseload Forecast, 2025-2050

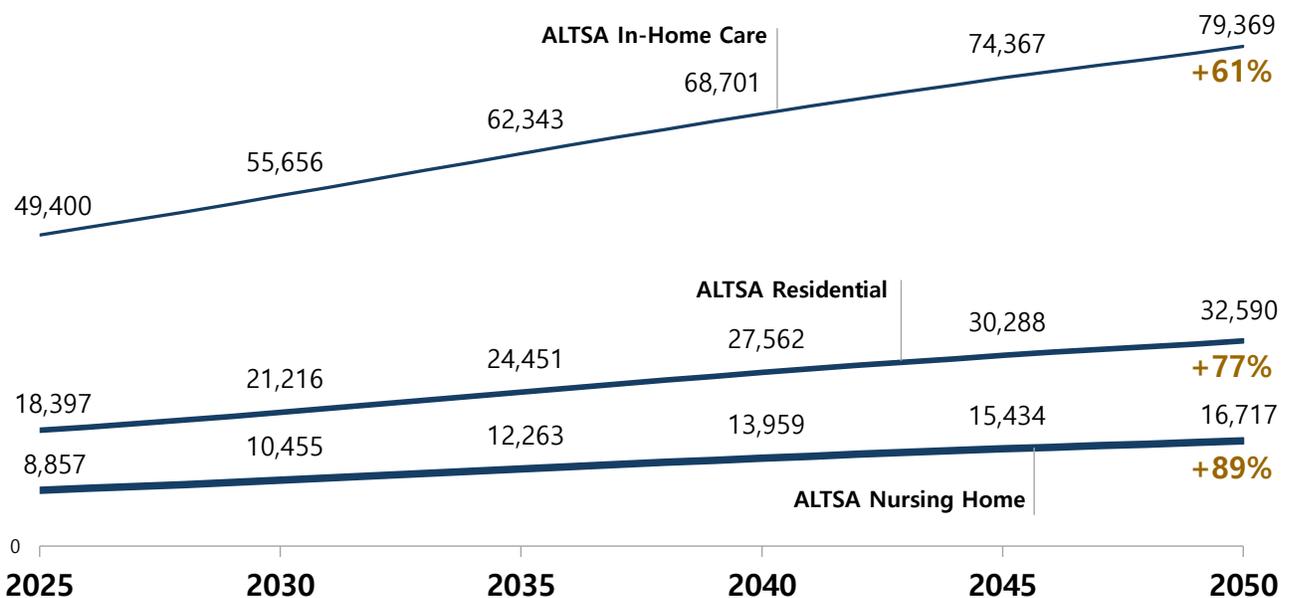


SOURCES: DSHS Integrated Client Databases (April 2023) Washington State OFM, Forecasting Division, Population Projections (CY 2024).

For ALTSA, caseloads for nursing home and residential settings are projected to have higher percentage increases compared to in-home services (Figure 16). Future policy innovations may support a greater share of forecast increased demand being served outside of nursing home settings. Similar patterns follow for DDA services (Figure 17): forecast caseload increases for nursing home, intermediate care facilities (ICFs), and residential habilitation are higher than for personal care settings, although these growth rates are lower compared to similar settings in ALTSA.

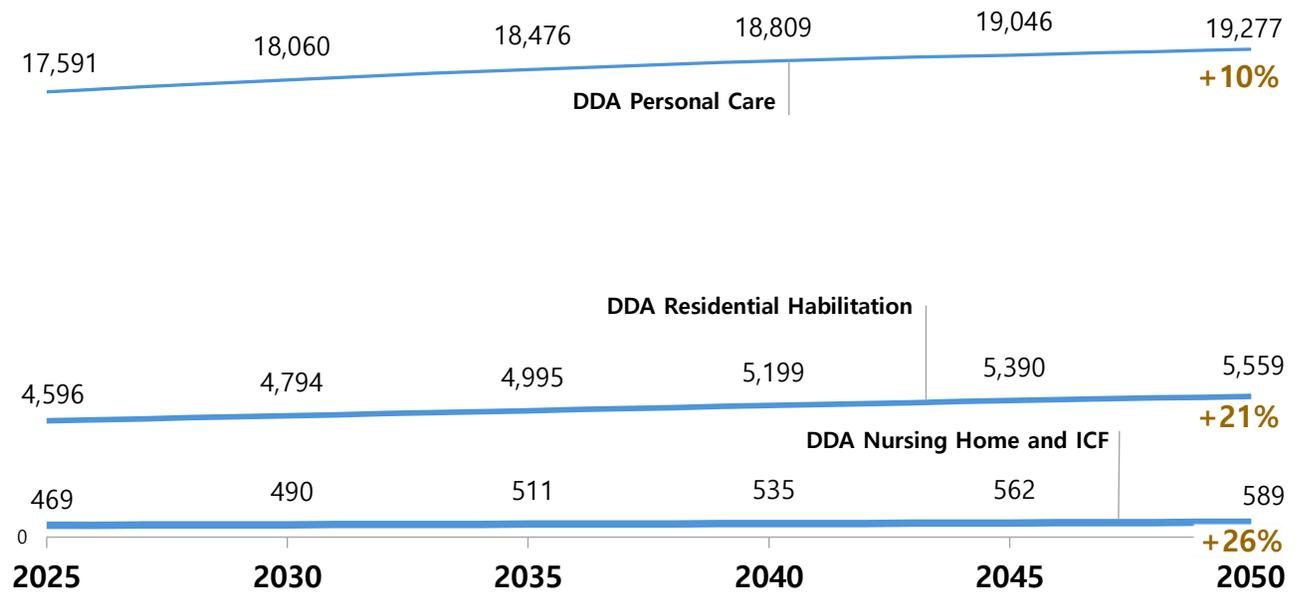
FIGURE 16.

Washington State ALTSA Caseload Forecast by Setting, 2025-2050



SOURCES: DSHS Integrated Client Databases (April 2023) Washington State OFM, Forecasting Division, Population Projections (CY 2024).

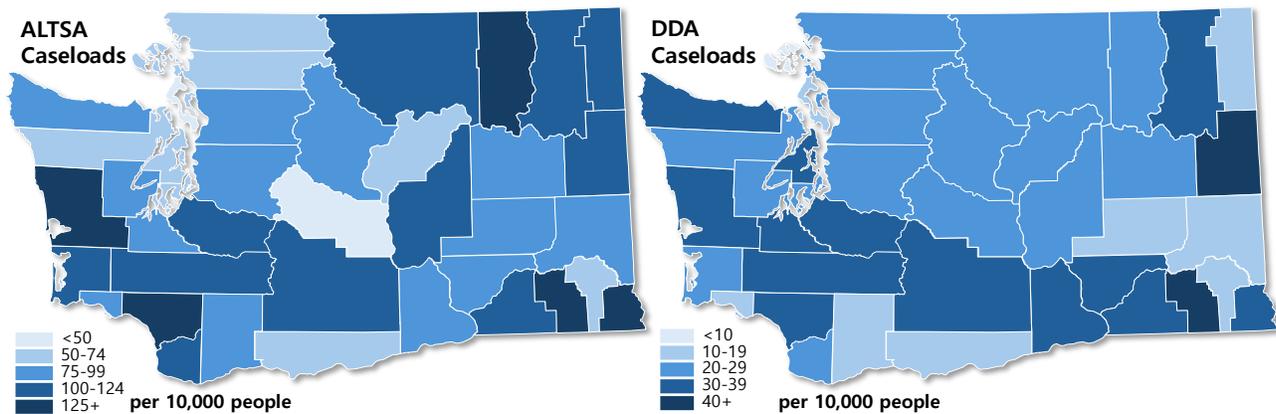
FIGURE 17.
Washington State DDA Caseload Forecast by Setting, 2025-2050



SOURCES: DSHS Integrated Client Databases (April 2023) Washington State OFM, Forecasting Division, Population Projections (CY 2024).

Figure 18 shows caseloads of AL TSA and DDA for each county in 2023 expressed as cases per 10,000 people in the county. Asotin, Columbia, Cowlitz, Ferry, and Gray's Harbor had the highest AL TSA caseloads with 125 or more cases per 10,000 people. Columbia and Spokane had the highest DDA caseloads with 40 or more cases per 10,000 people. Caseload forecasts for 2050 for each county are provided in appendix Table A3.

FIGURE 18.
Washington State AL TSA and DDA Caseloads by County, 2023



SOURCES: DSHS Integrated Client Databases (April 2023) Washington State OFM, Forecasting Division, Population Projections (CY 2024).

Supply of Long-term Services and Supports

LTSS can be provided by a wide range of occupations with a variety of training requirements. In this report we focus on direct care workers in these occupations: personal care aides (PCAs), home health aides (HHAs), and nursing assistants (NAs). Table 1 provides a description of these occupations, along with the minimum level of education and training required for an entry level position, according to the Bureau of Labor Statistics (BLS). Because of relatively smaller numbers of HHAs (12.8 percent of PCAs and HHAs combined) and the difficulty of distinguishing this occupation from PCAs in our data sources, these two occupations are combined into one category in the analyses presented in this section of the report.

TABLE 1.

Long-Term Direct Care Occupations

Bureau of Labor Statistics Description and Categorization of Education and Training

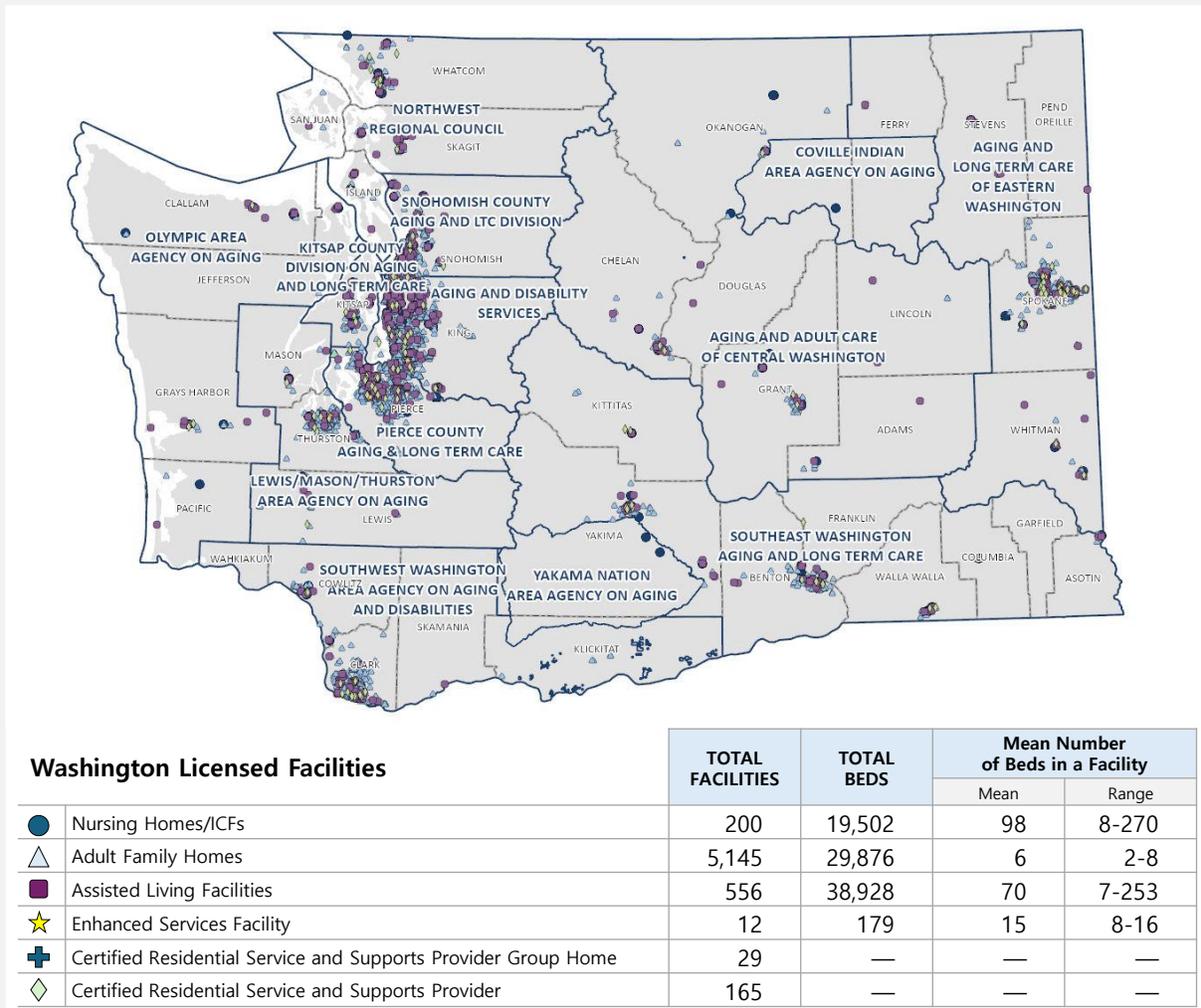
Occupation	Description	Level of Education and Training for Entry Level
Personal Care Aides* PCAs 	<p>Provide personalized assistance to individuals with disabilities who require help with activities of daily living support (e.g., feeding, bathing, dressing, toileting, and ambulation). May also provide help with tasks such as preparing meals, doing light housekeeping, and doing laundry. Work is performed in various settings depending on the needs of the care recipient.</p> <p>*In Washinton State, Home Care Aides require certification and in most data sources they are categorized as PCAs. Direct Support Professionals providing supported living services are required to have similar training but are exempt from certification.</p>	<p>High school diploma or equivalent</p> <p>No work experience</p> <p>Short-term on-the-job training</p>
Home Health Aides HHAs 	<p>Monitor the health status of an individual with disabilities or illness, and address their health-related needs, such as changing bandages, dressing wounds, or administering medication.</p> <p>Work is performed under the direction of offsite or intermittent onsite licensed nursing staff. Provide assistance with routine healthcare tasks or activities of daily living, such as feeding, bathing, toileting, or ambulation. May also help with tasks such as preparing meals, doing light housekeeping, and doing laundry depending on the patient's abilities.</p>	<p>High school diploma or equivalent</p> <p>No work experience</p> <p>Short-term on-the-job training</p>
Nursing Assistants** NAs 	<p>Provide or assist with basic care or support under the direction of onsite licensed nursing staff. Perform duties such as monitoring of health status, feeding, bathing, dressing, grooming, toileting, or ambulation of patients in a health or nursing facility.</p> <p>May include medication administration and other health-related tasks. Includes nursing care attendants, nursing aides, and nursing attendants.</p> <p>**Nursing Assistant Certified in Washington State</p>	<p>Postsecondary nondegree award</p> <p>No work experience</p> <p>No on-the-job training</p>

Who Provides Long-Term Services and Supports?

The overwhelming majority of LTSS in the U.S., including Washington State, is provided by family members who are mostly unpaid. In 2020, the U.S. direct care workforce was estimated to be 4.6 million (PHI, 2020), with 62 percent working full-time. In the same year, it was estimated there were 53 million family caregivers in the U.S. providing, on average, 23.7 hours of care per week (NAC, 2020). Ensuring that LTSS includes options to support family caregivers is critical because the scale of informal support provided vastly exceeds the capacity of the paid direct care workforce. Sixty-one percent of family caregivers are also working, in addition to balancing other responsibilities like childcare. As older populations grow at a much higher rate than younger populations (the family caregiving pool), families are more likely to need paid or professional LTSS to assist in caregiving for their loved ones.

There are many occupations that contribute to providing comprehensive and safe LTSS. The majority of paid LTSS care is provided by direct workers including personal care aides and nursing assistants.² Washington State has a special license called Home Care Aides and in the national data sources used in this report they fall under the occupation personal care aides.

LTSS Facilities in Washington State Area Agencies on Aging as of January 15, 2025



² The supply section of the technical notes includes a list of the most common LTSS occupations. For residential and nursing home settings there are also supporting roles needed e.g., hospitality, food prep, and janitorial staff.

Current Supply and Projections

There are two main data sources that collect information about detailed LTSS direct care occupations. The first is the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics program (OEWS), which collects national survey data from non-farming employers including information on the employer’s geographic location, industry sector, numbers of employees in different occupations, and hourly wages for employees. The second source is the American Community Survey (ACS) conducted by the U.S. Census Bureau. The ACS is a national survey of the U.S. non-institutionalized population that collects housing, demographic, and employment information.

Both data sources use similar categories of occupations and work settings,³ but capture slightly different populations. Each source has its strengths and limitations. By surveying establishments, the BLS data capture currently filled positions and employment in each occupation, and each occupation’s hourly wage. However, this means that the BLS survey *only* captures data for those currently employed. By surveying individuals, regardless of employment status, the ACS captures data for everyone identifying that they are in a specific primary occupation. This means that the ACS will potentially capture the unemployed, self-employed, and workers with unreported earnings, in addition to those currently formally employed in the occupations of interest.⁴ The ACS also collects more information on demographics, housing, and overall earnings and therefore can provide a more complete picture of the characteristics of the direct care workforce.

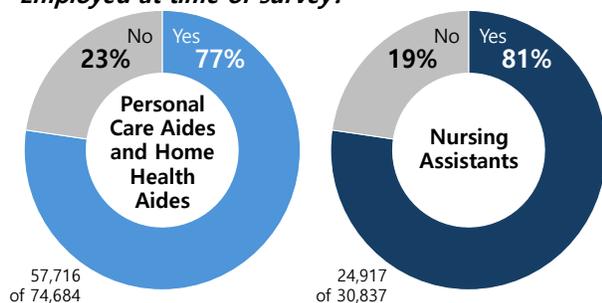
From the 2023 ACS 5-year Public Use Microdata Sample (PUMS), there are an estimated 105,521 direct care workers in Washington State, with 78.3 percent of these workers employed at the time of the survey. Figure 19 breaks down employment rates by the two occupation categories focused on in this report. Using similar methodologies to the LTSS demand projections, direct care workforce projections indicate that the direct care workforce is expected to increase by only 17 percent in the next 25 years. When stratifying by occupation (Figure 20), NAs are forecasted to increase at a slightly lower rate (13 percent) compared with PCAs and HHAs (19 percent).

FIGURE 19.

Direct Care Workforce Employment

Washington State, 2025

Employed at time of survey?



SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

These forecasts assume that the proportion of direct workers in each age-gender category will remain the same over time. However, interventions or programs providing incentives for individuals to choose these occupations could improve these numbers, and other events could disincentivize individuals to enter the workforce and lower these numbers. For example, a reduction in federal funding of Medicaid could reduce reimbursement rates or Medicaid coverage, which would increase demand on unpaid caregivers or cause vulnerable adults to go without needed services and supports.

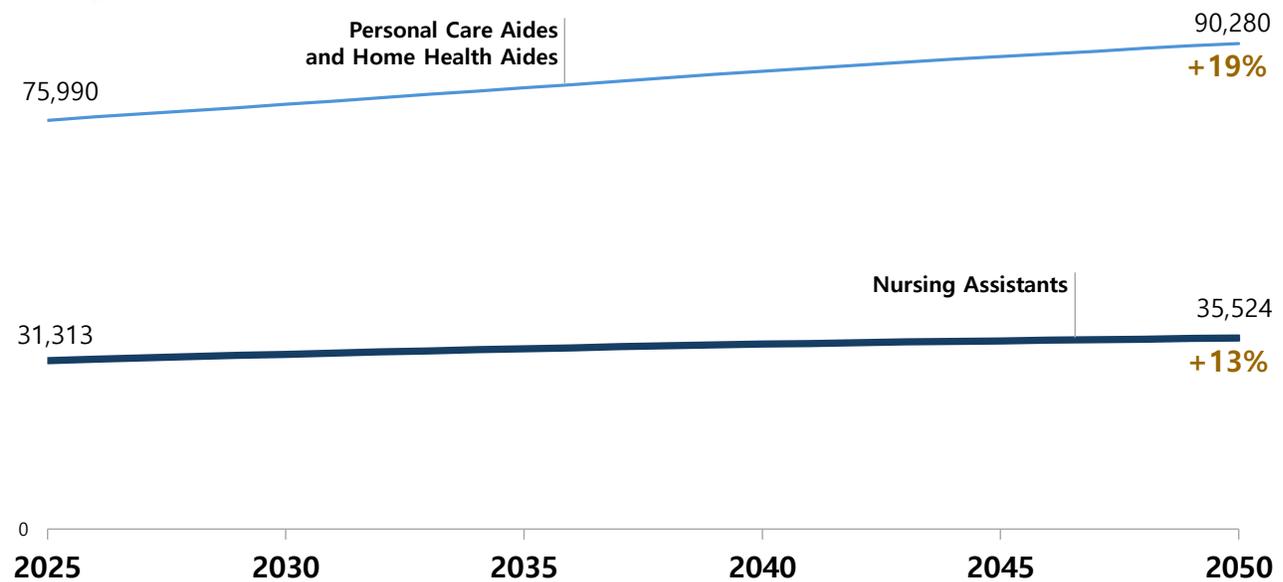
FIGURE 20.

³ These direct care workers can be identified in some publicly available data using occupational codes. However, some occupations such as registered nurses, provide services across many different health care subsectors such as primary care, emergency departments, hospitals, surgery centers, specialty care, or LTSS. Due to data limitations, we cannot always determine if an individual is providing LTSS or another type of care.

⁴ Multiple job holders are complicated cases in both sources. The BLS OEWS data may capture both positions a single person works and the ACS only allows one occupation to be selected. Therefore, if an individual does not consider their direct care work to be their primary occupation and they are classified as another occupation, they will not be counted in the ACS direct care work estimates.

Direct Care Workforce Forecast by Occupation

Washington State, 2025 – 2050



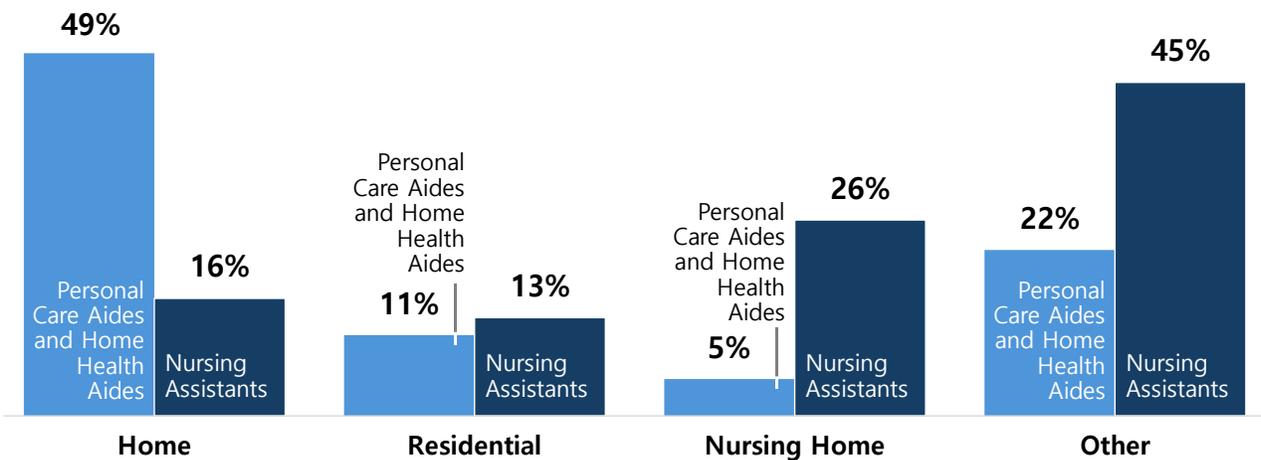
SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS) and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

The distribution of direct care workers by setting varies by occupation (Figure 21). From ACS data, we can see that in 2023 PCAs and HHAs primarily provided services to clients residing in home settings (49 percent), while 11 percent worked in residential settings, and only 5 percent worked in nursing homes.⁵ About a quarter (26 percent) of NAs worked in nursing homes, while 16 percent worked in home and community-based settings and 13 percent in residential settings. A substantial number of PCAs, HHAs, and NAs also worked in other settings outside of LTSS.⁶

FIGURE 21.

Distribution of Direct Care Workers across Long-Term Services and Support Settings

Washington State, 2023



SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

⁵ Includes include respite and adult day care employment settings.

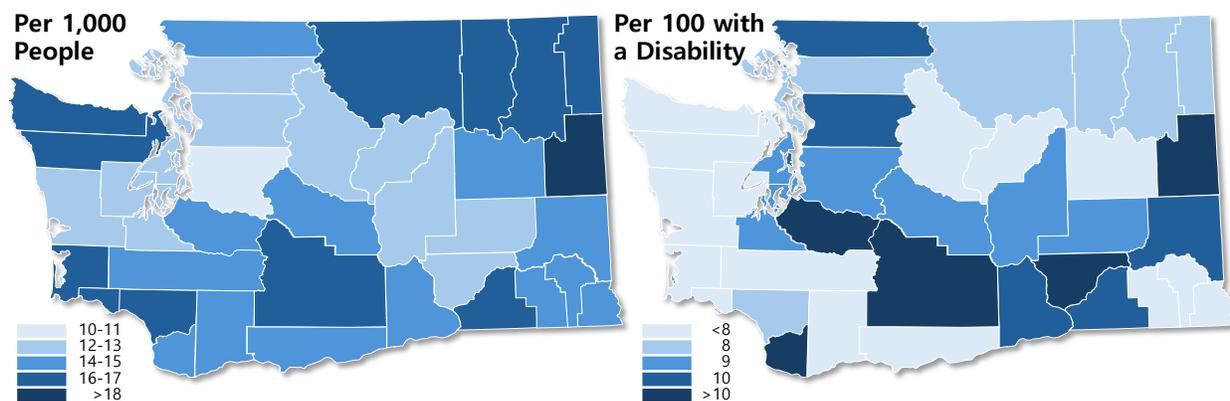
⁶ The majority of “other” industry settings for PCAs were human resource administrations, and the majority of “other” industry settings for NAs were medical and surgical hospitals and outpatient care centers. A large portion of PCAs in Washington State are home care aides and a home care aide certification, by itself, does not qualify for positions in nursing homes.

The distribution of direct care workers across the state is similar across counties when adjusting for population size. The left panel of Figure 22 shows the count of direct care workers per 1,000 people. The counties range from 10 to 20 direct care workers per 1,000 people, with King County having the least and Spokane having the most direct care workers. The right panel of Figure 22 shows the count of direct care workers per 100 people with an ACS-defined disability, which gives a better idea of ratio of direct care workers to people more likely to need LTSS compared to the broader population. Overall, rural counties have fewer direct care workers per 100 people with an ACS-defined disability (mean=8:1) compared to suburban (mean=12:1) and urban (mean=11:1). Appendix Table A4 has more detail.

FIGURE 22.

Distribution of Direct Care Workers across Counties

Washington State, 2023



SOURCES: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

Demographics

Tables 2-4 describe Washington State’s direct care workforce by occupation, compared to Washington State’s working-age population. Table 2 shows general demographic characteristics. The majority of the direct care workforce are women (over 80 percent). A higher percentage of direct care workers are Black or African American compared to the working-age population (PCA/HHA-17.6 percent, NA-16.0 percent vs working-age-6.0 percent); divorced, widowed, or separated (PCA/HHA-28.2 percent, NA-17.9 percent vs working-age-12.7 percent); or live in a multigenerational household (PCA/HHA-9.3 percent, NA-9.3 percent vs working-age-6.3 percent). Almost half (46 percent) of NAs are aged 25-44 years, while 38 percent of PCAs/HHAs are aged 55 or above. A lower proportion of direct care workers have a Bachelors degree, relative to the broader working-age population.

Table 3 summarizes direct care worker employment, military status, current school enrollment, and potential economic challenges. Direct care workers have a higher employment rate than the working-age population (PCA/HHA-77.3 percent, NA-80.8 percent vs working-age-72.7 percent).⁷ Higher percentages of direct care workers have incomes below 200 percent of the federal poverty level (FPL), are recipients of food assistance, or rely on public health insurance, compared to the working-age population. While slightly more than half of direct care workers own their own homes, this percentage is about 10 percentage points lower than that of the working-age population (62.8 percent). Regarding education, almost one in five NAs (18.5 percent) are enrolled in an undergraduate program compared to only 6.8 to 7.5 among the other two groups.

⁷ This rate includes everyone in the population and does not exclude those who may be out of the workforce due to seeking education, or who may be unavailable due to having severe health conditions, caregiving responsibilities, or other reasons.

TABLE 2.
Direct Care Workforce Demographics, by Occupation
 Washington State, 2023

Working-Age Population Benchmark (Ages 16-64)			
	Personal Care Aides and Home Health Aides		Nursing Assistants
	<i>Number</i>	74,684	30,837
4,992,706			
Age			
Ages < 18 Years		0.2%	0.1%
Ages 18-24 Years		10.7%	19.3%
Ages 25-34 Years		18.0%	24.0%
Ages 35-44 Years		16.2%	22.0%
Ages 45-54 Years		17.0%	15.3%
Ages 55-64 Years		22.0%	14.1%
Ages 65-74 Years		12.9%	4.7%
Ages 75-84 Years		2.8%	0.5%
Ages 85+ Years		0.3%	0.0%
Gender			
Women		82.3%	83.5%
Race/Ethnicity			
American Indian and Alaskan Native		3.4%	4.3%
Asian		11.7%	15.5%
Black Or African American		17.6%	16.0%
Hispanic Or Latino		12.5%	18.0%
Native Hawaiian or Other Pacific Islander		1.6%	2.7%
Some Other Race		9.8%	12.2%
White, non-Hispanic		54.2%	46.2%
Educational Attainment			
Less Than High School		10.8%	8.1%
High School Diploma or GED		31.0%	25.3%
Some College, No Degree		30.2%	38.4%
Associates		12.1%	13.6%
Bachelors		11.9%	13.2%
Masters		3.2%	1.0%
Professional post-Bachelors		0.3%	0.3%
Doctorate		0.5%	0.1%
Marital Status			
Married		41.7%	44.8%
Widowed/Divorced/Separated		28.2%	17.9%
Never Married or Under 15 Years		30.1%	37.2%
Household Characteristics			
Household Has Children		36.7%	45.2%
Multigenerational Household		9.3%	9.3%
Citizenship and English Proficiency			
U.S. Citizen		87.2%	86.8%
Speaks English Well/Very Well		93.2%	97.6%

SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

TABLE 3.

Direct Care Workforce Employment, Educational Enrollment, Military Status, and Economic Strains, by Occupation

Washington State, 2023

Working-Age Population Benchmark (Ages 16-64)			
	Nursing Assistants		4,992,706
	Personal Care Aides and Home Health Aides		
	<i>Number</i>	74,684	30,837
Employment			
Currently Employed		77.3%	80.8%
Income Level			
Income Equal or Less than the Federal Poverty Level (FPL)		14.4%	10.6%
101-200% FPL		20.8%	19.5%
201-300% FPL		20.5%	23.2%
301-400% FPL		15.5%	15.1%
401-500% FPL		10.6%	10.7%
Greater Than 500% FPL		17.6%	20.7%
Supplemental Nutrition Assistance Program (SNAP)			
Household Receives SNAP Benefits		30.0%	20.5%
Home Ownership			
Home Owned		53.6%	52.9%
Home Rented		43.2%	46.2%
Home Neither Owned nor Rented		1.6%	0.6%
Housing Costs			
30% or More of Income		14.4%	12.6%
Health Insurance Status			
Any Health Insurance Coverage		90.0%	91.2%
Public Health Insurance Coverage		41.7%	28.5%
Private Health Insurance Coverage		60.6%	69.2%
Military Status			
Currently Active, Previously Served, or Reservist		2.8%	3.3%
Current Education Enrollment			
Currently Enrolled in School		9.7%	20.9%
Enrolled in High School		0.8%	0.6%
Enrolled as an Undergraduate		7.5%	18.5%
Enrolled as a Graduate or Professional Degree Beyond		1.4%	1.8%

SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

Table 4 summarizes work conditions for those currently employed. Higher percentages of direct care workers worked part-time (10-34 hours per week) than the working-age population. About a third of PCAs and HHAs, and NAs, were working part-time compared to 17.4 percent of the working-age population.

TABLE 4.

Past 12 Months Employment Characteristics for those Currently Employed by Occupation Washington State, 2023

Working-Age Population Benchmark (Ages 16-64)			
Personal Care Aides and Home Health Aides		Nursing Assistants	
Number	57,716	24,917	3,627,882
Type of Transportation to Work			
Work from Home	20.3%	2.7%	17.1%
Walk	2.7%	1.7%	3.1%
Private Vehicle	67.8%	86.6%	72.4%
Public Transportation	4.1%	2.9%	4.0%
Unknown	5.1%	6.1%	3.3%
Work Commute Time			
Up to 30 Minutes	62.1%	75.0%	60.2%
30 to 59 minutes	8.9%	11.7%	12.9%
More than 60 minutes	5.0%	5.2%	7.3%
Unknown	24.0%	8.1%	19.5%
Weeks Worked in Past 12 Months			
All Year, 52 Weeks	80.8%	81.0%	81.2%
Less than 52 Weeks	19.2%	19.0%	18.8%
Usual Hours per Week			
Less than 10 Hours	4.3%	1.3%	2.1%
10 to 34 Hours	34.7%	28.4%	17.4%
35 to 59 Hours	54.8%	65.6%	75.0%
60 Hours or more	6.1%	4.7%	5.5%

SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

Wages

According to BLS projections by education level, PCAs and HHAs have the highest 2023-2033 projected job openings among jobs requiring only a high school degree or GED (Torpey, 2024). Nursing assistants have the second highest projected job openings for jobs that require post-secondary education, but not a bachelor's degree (Torpey, 2024). However, earnings and wages are still fairly low. From ACS data (Figure 23), only PCAs and HHAs in residential care settings and NAs in other industries have median annual earnings above what would be expected for full-time work at minimum wage; and the median for direct care workers is still far below the median earnings for Washington State in general, regardless of hours worked.

From BLS data (Figure 24), we can see that the median hourly wage is above the Washington minimum wage (\$15.74) but below the median for all Washington State workers. Median wages are slightly higher in nursing home and individual care services for older adults and persons with disabilities (a type of home or community-based setting service).⁸

⁸ Data from BLS categorizes industries more granularly and because it is pre-aggregated, these categories cannot be combined. Home health and aging and disability services are types of home and community-based care while assisted living and MH and I/DD facilities are types of residential settings.

FIGURE 23.

Washington Median Annual Earnings in 2022 Dollars, by Occupation and Work Setting



SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS).

FIGURE 24.

Washington Median Hourly Wages Earnings in 2023 Dollars, by Occupation and Setting



SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023.

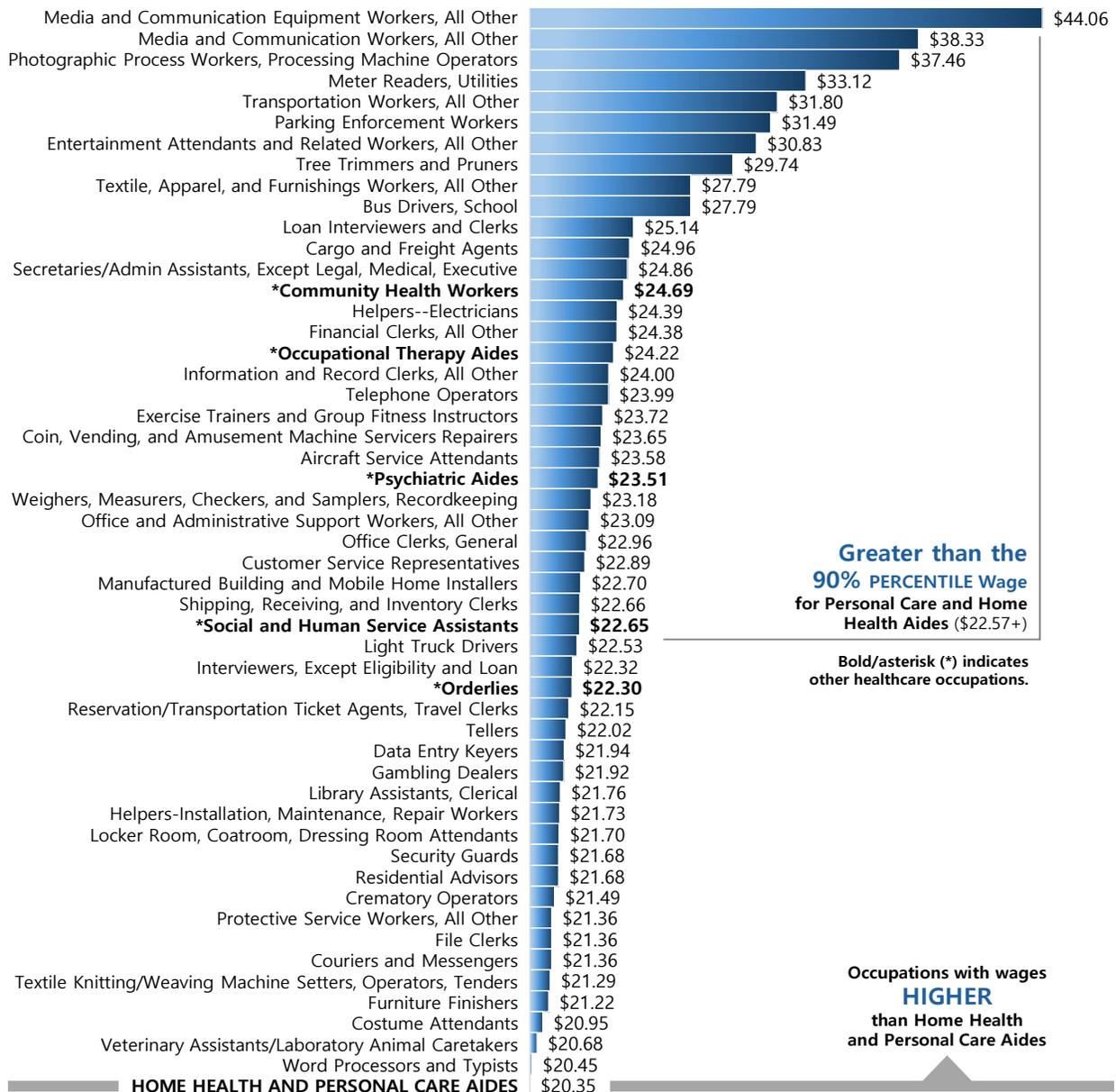
When comparing wages with similar occupations, direct care worker median wages are lower than most others with similar entry level education, work experience, and training requirements.⁹ The figures below list similar occupations, ranked by median wage. Occupations in the health care industry are bolded with an asterisk (*). The bars represent the difference between each occupation’s median wage and the median wage of the direct care occupation. The bars in blue indicate a higher median wage than direct care workers and the yellow bars indicate a lower wage. More detailed results are reported in appendix Tables A5 and A6.

⁹ BLS has categorized each occupation based on the level of education, work experience, and training required for entry. Table 1 at the beginning of the Supply section lists the categories for each direct care worker occupation.

In 2023, the median (50th percentile) hourly wage for PCAs and HHAs was \$20.35. Figures 25 and 26 show how median wages for occupations with similar entry-level requirements compare to the median wage for PCAs and HHAs. In Washington State, there were 75 occupations with requirements similar to PCAs and HHAs. Two-thirds of those occupations had higher median wages than PCAs and HHAs, and thirty of those occupations had a higher median wage than the 90th percentile wage of PCAs and HHAs.¹⁰

FIGURE 25.

Similar Occupation Wages Higher than Personal Care Aide and Home Health Aide Wages Washington State, Median Wages, 2023



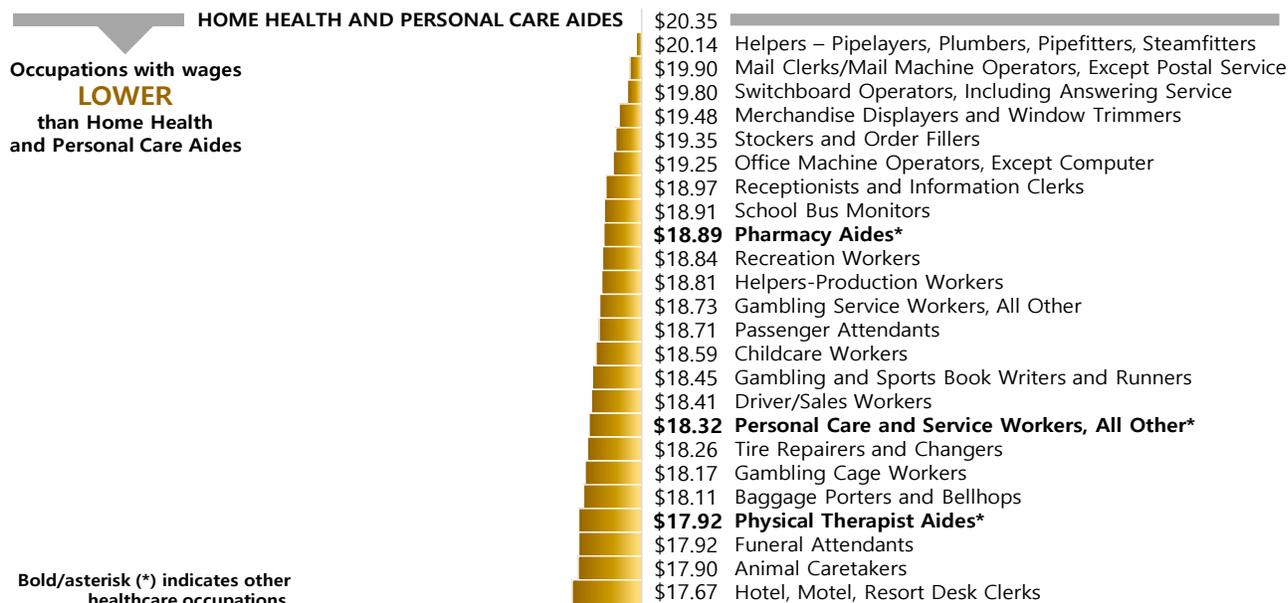
SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023.

¹⁰ Wage data from BLS are pre-aggregated so this comparison does not control for how long someone may have been in that occupation and how that would impact their wage.

FIGURE 26.

Similar Occupation Wages Lower than Personal Care Aide and Home Health Aide Wages

Washington State, Median Wages, 2023



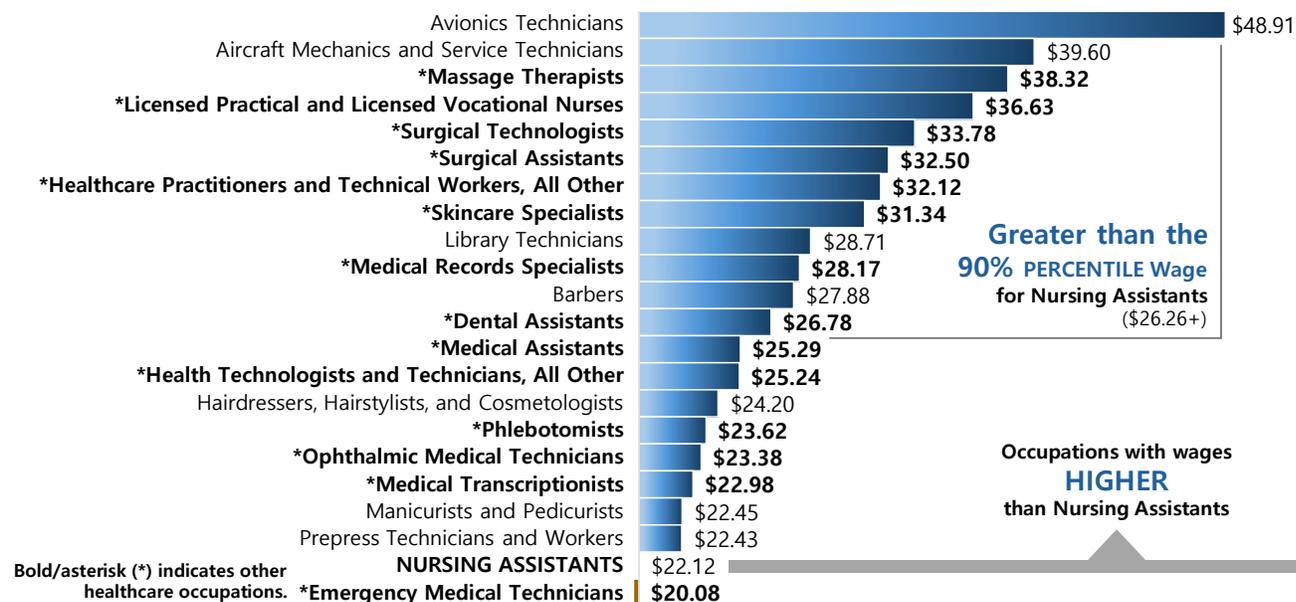
SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023.

The median hourly wage for NAs was \$22.12. Figure 24 shows that there were 21 comparison occupations with similar entry level requirements in Washington State. All but one occupation (Emergency Medical Technicians) had higher median wages than NAs. Thirteen of those occupations had a higher median wage than 90 percent of NAs.

FIGURE 27.

Comparison of Nursing Assistant Wages to Similar Occupations

Washington State, Median Wages, 2023



SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), May 2023.

Discussion

LTSS Supply and Demand: What is the Outlook for Washington State?

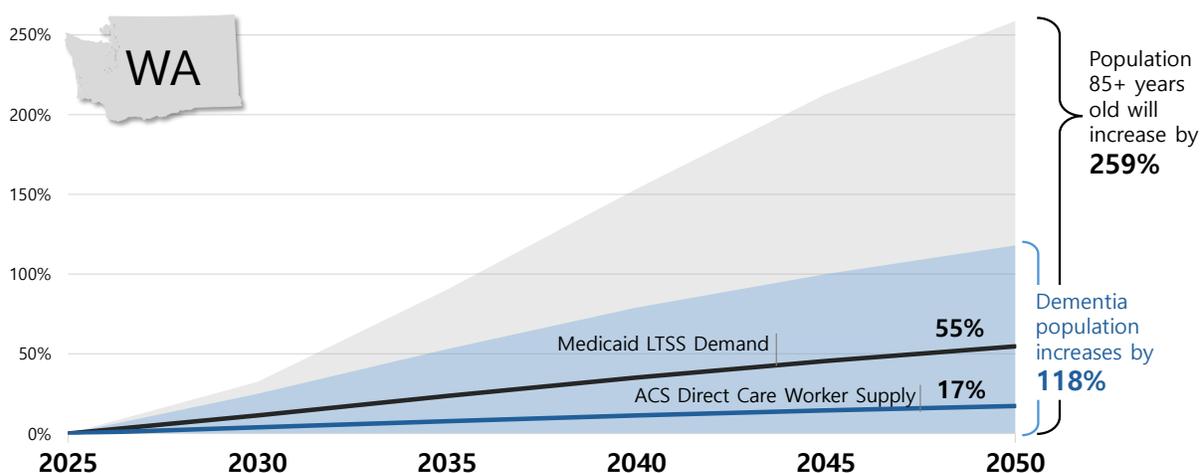
There are measurement limitations that make it challenging to provide global forecasts of statewide LTSS supply and demand. On the demand side, while data are available to project need for Medicaid LTSS, data are far more limited for non-Medicaid populations, including persons receiving unpaid informal support. On the supply side, there is no regularly updated source of data on the workforce providing unpaid informal support, and the available BLS and ACS data likely do not provide a complete picture of the paid direct care workforce. Current data sources primarily capture direct care workers who are employed by an organization or agency and who see LTSS as their primary job (Table 5). Many direct care workers do not fit that description. This means that ACS and BLS data likely underestimate the number of workers and the hours of work they can provide (PHI, 2020; WTB, 2023).

However, we can project with confidence, based on current utilization levels and expected future population growth, that the number of people in Washington that will need LTSS will increase at a much higher rate than the direct care workforce and the population available to provide informal support. Figure 28 shows the forecast growth of populations with a high demand for LTSS, relative to workforce growth. Medicaid-LTSS caseloads represent a population where **all** people are using LTSS. Individuals ages 85+ years and 65+ years with dementia represent segments of the population where a relatively high proportion will need LTSS, whether those services are provided by Medicaid, WA Cares Fund benefits, family caregivers, or through private financial resources. While the payer may vary, all three of these populations will be need LTSS from the same workforce pool.

Need for LTSS among persons not eligible for Medicaid is likely to grow more rapidly than Medicaid LTSS demand growth because non-Medicaid LTSS demand growth is more likely to be driven by the age wave. The forecast Medicaid LTSS growth rate is dampened relative to projections of persons with dementia or persons aged 85+ because a large part of the Medicaid LTSS population is under 65. From the Supply section, we estimated that the number of direct care workers will only increase by 17 percent and the working-age population able to provide family caregiving will only increase by 15 percent. Overall, all three of these populations driving LTSS demand growth will increase more rapidly than the available workforce, based on current employment patterns.

FIGURE 28.

LTSS Supply and Demand Projections, 2025-2050



SOURCE: U.S. Census Bureau, American Community Survey (ACS) 2023 5-Year Public Use Microdata Sample (PUMS) and Washington State Office of Financial Management, Forecasting Division, Population Projections (CY 2024).

TABLE 5.

Types of LTSS Providers Captured in Common Data Sources

<p>Direct Care Workforce</p> <ul style="list-style-type: none"> • Currently employed by an organization or agency and captured in BLS data. • Primary job is direct care. 	<p>Expanded Direct Care Workforce</p> <ul style="list-style-type: none"> • Self-employed or unemployed at time of survey and not captured in BLS data. • Direct care is one of multiple occupations performed. • Survey respondent does not consider themselves to be a direct care worker. 	<p>Family Caregivers</p> <ul style="list-style-type: none"> • Helping family or friends with daily living activities. • Possibly paid via self-directed care, although a large portion are unpaid. • Not be captured in publicly available data or occupation codes.
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Future annual reports will examine the availability of data to more comprehensively describe LTSS supply and demand. On the demand side, we may be able to leverage LTSS risk models to estimate LTSS need among Medicare beneficiaries who are not dually eligible for Medicaid. The operation of WA Cares Fund benefits will also provide a perspective on non-Medicaid LTSS demand, after benefits become available in July 2026. On the supply side, national surveys like the Health and Retirement Study (HRS), National Health and Aging Trends Study (NHATS), and National Study of Caregiving (NSOC) could give broad estimates of the level of care families are providing, along with Washington States Electronic Visit Verification System to track paid family caregivers. In addition, if the caregiver module is funded in future years, the Behavioral Risk Factor Surveillance System (BRFSS) survey could be an important resource for ongoing estimates of the number of family caregivers for Washington State.

Caveats and Limitations

The long-term forecasts presented here are based on currently observed utilization and employment patterns. There are a variety of strategies that could be explored to reduce the forecast imbalance between the growth in LTSS needs and the workforce available to meet those needs. In terms of increasing the LTSS workforce, examples of potential strategies include:

- Increasing wage and benefit (insurance, retirement, childcare, transportation) compensation for the direct care workforce to help attract and retain workers;
- Leveraging tax incentives to encourage workers to enter the LTSS field;
- Expanding training and developing career paths to enhance workforce skills and job satisfaction; and
- Enhancing public perception of the value of LTSS jobs to shift cultural perceptions and attract more candidates to the field from other sectors of the economy.

Technology can also play a role in reducing the physical burden on caregivers and improving worker efficiency (e.g., greater internet availability, telehealth, robotics). In terms of managing increasing demand for formal LTSS, strategies include encouraging community-based models of care and supporting families and other informal caregivers through training and financial assistance to reduce the reliance on formal care settings.

Multiple agencies in Washington State including the ALISA and WTB are working in collaboration to encourage LTSS training, recruitment, and retention. These programs (table below) and others may help develop direct care workforce supply.

Aging and Long-Term Support Administration (ATLSA)	Workforce Training & Education Coordinating Board (WTB)
<p>Training Programs</p> <ul style="list-style-type: none"> • High School Home Care Aide Program <p>Research & Resources</p> <ul style="list-style-type: none"> • Remote Caregiving Pilot Program • Caregiver Surveys • Retention Toolkit • Caregiver Newsletter • Workforce Navigators • Marketing Campaigns <p>Workgroups & Collaboration</p> <ul style="list-style-type: none"> • Direct Care Workforce Collaborative • Workforce Development and Retention Group • Client Service Experience Team • Partnership with Refugee agencies 	<p>Training Programs</p> <ul style="list-style-type: none"> • Licensed Practical Nursing Apprenticeship for Long-Term Settings <p>Research & Resources</p> <ul style="list-style-type: none"> • Workforce Training Board LTSS Initiative • Marketing Campaigns <p>Workgroups & Collaboration</p> <ul style="list-style-type: none"> • Rural and Underserved Communities • LTC Ecosystem • Education and Career Pathways • HR and Work Support • Refugee/Immigrant research

Programs supporting family caregivers can reduce the need for more intensive LTSS. Support such as training, certification, respite care, adult day care, and payment for family caregivers can be lifelines, and may even encourage family caregivers to join the direct care workforce. Both family caregivers and the direct care workforce need to be well-supported to meet increasing LTSS demand in the coming years.

LTSS demand and supply are both multidimensional concepts. Long-term services and supports provide help to a wide range of people; even between two individuals with similar health conditions, LTSS needs may be vastly different depending on available family supports, economic resources, and care preferences. The number of workers needed will vary depending on the care receiver’s circumstances and the care setting. This first annual report provides a high-level overview of the projected growing imbalance between LTSS demand and supply. More granular data on geographic location, services used, and hours worked could enable the development of more detailed models of supply and demand like HRSA’s HRSA Health Workforce Simulation Model. These would provide a more nuanced and complete picture of the challenges facing LTSS delivery systems and point in the direction of strategies to meet those challenges.

Current supply and some demand projections rely on publicly available data, which constrained our analyses in the following ways:

- Wage data from BLS are aggregated and some occupation groupings or industry categories were not available,
- ACS and BLS data do not capture the dynamics of movement into and out of the LTSS workforce,
- ACS and BLS data do not capture reasons why earnings or work hours may be low or details on the challenges the LTSS workforce face at work or at home,

- BLS data are reported at the state level. ACS public use microdata areas (PUMAs) provide substate detail but do not align with county boundaries, limiting our ability to examine geographic disparities by county within Washington State.

Directions for Future Research

In future reports we plan to explore the availability of additional administrative data such as the occupation data now being collected by the Washington State Employment Security Department (ESD), to support more comprehensive analyses of the Washington State LTSS workforce. Future analyses may include:

- Sociodemographic and wage comparisons of subsections of the LTSS worker populations that may inform conditions and challenges faced by different working populations such as:
 - LTSS workers in different age, gender, race, and ethnicity groups,
 - LTSS workers with limited English proficiency or differences in immigration status,
 - LTSS worker populations in urban, suburban and rural areas, and
 - LTSS workers in full-time or part-time positions, or those working multiple job positions.
- Using ESD data to examine how LTSS wages, and rates of entry and exits from LTSS settings are changing over time.
- More detailed analyses of smaller geographies, like counties and Area Agencies on Aging, as data are available.
- More detailed descriptions of potential LTSS care recipients and the level of care they need related to their conditions. For example, examining levels of condition acuity, help needed with ADLs, or looking at specific subpopulations like those with traumatic brain injury, intellectual and developmental disabilities, schizophrenia, or other high behavioral health needs populations.
- Examination of trends in the underlying prevalence of key conditions such as Alzheimer’s or autism spectrum disorders, to further refine long-term projections of LTSS need. We note that analysis of prevalence trends can be challenging because trends can be impacted by either improved identification methods or actual changes in underlying prevalence (or both).
- Building more advanced models of supply and demand like the HRSA Health Workforce Simulation Model.¹¹ HRSA’s model has a LTSS component, but it is less developed compared to other healthcare areas because of the complexity of LTSS delivery systems.
- Examining existing informal or family caregiving in Washington using BRFSS data to better understand how the supply and support of family caregivers may impact the demand for formal caregivers.
- Developing estimates and forecasts of LTSS need in the part of the Medicare population that is not dually enrolled in Medicaid.

¹¹ <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation>

SUPPLEMENTAL TABLES

TABLE A1.

Age Group Populations by County, Washington 2025-2050

County	Working-Age (15-64)		Adults 85+ years old		Ratio: Working-Age to 85+	
	2025	2050	2025	2050	2025	2050
Adams	12,952	15,230	263	738	49	21
Asotin	12,587	12,615	736	2,521	17	5
Benton	136,043	173,496	3,876	14,598	35	12
Chelan	48,502	53,994	2,014	6,902	24	8
Clallam	42,364	47,784	2,974	7,325	14	7
Clark	344,378	436,632	9,692	45,822	36	10
Columbia	1,968	1,690	164	399	12	4
Cowlitz	67,647	74,209	2,593	8,262	26	9
Douglas	27,283	32,316	993	3,682	27	9
Ferry	3,739	3,725	214	583	17	6
Franklin	67,522	91,653	1,017	4,826	66	19
Garfield	1,202	1,086	81	159	15	7
Grant	64,388	77,574	1,604	6,251	40	12
Grays Harbor	44,746	43,561	1,814	5,308	25	8
Island	50,228	60,563	2,488	7,671	20	8
Jefferson	16,803	22,134	1,318	4,309	13	5
King	1,642,292	1,861,102	37,349	137,774	44	14
Kitsap	173,601	188,008	6,127	24,013	28	8
Kittitas	32,473	39,661	915	3,004	35	13
Klickitat	13,249	14,376	621	2,342	21	6
Lewis	49,449	53,965	2,072	5,712	24	9
Lincoln	5,977	6,289	371	872	16	7
Mason	40,125	49,310	1,779	5,563	23	9
Okanogan	23,562	23,264	1,032	3,394	23	7
Pacific	12,201	13,244	772	2,261	16	6
Pend Oreille	7,452	8,599	373	1,481	20	6
Pierce	623,627	725,716	15,077	59,131	41	12
San Juan	9,759	13,151	653	2,410	15	5
Skagit	78,919	90,987	3,376	11,657	23	8
Skamania	7,107	7,910	261	1,161	27	7
Snohomish	569,519	670,681	13,571	65,267	42	10
Spokane	353,613	404,994	10,690	40,438	33	10
Stevens	27,217	33,345	1,217	3,761	22	9
Thurston	196,338	249,539	6,127	21,976	32	11
Wahkiakum	2,325	2,813	155	513	15	5
Walla Walla	39,628	41,504	1,661	4,023	24	10
Whatcom	152,469	186,336	4,899	18,242	31	10
Whitman	36,528	37,163	641	1,955	57	19
Yakima	160,710	170,926	4,550	13,886	35	12

TABLE A2.

Washington State Projection of Individuals with Dementia, 2025-2050

County	With Dementia (Adults 65+ years old)	
	2025	2050
Adams	228	367
Asotin	694	1,121
Benton	3,735	8,146
Chelan	1,629	3,324
Clallam	1,899	2,837
Clark	7,933	21,174
Columbia	103	136
Cowlitz	2,196	4,009
Douglas	998	2,137
Ferry	175	258
Franklin	1,059	2,958
Garfield	55	61
Grant	1,600	3,691
Grays Harbor	1,657	2,591
Island	1,775	2,989
Jefferson	822	1,390
King	27,594	66,765
Kitsap	4,702	9,895
Kittitas	691	1,382
Klickitat	459	951
Lewis	1,616	2,666
Lincoln	250	350
Mason	1,238	2,206
Okanogan	735	1,239
Pacific	591	899
Pend Oreille	307	575
Pierce	11,738	27,668
San Juan	462	852
Skagit	2,566	5,146
Skamania	189	423
Snohomish	11,215	31,959
Spokane	9,317	19,731
Stevens	944	1,505
Thurston	4,934	10,616
Wahkiakum	119	167
Walla Walla	1,337	2,073
Whatcom	4,055	8,473
Whitman	521	1,002
Yakima	4,044	7,500

TABLE A3.

Washington State AL TSA and DDA Caseloads by County, 2023

County	AL TSA Caseload Counts	DDA Caseload Counts
	2023	2023
Adams	174	34
Asotin	296	73
Benton	1,987	766
Chelan	655	219
Clallam	667	268
Clark	5,541	1,410
Columbia	94	20
Cowlitz	1,471	392
Douglas	238	106
Ferry	96	<20
Franklin	852	361
Garfield	<20	<20
Grant	1,040	288
Grays Harbor	1,068	262
Island	379	166
Jefferson	198	76
King	20,284	4,908
Kitsap	1,835	708
Kittitas	225	132
Klickitat	123	38
Lewis	882	254
Lincoln	86	26
Mason	530	175
Okanogan	471	100
Pacific	243	57
Pend Oreille	157	26
Pierce	9,590	2,928
San Juan	38	<20
Skagit	927	356
Skamania	94	23
Snohomish	7,279	2,046
Spokane	6,458	2,421
Stevens	477	167
Thurston	2,590	953
Wahkiakum	39	<20
Walla Walla	779	231
Whatcom	1,651	656
Whitman	421	85
Yakima	2,846	949

TABLE A4.

Distribution of Direct Care Workers across Counties, 2023

County	ACS Disability Counts	ACS Direct Care Workers	DCW per 1,000 People	DCW per 100 People with a Disability
Adams	2,832	282	13.5	10.0
Asotin	4,324	345	15.4	8.0
Benton	31,482	3,246	15.6	10.3
Chelan	13,742	1,048	13.1	7.6
Clallam	15,988	1,261	16.2	7.9
Clark	67,810	7,791	15.3	11.5
Columbia	827	61	15.5	7.4
Cowlitz	22,168	1,919	17.1	8.7
Douglas	6,992	551	12.7	7.9
Ferry	1,518	129	17.6	8.5
Franklin	11,472	1,296	13.1	11.3
Garfield	452	34	15.1	7.6
Grant	13,673	1,319	13.3	9.6
Grays Harbor	15,960	1,057	13.8	6.6
Island	12,396	1,112	12.8	9.0
Jefferson	7,336	539	16.3	7.3
King	236,754	23,478	10.4	9.9
Kitsap	39,789	3,768	13.6	9.5
Kittitas	6,755	659	14.5	9.8
Klickitat	4,518	341	14.7	7.5
Lewis	15,630	1,223	14.6	7.8
Lincoln	2,187	162	14.8	7.4
Mason	14,090	912	13.7	6.5
Okanogan	8,151	700	16.3	8.6
Pacific	5,507	377	16.1	6.8
Pend Oreille	2,819	233	17.1	8.3
Pierce	127,878	14,256	15.4	11.1
San Juan	2,873	237	13.3	8.2
Skagit	19,120	1,577	12.0	8.2
Skamania	2,297	178	14.9	7.7
Snohomish	103,381	10,583	12.7	10.2
Spokane	87,517	10,467	19.2	12.0
Stevens	9,222	803	17.0	8.7
Thurston	44,956	4,122	13.9	9.2
Wahkiakum	1,056	73	16.4	7.0
Walla Walla	10,123	1,081	17.1	10.7
Whatcom	32,087	3,318	14.5	10.3
Whitman	7,022	737	15.4	10.5
Yakima	36,334	4,246	16.6	11.7

TABLE A5.

Personal Care and Home Health Aide Wages Compared to Similar Occupations

Washington State

Occupation	Hourly Median Wage	Hourly 10 th Percentile Wage	Hourly 90 th Percentile Wage	Compared to PCA and HHA Wages	
Home Health and Personal Care Aides	\$20.35	\$17.69	\$22.57		
Media/Communication Equipment Workers, All Other	\$44.06	\$26.75	\$63.19	Greater than PCAs and HHAs 90th Percentile Wage	
Media and Communication Workers, All Other	\$38.33	\$16.30	\$41.15		
Photographic Process Workers/Processing Machine Operators	\$37.46	\$17.00	\$40.45		
Meter Readers, Utilities	\$33.12	\$26.42	\$43.57		
Transportation Workers, All Other	\$31.80	\$16.52	\$37.56		
Parking Enforcement Workers	\$31.49	\$22.40	\$37.66		
Entertainment Attendants and Related Workers, All Other	\$30.83	\$18.99	\$40.89		
Tree Trimmers and Pruners	\$29.74	\$19.46	\$44.70		
Textile, Apparel, and Furnishings Workers, All Other	\$27.79	\$21.11	\$37.31		
Bus Drivers, School	\$27.79	\$22.16	\$32.50		
Loan Interviewers and Clerks	\$25.14	\$20.82	\$36.15		
Cargo and Freight Agents	\$24.96	\$20.61	\$34.08		
Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	\$24.86	\$18.73	\$32.38		
Community Health Workers	\$24.69	\$18.67	\$37.28		
Helpers--Electricians	\$24.39	\$18.26	\$46.10		
Financial Clerks, All Other	\$24.38	\$18.42	\$35.21		
Occupational Therapy Aides	\$24.22	\$21.72	\$46.14		
Information and Record Clerks, All Other	\$24.00	\$18.00	\$31.92		
Telephone Operators	\$23.99	\$23.39	\$25.96		
Exercise Trainers and Group Fitness Instructors	\$23.72	\$16.76	\$46.54		
Coin, Vending, and Amusement Machine Servicers and Repairers	\$23.65	\$19.85	\$29.71		
Aircraft Service Attendants	\$23.58	\$18.70	\$32.14		
Psychiatric Aides	\$23.51	\$21.37	\$26.55		
Weighers, Measurers, Checkers, and Samplers, Recordkeeping	\$23.18	\$17.25	\$29.92		
Office and Administrative Support Workers, All Other	\$23.09	\$17.90	\$28.48		
Office Clerks, General	\$22.96	\$17.20	\$34.09		
Customer Service Representatives	\$22.89	\$17.50	\$34.94		
Manufactured Building and Mobile Home Installers	\$22.70	\$19.12	\$26.18		
Shipping, Receiving, and Inventory Clerks	\$22.66	\$17.52	\$38.38		
Social and Human Service Assistants	\$22.65	\$17.73	\$30.40		
Light Truck Drivers	\$22.53	\$17.10	\$35.96		Greater than PCAs and HHAs Median Wage
Interviewers, Except Eligibility and Loan	\$22.32	\$17.68	\$28.40		
Orderlies	\$22.30	\$19.28	\$27.08		
Reservation and Transportation Ticket Agents and Travel Clerks	\$22.15	\$17.95	\$30.57		
Tellers	\$22.02	\$18.09	\$28.43		
Data Entry Keyers	\$21.94	\$16.01	\$26.69		
Gambling Dealers	\$21.92	\$15.74	\$65.28		

Occupation	Hourly Median Wage	Hourly 10th Percentile Wage	Hourly 90th Percentile Wage	Compared to PCA and HHA Wages
Library Assistants, Clerical	\$21.76	\$16.60	\$27.33	
Helpers--Installation, Maintenance, and Repair Workers	\$21.73	\$16.61	\$31.17	
Locker Room, Coatroom, and Dressing Room Attendants	\$21.70	\$17.05	\$29.80	
Security Guards	\$21.68	\$17.58	\$28.57	
Residential Advisors	\$21.68	\$17.30	\$28.57	
Crematory Operators	\$21.49	\$19.34	\$31.49	
Protective Service Workers, All Other	\$21.36	\$15.74	\$31.54	
File Clerks	\$21.36	\$16.72	\$28.75	
Couriers and Messengers	\$21.36	\$16.39	\$26.83	
Textile Knitting and Weaving Machine Setters, Operators, and Tenders	\$21.29	\$18.01	\$39.39	
Furniture Finishers	\$21.22	\$17.36	\$24.80	
Costume Attendants	\$20.95	\$17.47	\$30.72	
Veterinary Assistants and Laboratory Animal Caretakers	\$20.68	\$17.68	\$22.13	
Word Processors and Typists	\$20.45	\$17.29	\$32.02	
Helpers—Pipelayers, Plumbers, Pipefitters, and Steamfitters	\$20.14	\$16.63	\$33.08	Less than PCAs and HHAs Median Wage
Mail Clerks/Mail Machine Operators, Except Postal Service	\$19.90	\$16.43	\$27.15	
Switchboard Operators, Including Answering Service	\$19.80	\$17.00	\$24.92	
Merchandise Displayers and Window Trimmers	\$19.48	\$16.77	\$31.97	
Stockers and Order Fillers	\$19.35	\$16.92	\$27.45	
Office Machine Operators, Except Computer	\$19.25	\$15.98	\$24.52	
Receptionists and Information Clerks	\$18.97	\$16.00	\$24.76	
School Bus Monitors	\$18.91	\$16.59	\$23.50	
Pharmacy Aides	\$18.89	\$16.95	\$26.05	
Recreation Workers	\$18.84	\$16.11	\$29.42	
Helpers--Production Workers	\$18.81	\$16.82	\$23.98	
Gambling Service Workers, All Other	\$18.73	\$16.65	\$43.41	
Passenger Attendants	\$18.71	\$18.53	\$26.15	
Childcare Workers	\$18.59	\$15.94	\$26.31	
Gambling and Sports Book Writers and Runners	\$18.45	\$16.64	\$20.51	
Driver/Sales Workers	\$18.41	\$15.74	\$32.54	
Personal Care and Service Workers, All Other	\$18.32	\$17.98	\$31.09	
Tire Repairers and Changers	\$18.26	\$17.10	\$26.16	
Gambling Cage Workers	\$18.17	\$16.09	\$23.82	
Baggage Porters and Bellhops	\$18.11	\$16.72	\$22.36	
Physical Therapist Aides	\$17.92	\$16.06	\$24.39	
Funeral Attendants	\$17.92	\$15.87	\$21.39	
Animal Caretakers	\$17.90	\$16.15	\$24.50	
Hotel, Motel, and Resort Desk Clerks	\$17.67	\$15.74	\$21.74	Less than 10th Percentile Wage

SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), 2023.

TABLE A6.

Comparison of Nursing Assistant Wage to Similar Occupations, Washington State

Occupation	Hourly Median Wage	Hourly 10th Percentile Wage	Hourly 90th Percentile Wage	Compared to NA Wages
Nursing Assistants	\$22.12	\$18.52	\$26.26	
Avionics Technicians	\$48.91	\$31.16	\$51.62	Greater than NAs 90% Percentile Wage
Aircraft Mechanics and Service Technicians	\$39.60	\$25.00	\$53.05	
Massage Therapists	\$38.32	\$27.34	\$52.56	
Licensed Practical and Licensed Vocational Nurses	\$36.63	\$28.46	\$44.49	
Surgical Technologists	\$33.78	\$26.41	\$46.06	
Surgical Assistants	\$32.50	\$21.67	\$49.50	
Healthcare Practitioners and Technical Workers, All Other	\$32.12	\$25.82	\$64.00	
Skincare Specialists	\$31.34	\$21.57	\$62.78	
Library Technicians	\$28.71	\$22.55	\$36.67	
Medical Records Specialists	\$28.17	\$19.77	\$41.77	
Barbers	\$27.88	\$17.24	\$44.54	
Dental Assistants	\$26.78	\$20.37	\$29.42	
Medical Assistants	\$25.29	\$19.55	\$31.97	Greater than NAs Median Wage
Health Technologists and Technicians, All Other	\$25.24	\$19.30	\$48.19	
Hairdressers, Hairstylists, and Cosmetologists	\$24.20	\$17.76	\$39.88	
Phlebotomists	\$23.62	\$19.30	\$30.28	
Ophthalmic Medical Technicians	\$23.38	\$18.84	\$33.22	
Medical Transcriptionists	\$22.98	\$16.52	\$23.05	
Manicurists and Pedicurists	\$22.45	\$18.15	\$29.13	
Prepress Technicians and Workers	\$22.43	\$16.79	\$31.10	
Emergency Medical Technicians	\$20.08	\$17.02	\$29.78	Less than NAs Median Wage

SOURCE: U.S. Bureau of Labor Statistics, Occupational Employment and Wage Statistics (OEWS), 2023.

Medicaid LTSS Client Profiles

AL TSA CLIENT PROFILE

The DSHS Aging and Long-Term Support Administration (AL TSA) provides services to adults needing assistance with activities of daily living (ADLs) to maintain their independence and quality of life. Common ADL supports required by AL TSA clients include assistance with:

- Bathing or showering,
- Dressing
- Toileting
- Eating
- Transferring (getting in and out of bed or a chair)

AL TSA clients often need support going beyond basic self-care, including activities such as meal preparation, transportation to medical appointments, and medication management (support taking medications correctly and filling prescriptions).

Although most AL TSA clients are age 65 or older, many are younger adults with chronic illnesses or disabilities. Most AL TSA clients meet Medicaid's financial eligibility criteria, which are generally near or below the Federal Poverty Level. While some clients reside in nursing homes or community residential settings (such as assisted living facilities or adult family homes), most AL TSA clients live in their own home, preferring home-based care to maintain their independence. AL TSA clients are more likely to be women and are disproportionately from BIPOC communities, reflecting disparities in health conditions and economic opportunity.

The typical AL TSA long-term services and supports client experiences 5 or more chronic physical or behavioral health conditions. Among adults aged 65 or older, common comorbidities include:

- Diabetes
- Arthritis / Osteoarthritis – a leading cause of mobility limitations
- Cardiovascular disease – including heart failure or coronary artery disease
- Chronic obstructive pulmonary disease (COPD)
- Chronic kidney disease
- Vision or hearing impairments
- Mobility impairments – due to stroke, falls, arthritis, or general frailty
- Depression or anxiety – especially among those living alone or managing chronic illness
- Alzheimer's disease or other forms of dementia

Among adults under 65 served by AL TSA, common comorbidities include:

- Neurological conditions – such as multiple sclerosis, epilepsy, cerebral palsy, or spinal cord injuries
- Diabetes and related complications
- Chronic pain or musculoskeletal disorders
- Traumatic brain injuries (TBI) – from accidents or violence
- Serious mental illness – such as schizophrenia, bipolar disorder, or severe depression
- PTSD – especially among veterans or survivors of abuse
- Substance use disorders

Both younger and older adults served by AL TSA share:

- High rates of comorbid physical and behavioral health conditions
- Frequent use of hospital or emergency care, especially when care coordination is not available
- Need for ongoing case management and care coordination, especially for dual-eligible individuals enrolled in both Medicare and Medicaid
- Social determinants of health (e.g., housing insecurity, food access, transportation) that play a significant role in impacting health outcomes

DDA CLIENT PROFILE

The DSHS Developmental Disabilities Administration (DDA) provides services to clients from childhood through older adulthood, although the vast majority of persons served by DDA are under 65. DDA clients have intellectual or developmental conditions with onset in childhood. Most DDA clients live at home or in community residential settings such as adult family homes. DDA clients may require assistance with activities of daily living and instrumental activities of daily living, along with behavior supports and communication assistance. Families (especially aging parents) often provide informal care and serve as key advocates.

Common intellectual or developmental conditions include:

- Intellectual disability (mild to profound)
- Autism spectrum disorder
- Cerebral palsy
- Down syndrome
- Fetal alcohol spectrum disorders
- Rett syndrome or other rare genetic/developmental conditions

Many individuals with intellectual or developmental conditions experience chronic physical conditions at higher rates and younger ages than the general population including:

- Epilepsy/seizure disorders – especially common among those with more severe intellectual disabilities
- Mobility limitations – due to cerebral palsy, spina bifida, or musculoskeletal issues
- Diabetes and metabolic syndrome
- Sleep disorders
- Dental disease – often neglected due to access and sensory challenges
- Sensory impairments – including hearing and vision issues

Behavioral health conditions are very common, often interwoven with communication challenges and environmental stressors:

- Depression and anxiety
- ADHD
- Obsessive-compulsive behaviors
- Self-injurious behavior, aggression or impulse control issues
- Autism-related behavioral challenges including social isolation

DATA SOURCES AND PROCESSING

We used multiple data sources to prepare this report

- 2023 5-Year American Community Survey (ACS) Public Use Microdata Sample (PUMS),
- Medicare Claims Data
- Caseload Forecast Council LTSS forecasts
- 2023 Bureau of Labor Statistics (BLS) Occupation Employment and Wage Statistics (OEWS),
- Washington State Office of Financial Management (OFM) Population Forecasts and Projections,
 - 2022 GMA County projections
 - 2024 Annual State Projections

DEMAND ANALYSIS

Disability Estimates from the ACS

We used 2023 5-Year ACS PUMS data from census.gov to generate estimates of population sizes for those among the general Washington State population who have disabilities and would likely need LTSS. Person weights were used as recommended in the U.S. Census Bureau's Documentation Files.

ACS asks six questions related to limitations and disability. If a person responded yes to any of the below questions, then the ACS categorizes them as having a disability; this is the definition used in this report.

1. Is this person deaf or does he/she have serious difficulty hearing? Yes/No.
2. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes/No.
3. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes/No.
4. Does this person have serious difficulty walking or climbing stairs? Yes/No.
5. Does this person have difficulty dressing or bathing? Yes/No.
6. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes/No.

Dementia Estimates from CMS claims

The following ICD-10 codes were used to indicate if a traditional Medicare beneficiary was diagnosed with dementia.

F01, F015, F0150, F0151, F02, F0280, F0281, F03, F0390, F0391, F04, F05, F061, F068, G138, G300, G301, G308, G309, G3101, G3109, G311, G312, G3183, G319

If a beneficiary from 2022 had at least one of these codes in an inpatient, outpatient, skilled nursing facility, home health, or physician claim in years 2022, 2021, or 2020 then they were categorized as having a dementia diagnosis. To be included in the analysis beneficiaries needed to have at least 6 months of traditional Medicare coverage without Medicare Advantage coverage.

ALISA and DDA Caseloads Estimates from the DSHS Integrated Client Database

The number of people receiving ALISA or DDA LTSS were determined by querying DSHS Integrated Client Database for any client that received an in-home, residential, or facility service in April 2024. Clients were categorized as being an ALISA or DDA client and their primary LTSS setting (home, residential, or nursing home) was based on the highest paid service for that month. The table below lists the service report group names and codes.

	In-Home	Residential	Nursing Home/ICF
DDA	Personal Care Services	Residential Habilitation Services including: Supported Living Companion Home Out of home services for children Group Home and Group Training Home Alternative Living State Operated Community Residential State Operated Living Alternatives	Residential Habilitation Centers and Nursing Facilities
ALTSA	In-Home Services PACE	Assisted Living Adult Family Homes Adult Residential Care Enhanced Services Facilities	Nursing Facilities

Clients that used multiple services (ALTSA or DDA; home, residential, or nursing home setting) were categorized into mutually exclusive categories based on the service type that generated the most expenditures. For example, if a client utilized a DDA home care visit but was transferred to an ALTSA nursing home later that month, they would be counted as an ALTSA nursing home client.

SUPPLY ANALYSIS

We used 2023 5-Year ACS PUMS and BLS OEWS data to generate estimates of the number of people in the LTSS workforce in Washington. Estimates vary due to the differences in methodology between the two data sources. ACS is a questionnaire for individuals, who may be employed or unemployed and who can provide better information about their education, training, current work role, hours worked in the past year, as well as their total earnings with an employer or self-employment than what is available in the OEWS. The OEWS is a survey of employers and only captures what employers know about their current employees, including what roles or occupation an employee fills and the hourly wages they are paid. The PUMS data was also used to describe demographics of the people comprising the LTSS workforce. The following codes were used to classify occupations of interest and their industry or setting.

Occupation	2018 SOC Code (BLS)	2018 OCC Code (ACS)
Home Health Aides (HHA)	31-1121	3601
Personal Care Aides (PCA)	31-1122	3602
Nursing Assistants (NA)	31-1131	3603
Registered Nurses (RN)	29-1141	3255
Licensed Practical Nurses (LPN) & Licensed Vocational Nurses (LVN)	29-2061	3500
Physical Therapists (PT)	29-1123	3160
Occupational Therapists (OT)	29-1122	3150
Healthcare Social Workers	21-1022	2012
Mental Health and Substance Abuse Social Workers	21-1023	2013
Speech-Language Pathologists	29-127	3230
Occupational Therapist Assistants	31-2011	3610
Occupational Therapist Aides	31-2012	
Physical Therapist Assistants	31-2021	3620
Physical Therapist Aides	31-2022	
Psychiatric Aides	31-1133	3605
Orderlies	31-1132	

	2018 NAICS Codes (BLS)	2018 NAICS Codes (ACS)
Home Health Services	621610, 624120	6216, 6241, 814
Residential Services	623200, 62331	623M
Nursing Home Facilities	623110	6231

ACS COUNTY-LEVEL ANALYSIS

ACS PUMS data includes geographic information about an individual’s place of residence and place of work in the form of Public Use Microdata Areas (PUMAs). Most PUMAs are designed to fit within and along the boundaries of a county. However, when counties have a small population PUMAs may encompass multiple counties or a part of a county. Census tracts, a smaller geographic area fit neatly into PUMAs and state county boundaries. To generate county level estimates, we employed a “target-density weighting” methodology similar to that used by IPUMS NHGIS to create crosswalks across different census bureau’s areas (Schroeder, 2007; IPUMS, 2024). In cases where PUMAs cross county boundaries, we used the population of census tracts to create weights based on the proportion of a PUMA’s population that reside in a county. These weights were then multiplied to the person-weight in the PUMS data and those modified weights were used for analyses stratified by county. For example, if an individual with an original person weight of 20 resided in PUMA which straddled County X (25 percent of PUMA population) and County Y (75 percent), that person would contribute 5 units of their weight to County X and 15 units to County Y. Target density weights used specific year census tract populations stratified by age and gender to make sure the age, gender, and yearly differences in population distribution were accounted for when assigning weights to individuals.

PROJECTION METHODOLOGY

We used OFM’s State population forecast (November 2024) as the engine for state-level projections. These projections predict population growth broken down by gender and 5-year increments of age. We assumed the proportion of population needing/providing LTSS would be constant within these age/gender groups over time. For county-level projections we used OFM’s Latest Growth Management Act population projections for counties (2022). The 2022 projections have slightly higher estimates of the population of individuals who are 65 years and older (55,000 of nearly 2 million or 3 percent).

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