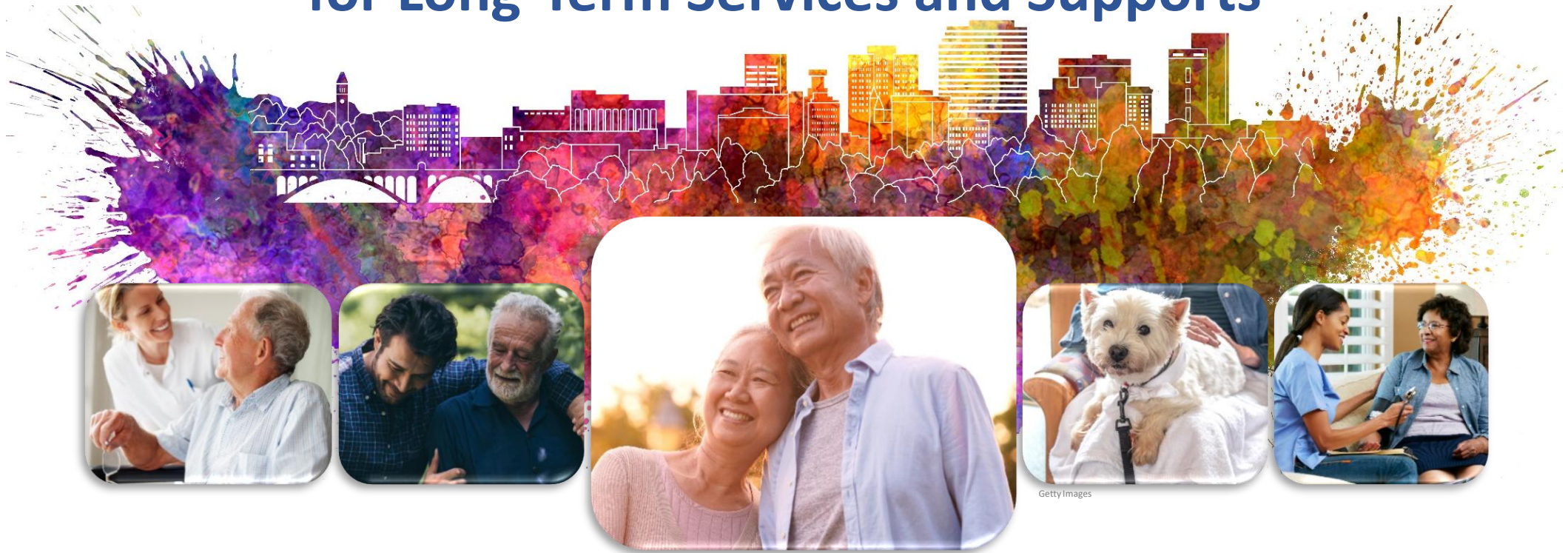


# The Demographic Trends Impacting Need for Long-Term Services and Supports



**David Mancuso, PhD**

Senior Research Scientist, DSHS Research and Data Analysis Division

October 16, 2025

# Overview

## PART 1

### The Impact of the Age Wave

## PART 2

### Food Insecurity and Housing Challenges for Seniors

## APPENDIX

### Forecasts of Dementia Prevalence Through 2040

### LTSS Policy Innovations, Changes in Patterns of LTSS Use, and Rebalancing

### Social Security and Medicare Data by County

### Medicare Advantage Enrollment Trends

### Maps of LTSS Facilities

### Supplemental Information



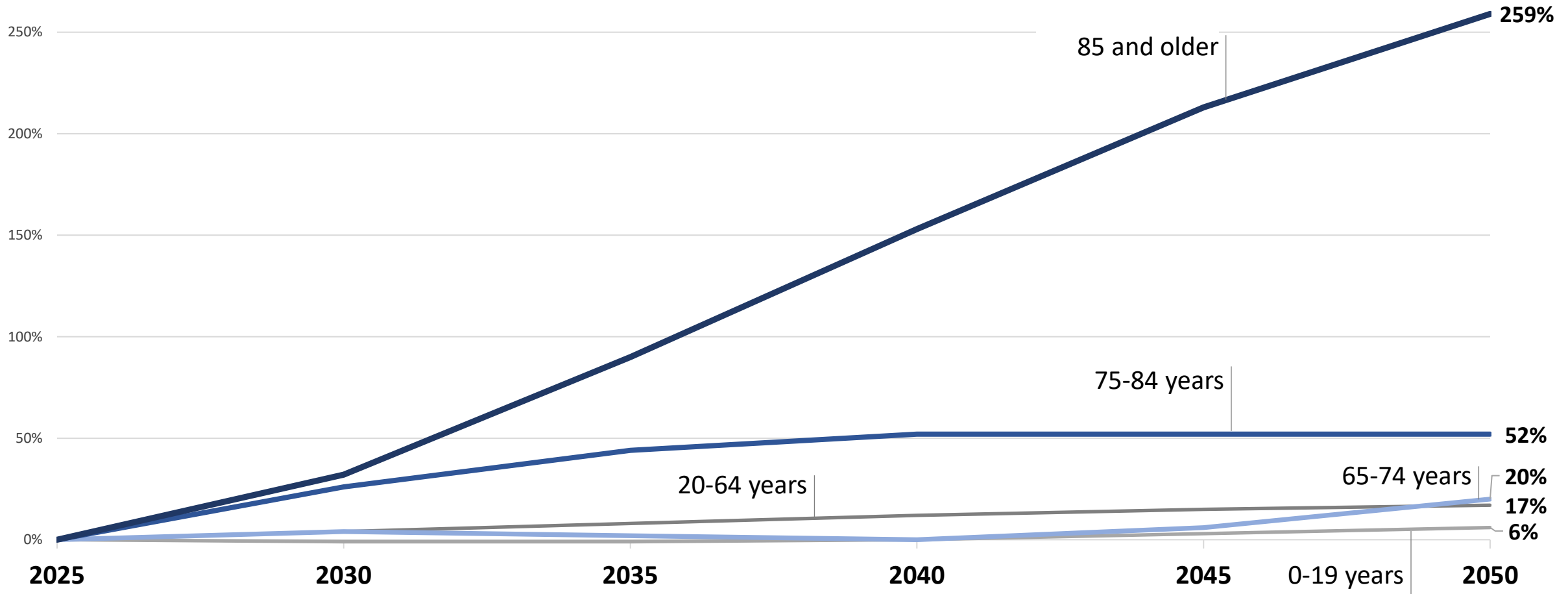
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## PART 1

# The Impact of the Age Wave

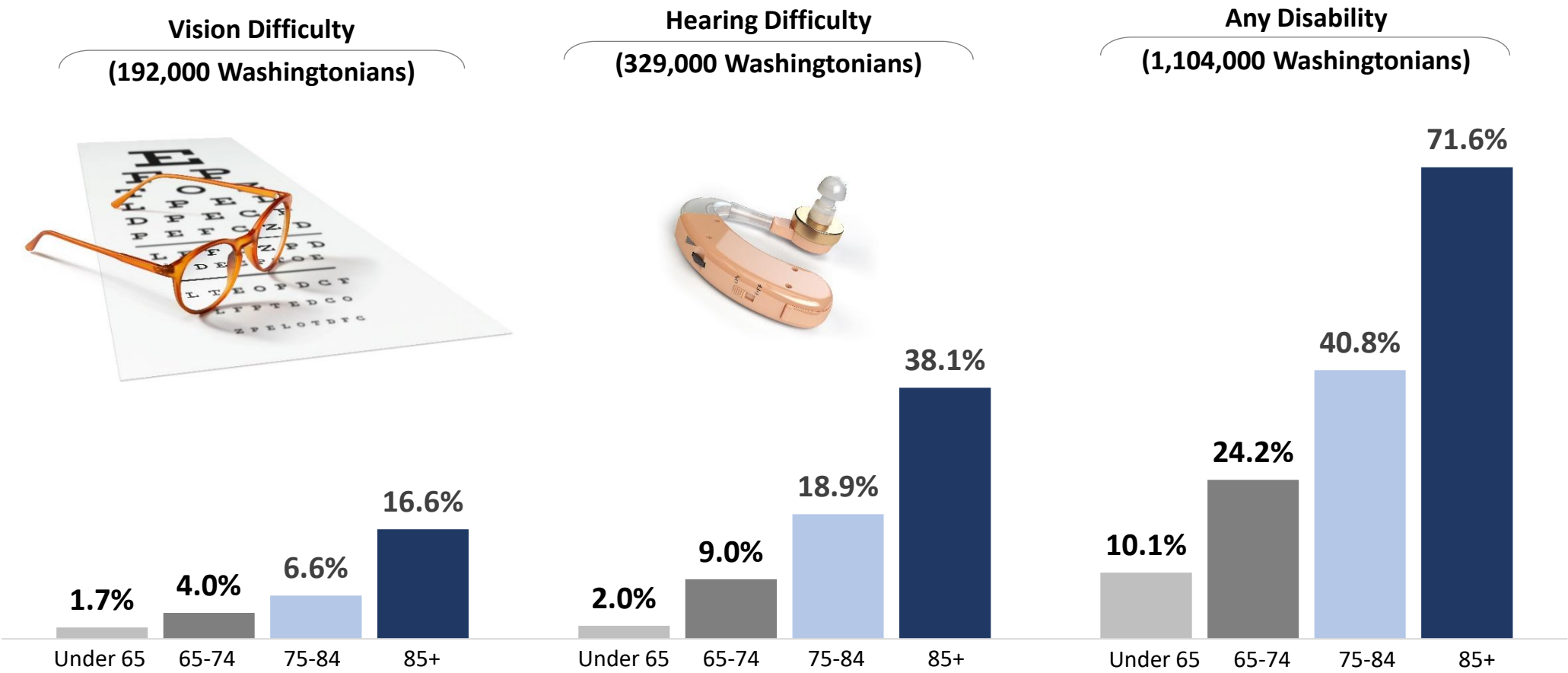
# The Population of Washingtonians Aged 85+ Will Increase Significantly from 2025 to 2050 Relative to Other Age Groups

Growth in Washington State Population by Age Range Relative to 2020 Population



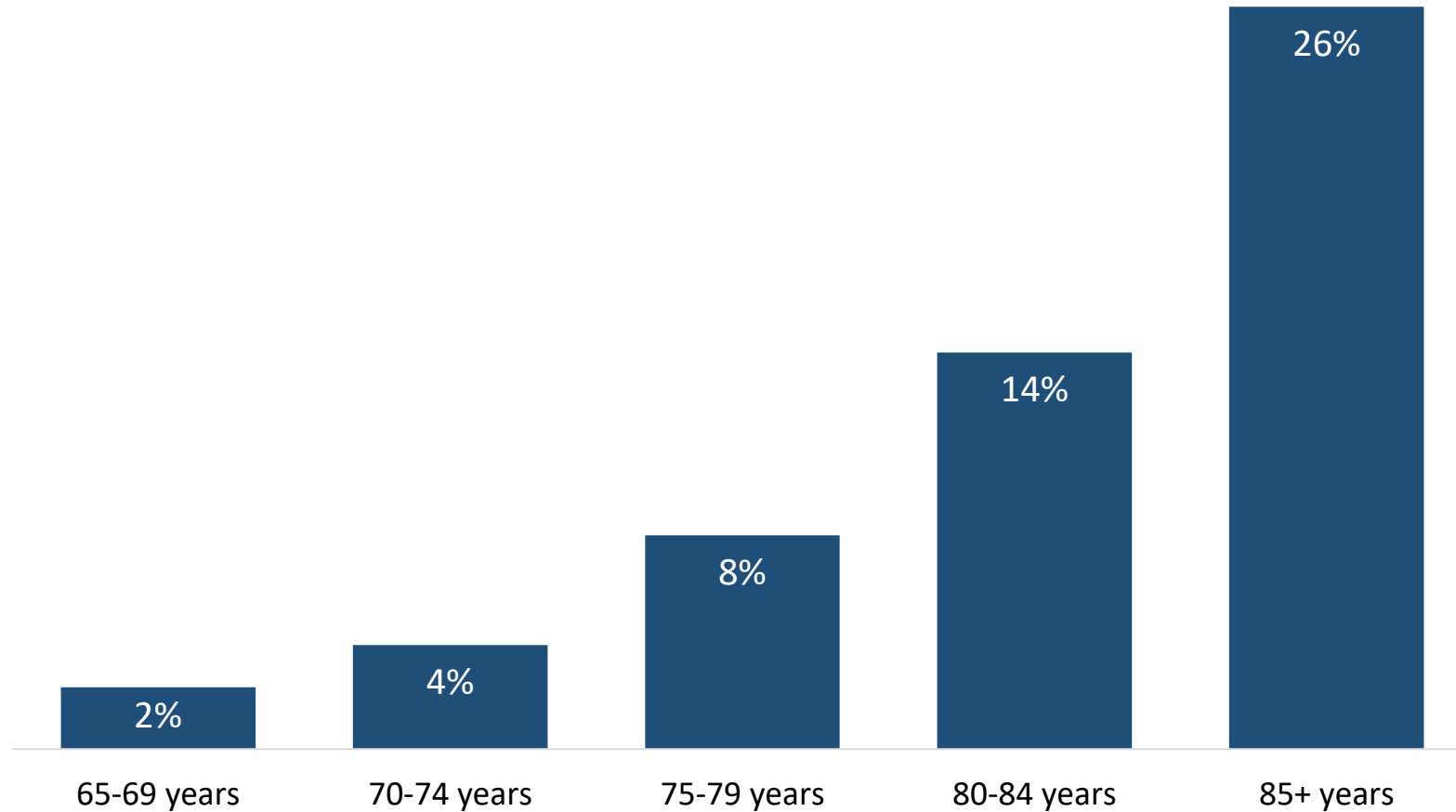
# The Likelihood of Needing Services to Help with Disability Increases with Age

Percent of 2023 Washington State population with . . .



# The Risk of Dementia Increases with Age

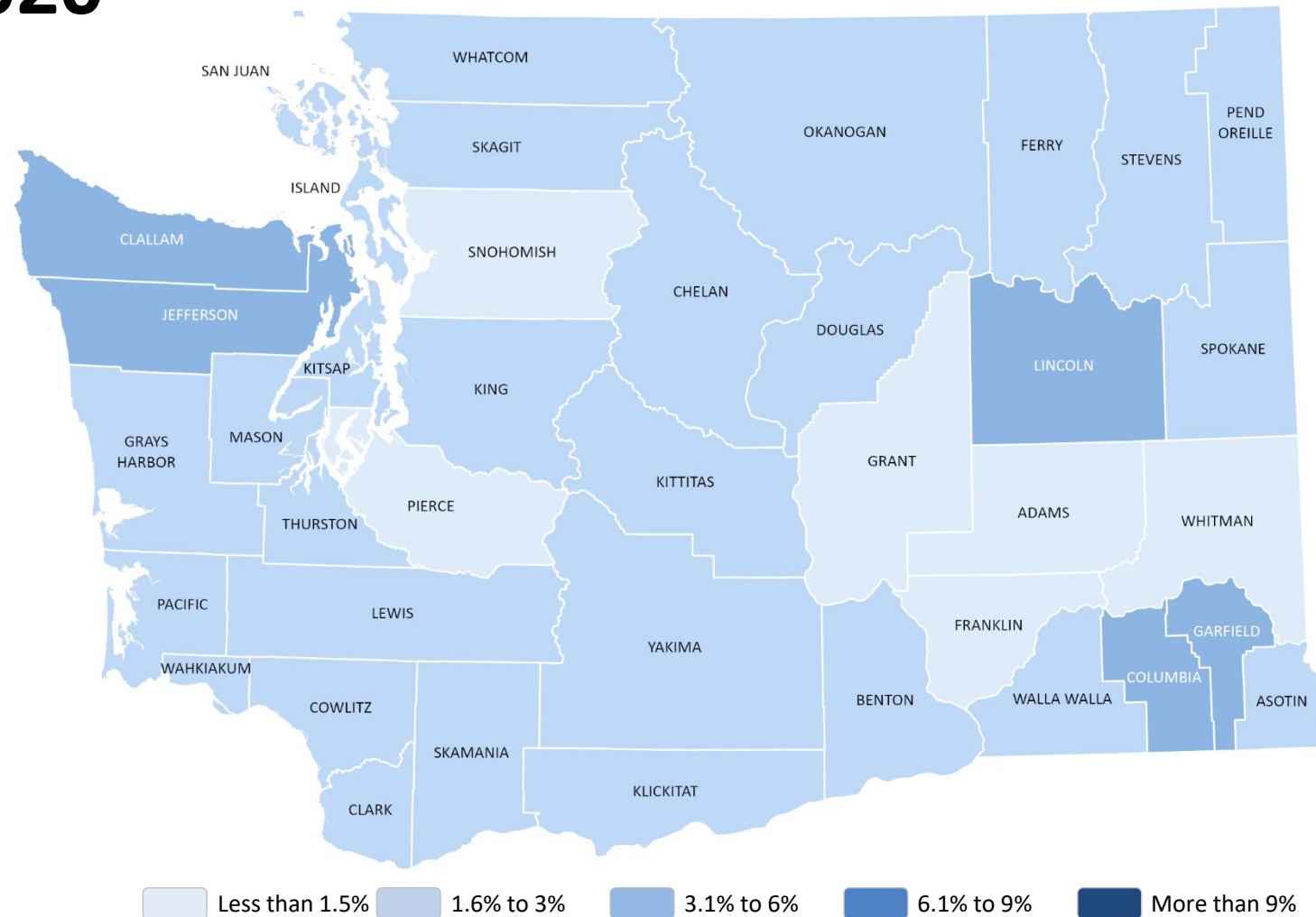
Dementia Prevalence Among Washington State Medicare Beneficiaries Ages 65 and Above in 2023



# Persons 85+ as a Percentage of the Total Population

## 2020

Estimates and Projections by County

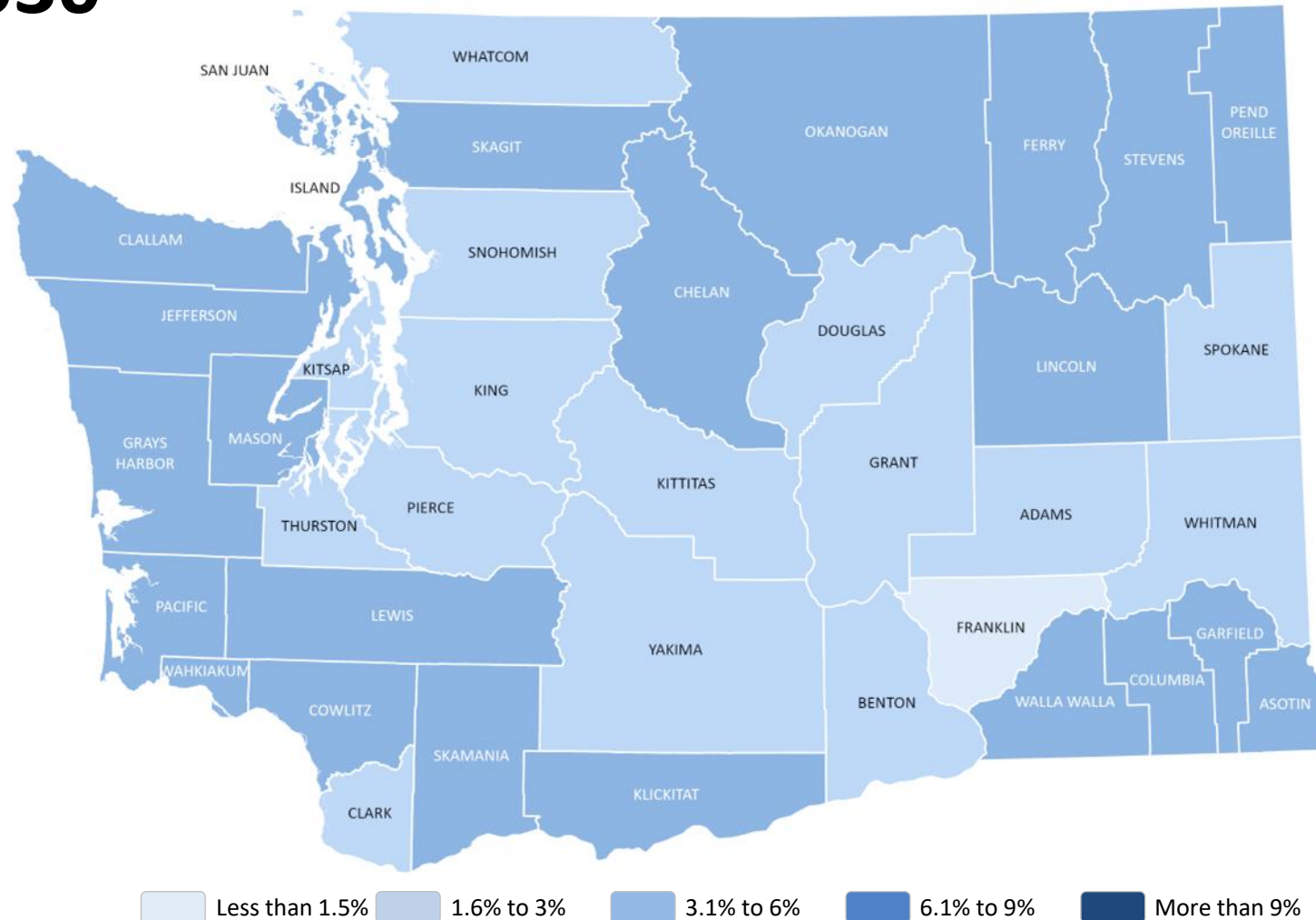




# Persons 85+ as a Percentage of the Total Population

## 2030

Estimates and Projections by County

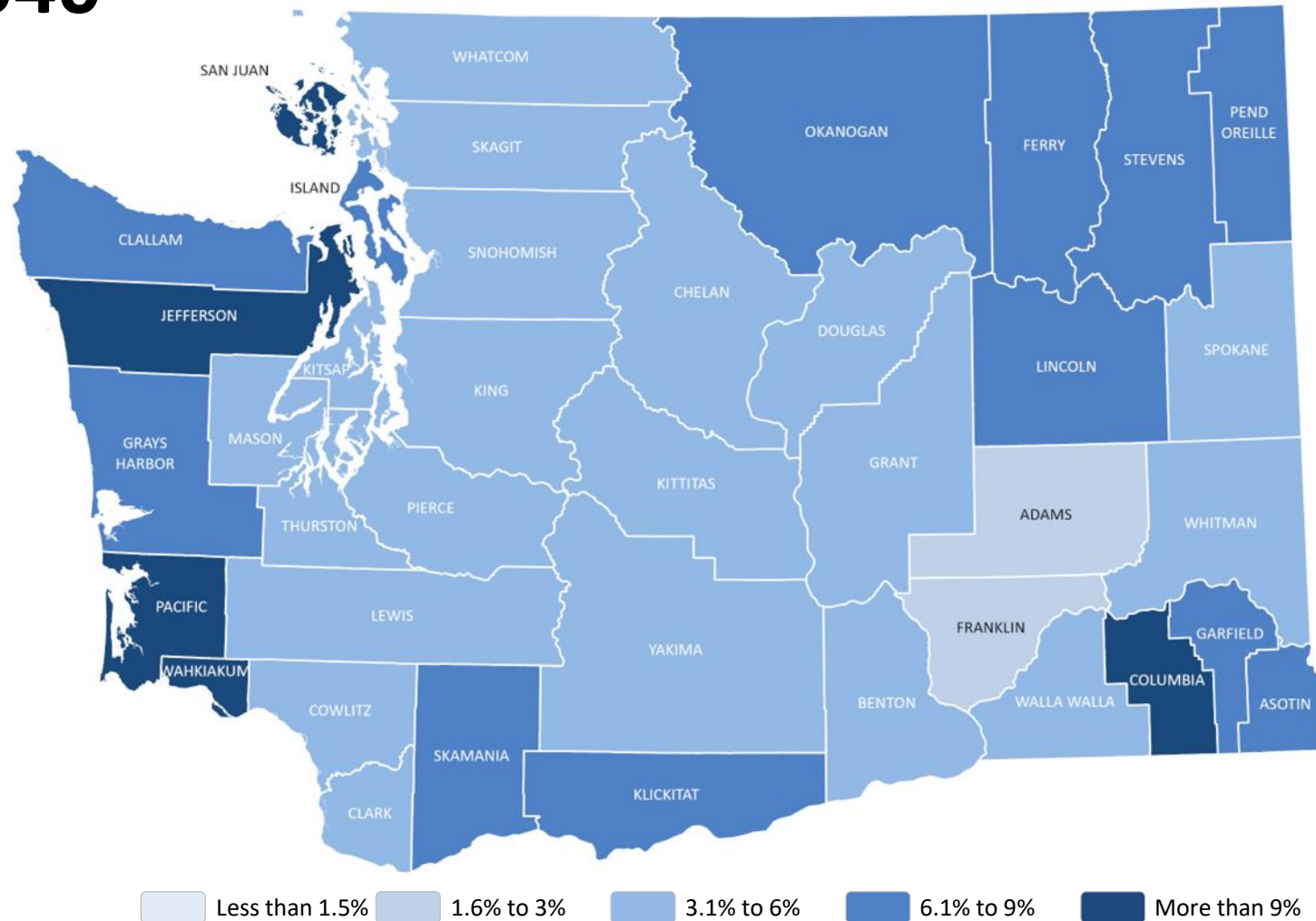




# Persons 85+ as a Percentage of the Total Population

## 2040

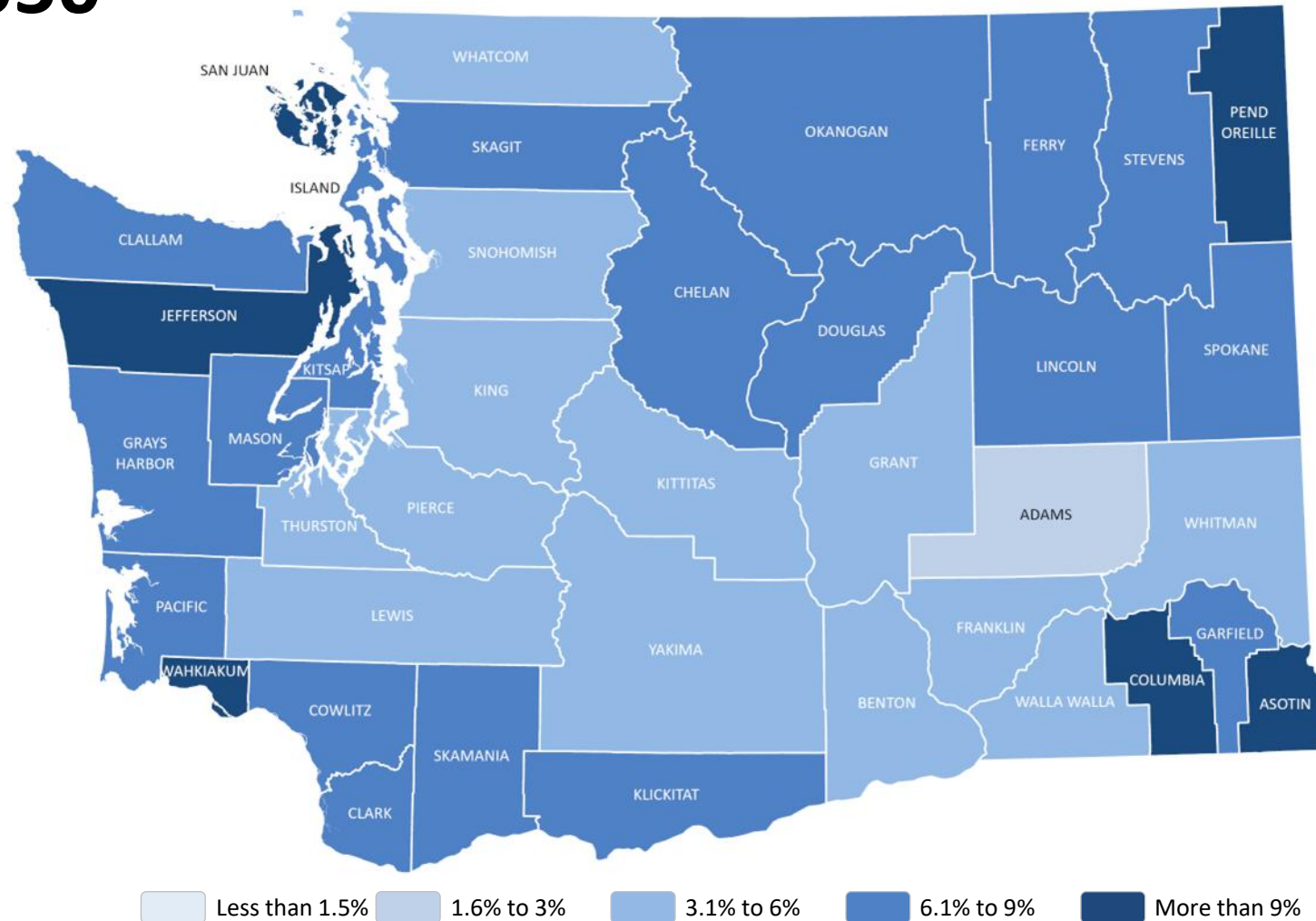
Estimates and Projections by County



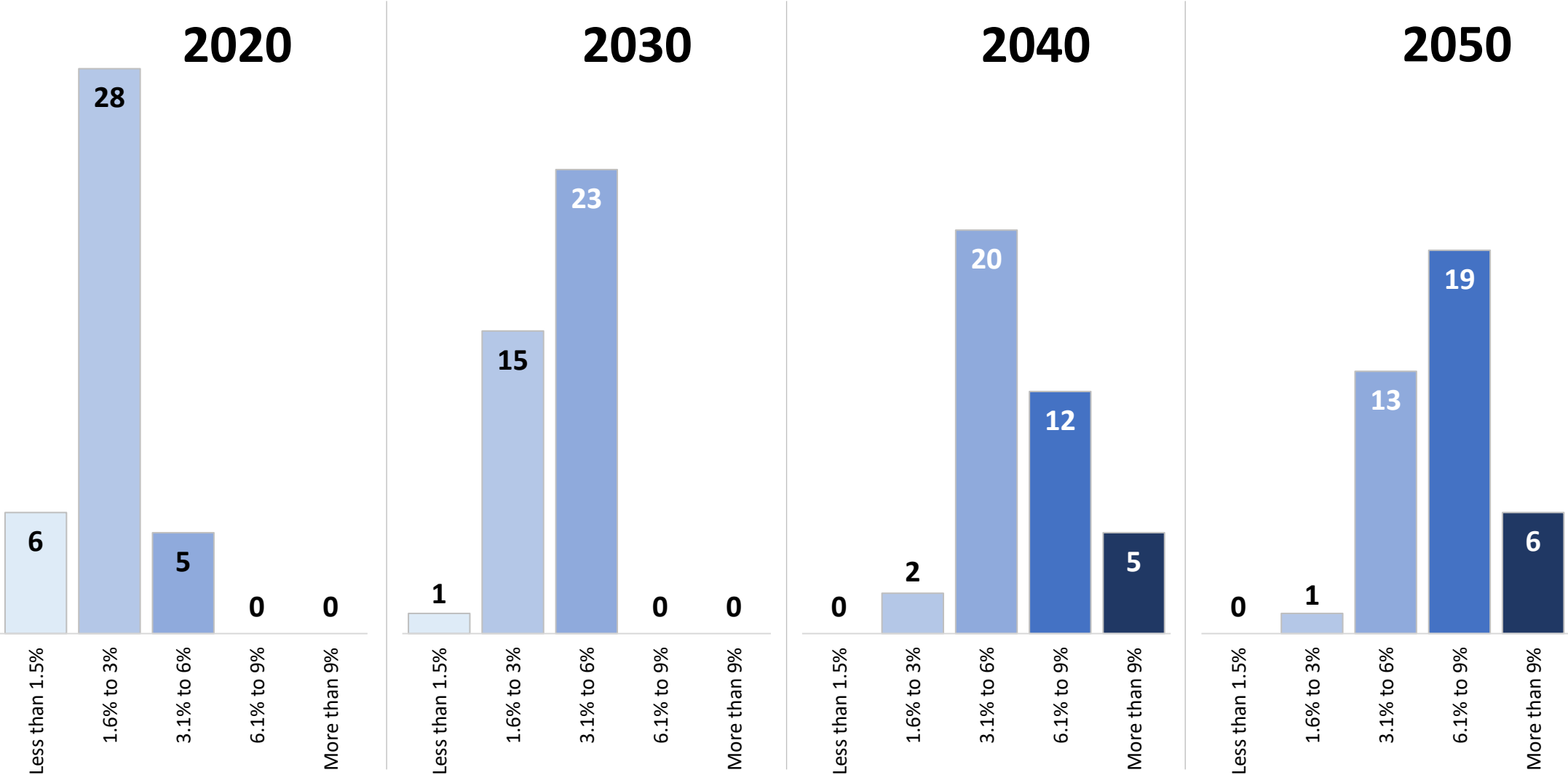
# Persons 85+ as a Percentage of the Total Population

## 2050

Estimates and Projections by County

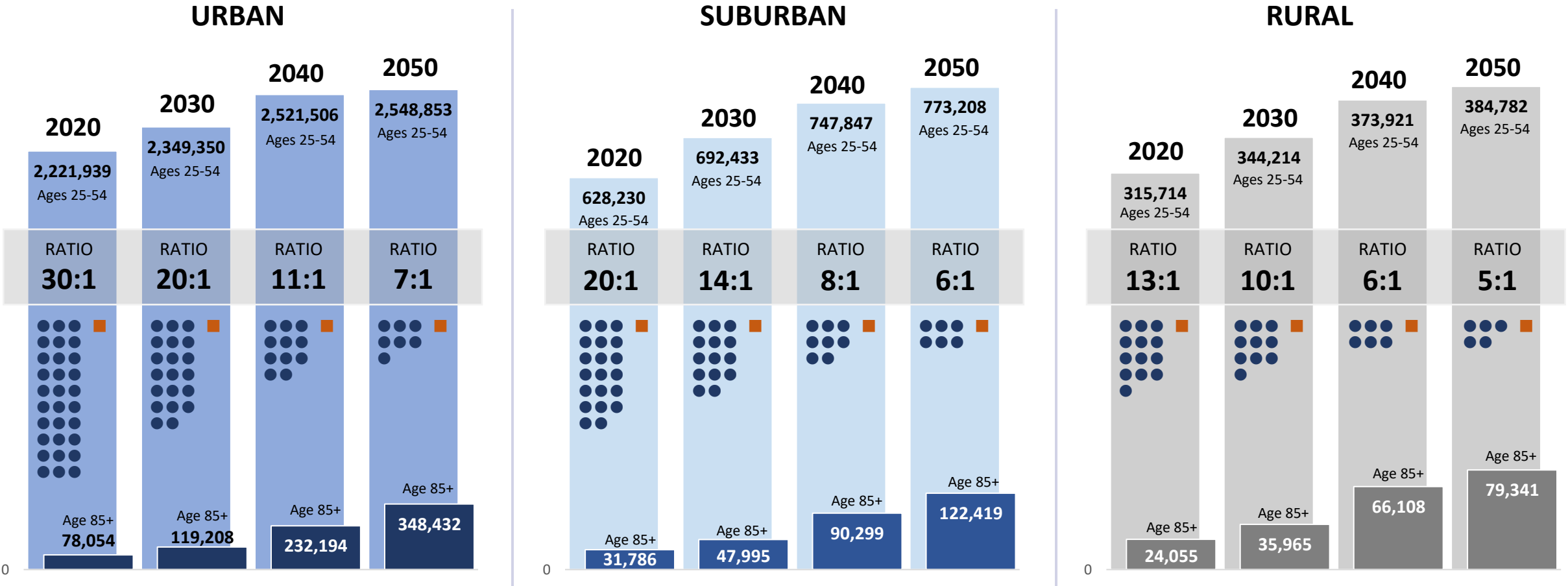


# Distribution of Counties by Persons 85+ as a Percentage of Total Population



SOURCES: Washington State Office of Financial Management, Forecasting and Research Division. Growth Management Act Population Projections for Counties: 2020 to 2050, February 2023.

The ratio of persons ages 25 to 54 relative to persons 85 and older will dramatically decrease, and exacerbate current LTSS workforce challenges

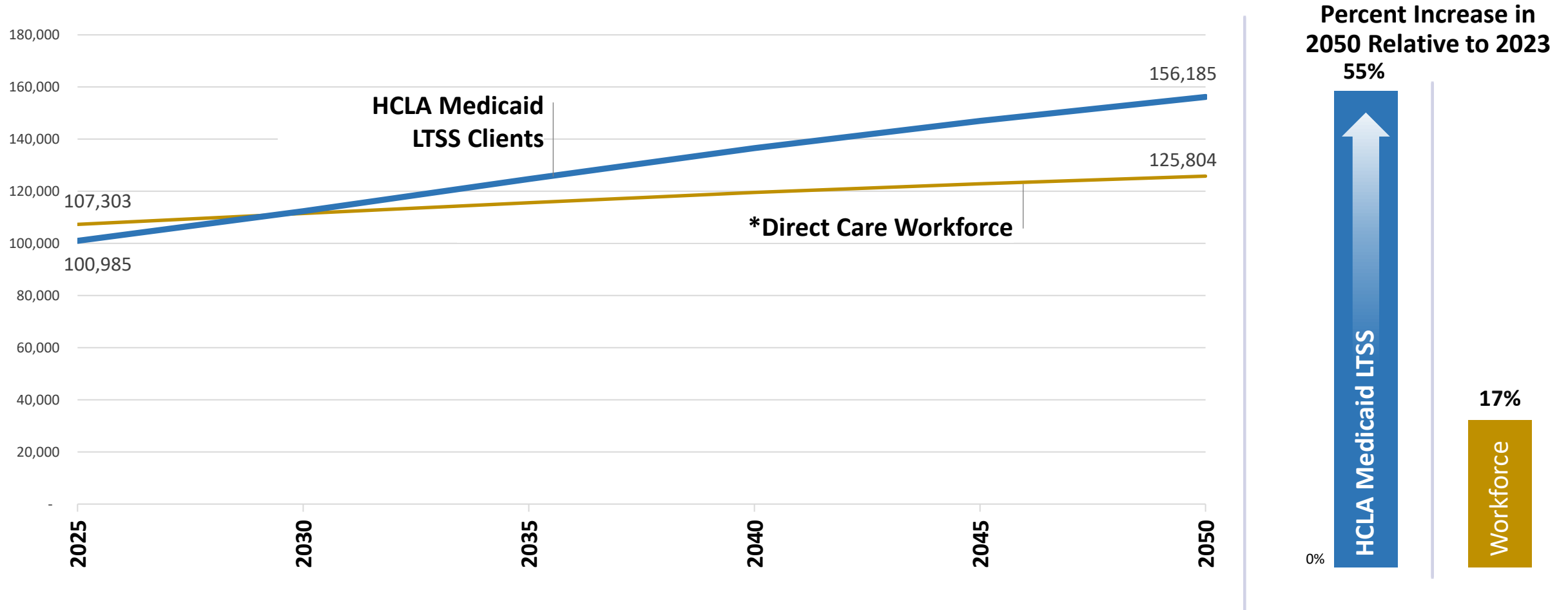


● = Represents all persons aged 25-54  
■ = Represents individuals aged 85+



SOURCE: Washington State Office of Financial Management, Forecasting and Research Division. State population forecast.

# Medicaid LTSS Caseload and Statewide Workforce Forecasts



\*INCLUDES : Nursing Assistants, Personal Care Aides, and Home Health Aides

SOURCE: Washington State Department of Social and Health Services, Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, June 2025.

U.S. Census Bureau, 2023 American Community Survey 5-Year PUMS data at <https://data.census.gov>, accessed January 30, 2025.

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# Strategies to address the workforce implications of the Age Wave

- ✓ Increase wage and benefit (insurance, retirement, childcare, transportation) compensation for the direct care workforce to help attract and retain workers
- ✓ Leverage tax incentives to encourage workers to enter the long-term care field
- ✓ Expand training and develop career paths to enhance workforce skills and job satisfaction
- ✓ Integrate technology to reduce physical burden on caregivers and improve efficiency (e.g., telehealth, robotics)
- ✓ Encourage community-based models of care and support families and other informal caregivers through training and financial assistance to reduce the reliance on formal care settings
- ✓ Enhance public perception of the value of long-term care jobs to shift perceptions and attract more candidates to the field from other sectors of the economy





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## **PART 2**

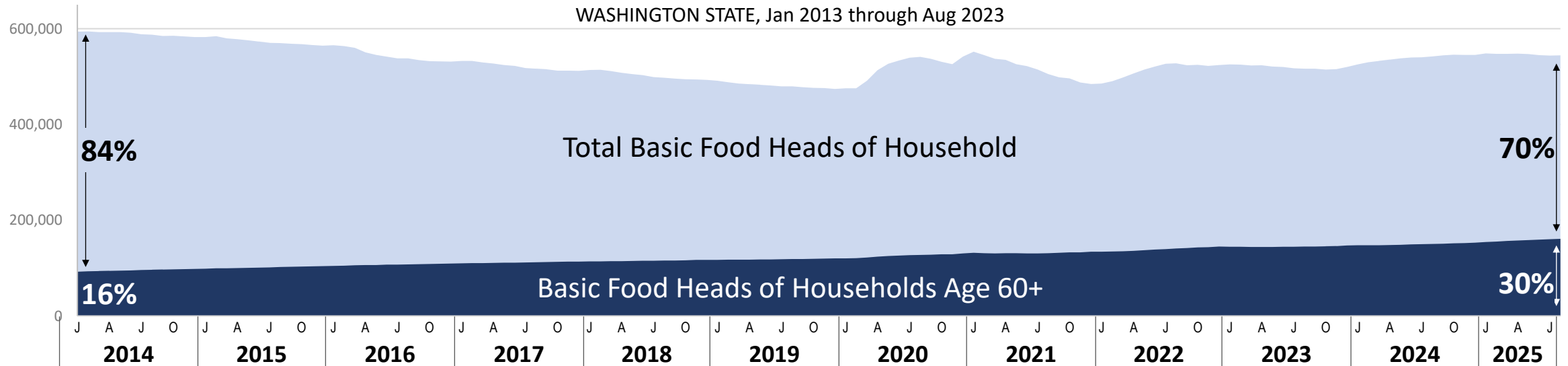
# **Food Insecurity and Housing Instability Among Seniors**

# Food Insecurity Among Elders in Washington State

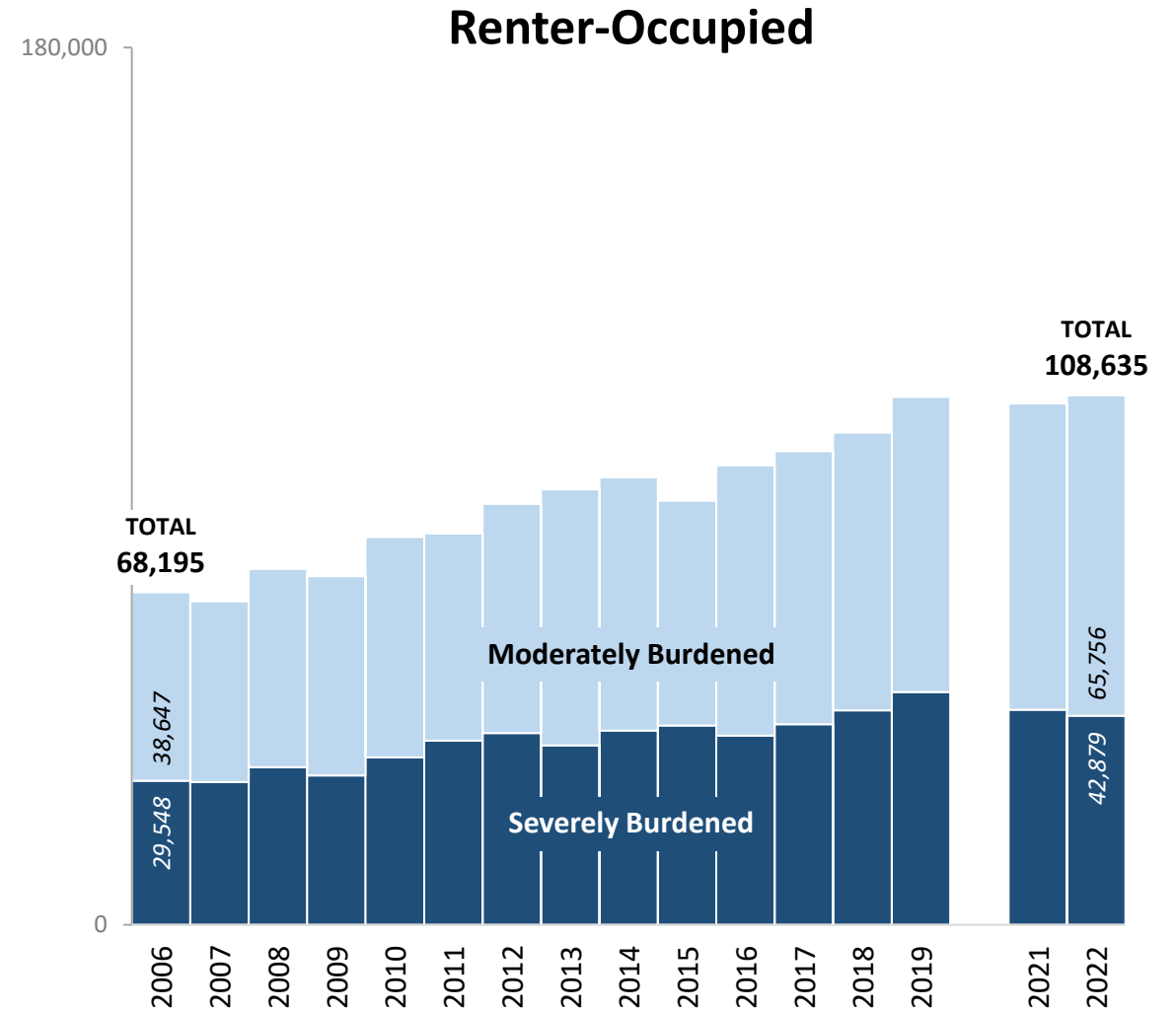
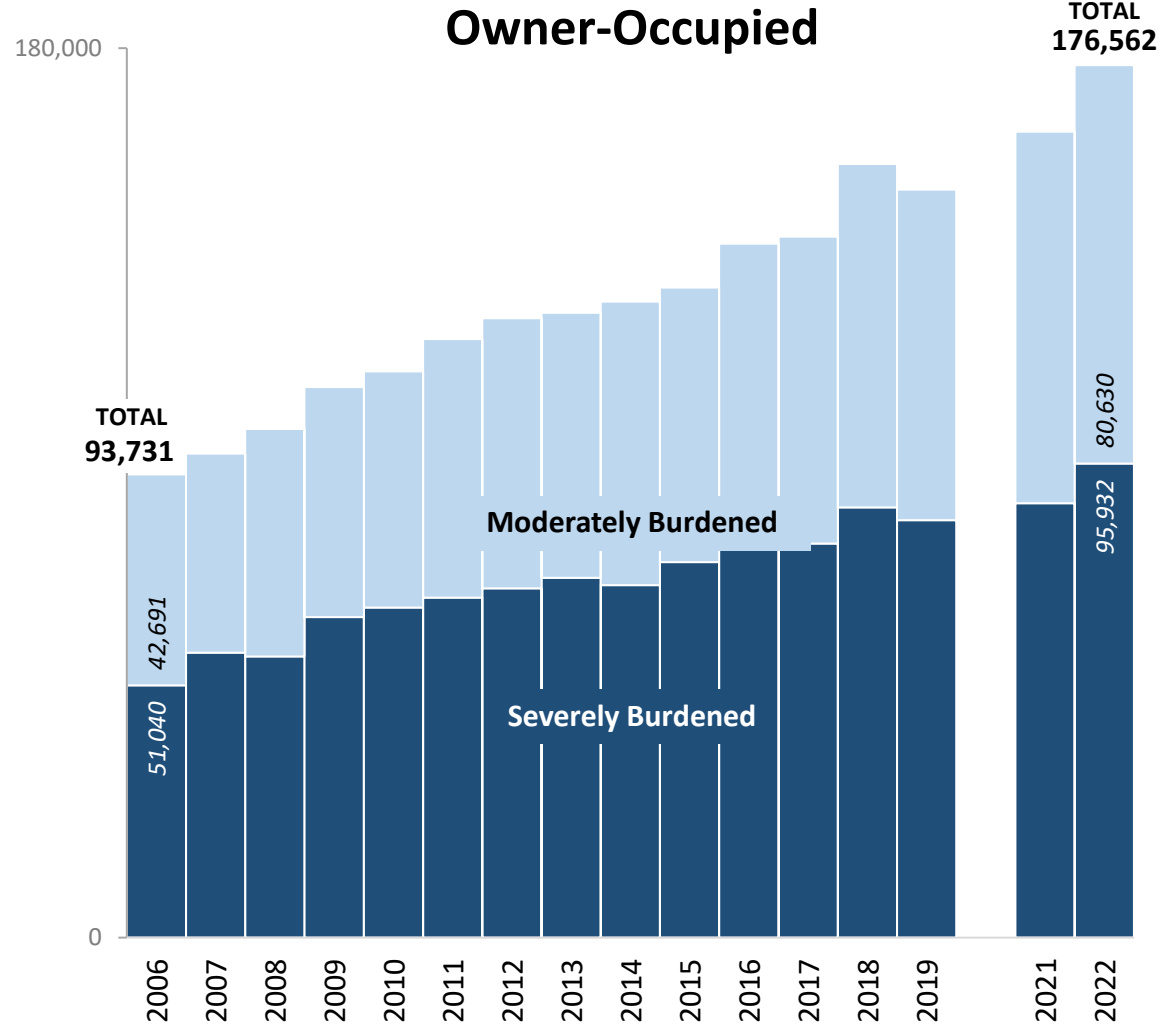
- Although food insecurity among seniors in Washington State is lower than the US average based on national survey data, food insecurity impacts a significant number of seniors, with 28 percent of Basic Food (SNAP) households in Washington State headed by persons aged 60+
- There are currently more than 161,000 households on Basic Food in Washington State headed by persons aged 60+. This is an increase of 74 percent since January 2014, while the overall Basic Food caseload declined by 8 percent over the same period.

## Basic Food Heads of Household Age 60 and Over are Increasing as Percent of the Total

WASHINGTON STATE, Jan 2013 through Aug 2023



# Number of Cost-Burdened Households, 65+



**SAMPLE:** Includes householders 65 years old and older

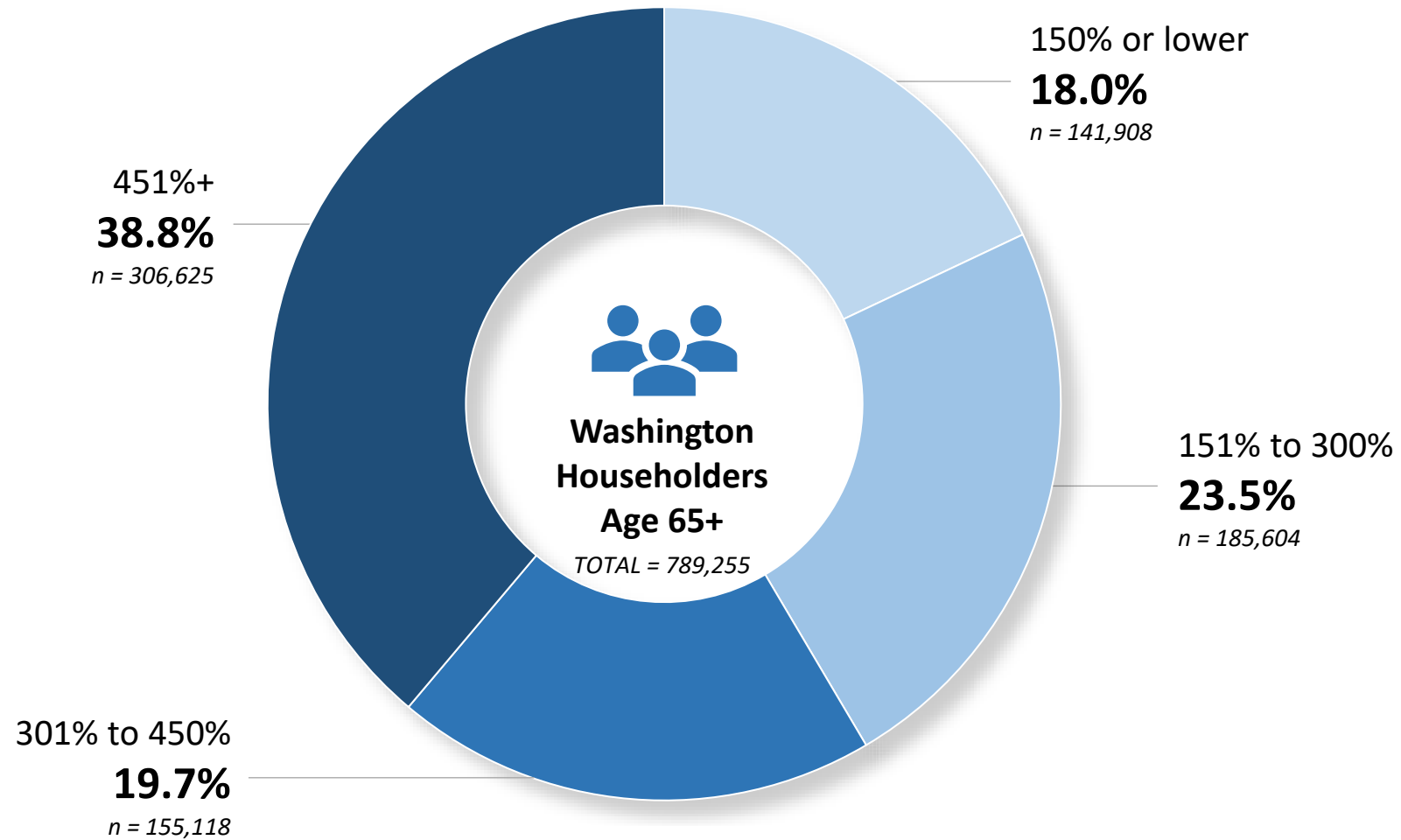
Housing costs: for homeowners, the housing costs include mortgage payments, utilities, real estate taxes, insurance, mobile home costs, and monthly condominium costs. For renters, they include rent and utilities.

Moderately burdened households spend between 30% to 50% of their income on housing costs. Severely burdened households spend 50% or more of their income on housing costs. Households with non-positive income are assumed severely burdened.

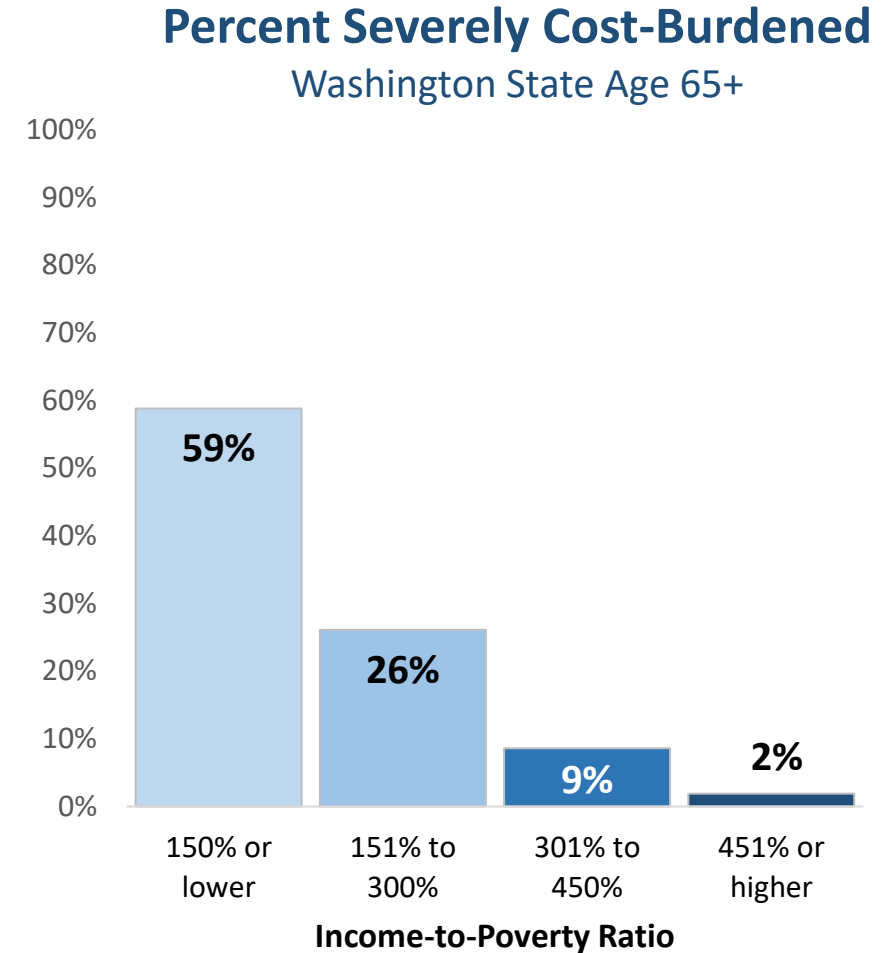
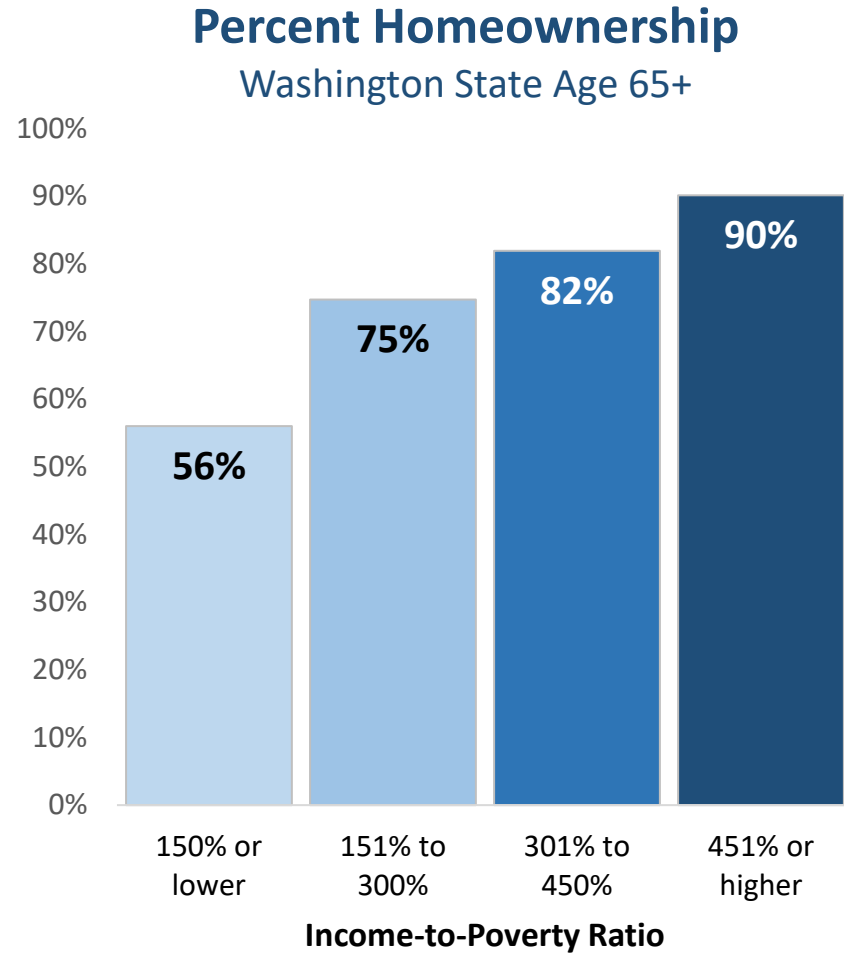
**SOURCE:** American Community Survey One-Year Public Use Microdata Sample (PUMS). 2020 data not available due to COVID-19.

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# Senior Householders by Income-to-Poverty Ratio, 2022



# Homeownership and Housing Cost Burden by Income Level in 2022, 65+

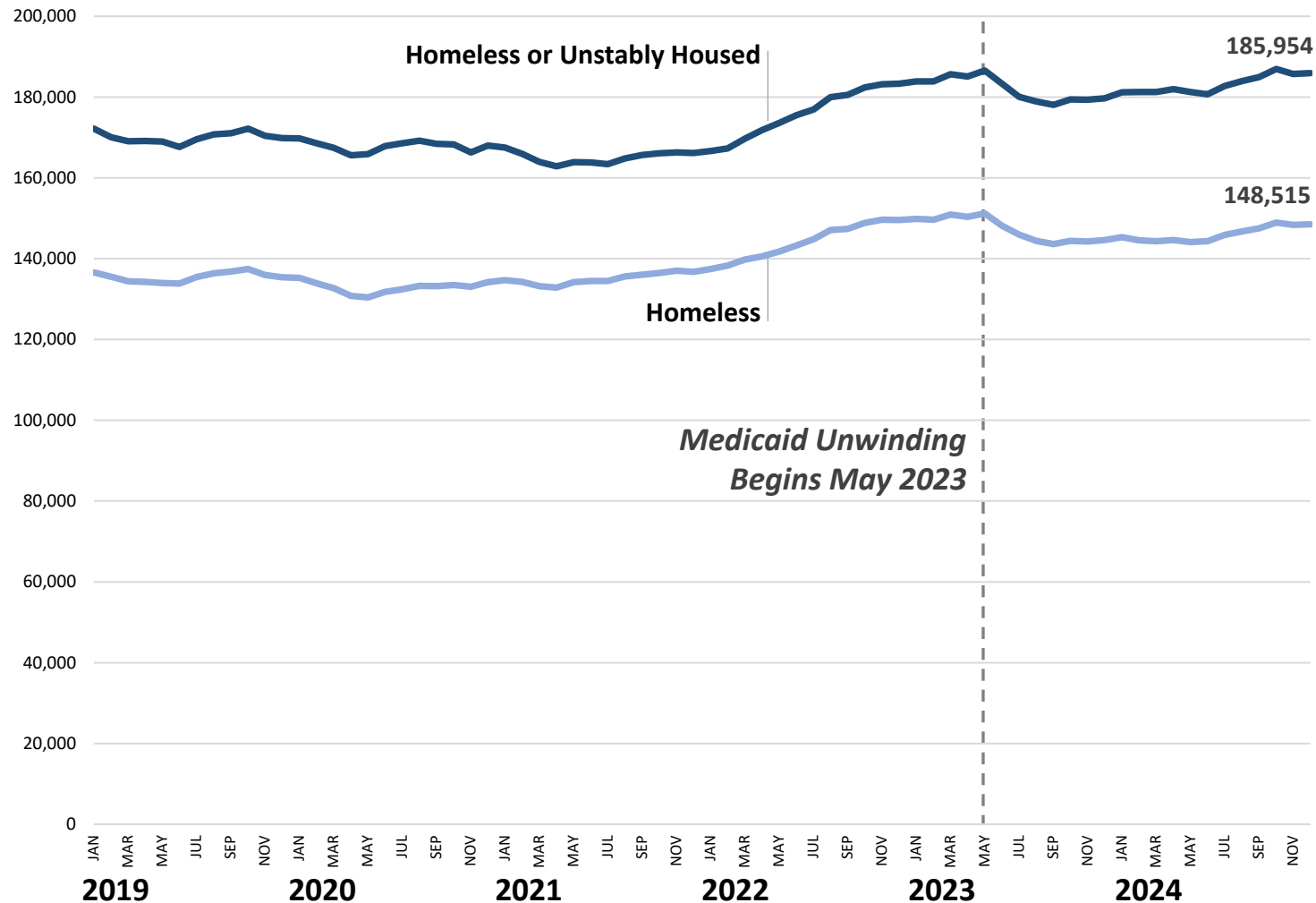


**SAMPLE:** Includes householders 65 years old and older

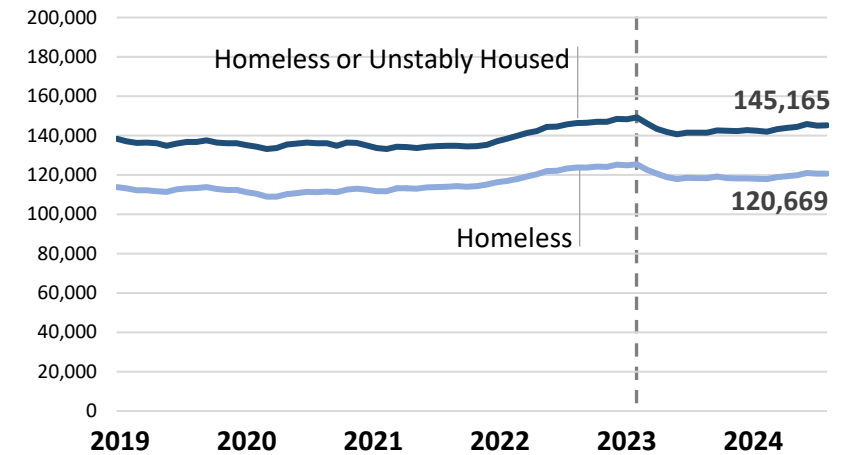
Housing costs: for homeowners, the housing costs include mortgage payments, utilities, real estate taxes, insurance, mobile home costs, and monthly condominium costs. For renters, they include rent and utilities. Moderately burdened households spend between 30% to 50% of their income on housing costs. Severely burdened households spend 50% or more of their income on housing costs. Households with non-positive income are assumed severely burdened.

**SOURCE:** 2022 American Community Survey One-Year Public Use Microdata Sample (PUMS).

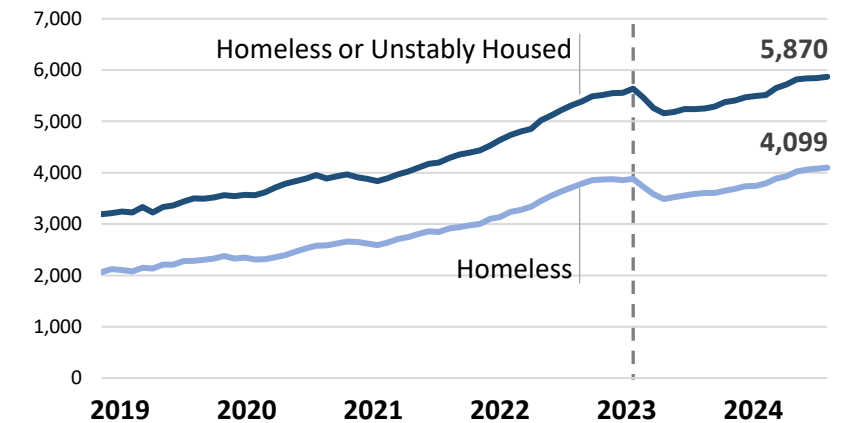
# Homeless or Unstably Housed, All Ages



## Homeless or Unstably Housed Adults, 18 to 64



## Homeless or Unstably Housed Adults, 65+



**Homelessness.** Includes clients identified as homeless based on: 1) client living arrangement (Homeless without Housing, Emergency Shelter, Domestic Violence Shelter, Inappropriate Living Situation) from the Automated Client Eligibility System (ACES); 2) address information in ACES indicating that an individual experienced homelessness (e.g., their address was "homeless"); 3) shelter expense data from ACES that indicated the client experienced homelessness; 4) WorkFirst participation data on homelessness as a barrier to employment obtained from ESA's Electronic Jobs Automated System (eJAS); 5) housing service information recorded in the Homeless Management Information System (HMIS); or 6) medical claims with a homelessness diagnosis code ("Z590") from ProviderOne.

**Unstably Housed or Homeless.** Includes clients identified as homeless based on the preceding definition OR who: 1) were "Homeless with Housing" based on ACES living arrangement data; 2) had address information in ACES that indicated the participant did not have a fixed residential address but were currently sheltered (e.g., their address was "couch surfing," "general delivery," or was the same as that of a DSHS Community Service Office); or 3) came in contact with Washington's Coordinated Entry system, were enrolled in a transitional housing program, or received homeless prevention services as recorded in HMIS.

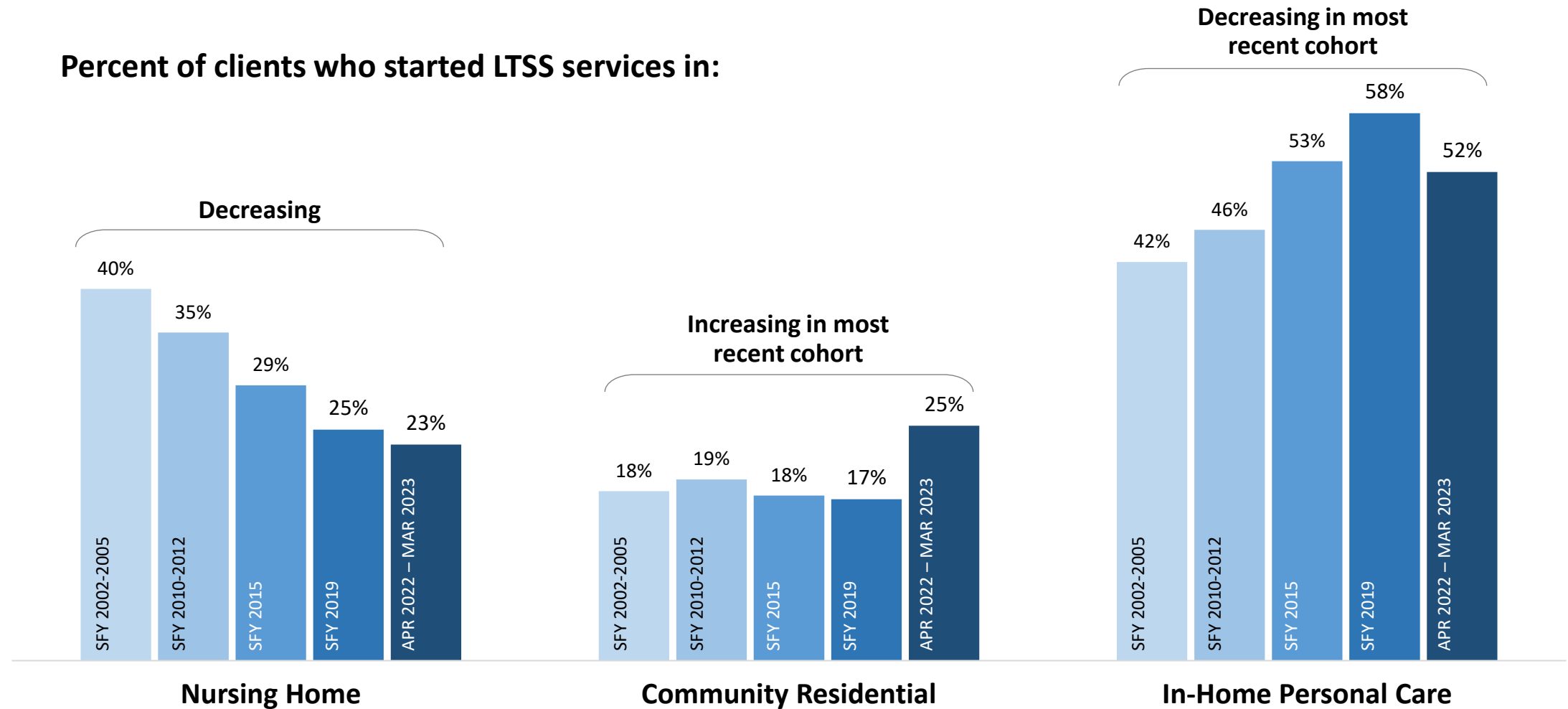
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# Initial Service Modality Is Increasingly In-Home Personal Care

Comparison of cohorts starting LTSS services in SFYs 2002-05, 2010-12, 2015, 2019, and the 12 months ending March 2023

Percent of clients who started LTSS services in:



# Prevalence of Homelessness Among Seniors Is Relatively Low, But Growing Rapidly

- **Seniors are increasingly facing moderate to severe housing cost burdens**
- **The number of homeless seniors identifiable through participation in public health and human service program participation doubled from 2019 to 2024**
- There is significant regional variation in housing instability and homelessness driven by regional differences in housing affordability
- Mental health needs and substance use disorders are significant risk factors for homelessness at the individual level
- **The Medicaid LTSS delivery system has become an increasingly important resource for housing supports**



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## Appendix Supplemental Information



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## Dementia Prevalence and Forecasts

# Measuring Dementia Prevalence Using Statewide Medicare Data

- Dementia prevalence is estimated for CY 2023 Washington State Medicare beneficiaries based on the presence of dementia-related diagnoses in available Medicare claims spanning the 2021 to 2023 time period
- Dementia is defined broadly to include Alzheimer's and related dementia diagnoses (vascular dementia, unspecified dementia, etc.)
- Measuring prevalence using the actual health service experiences of several hundred thousand Washington State Medicare beneficiaries supports more detailed direct prevalence estimates for groups that are often underrepresented in survey data
- Long-term forecasts of dementia prevalence are based on observed prevalence rates for Washington State Medicare beneficiaries and detailed OFM forecasts of state population change through 2050

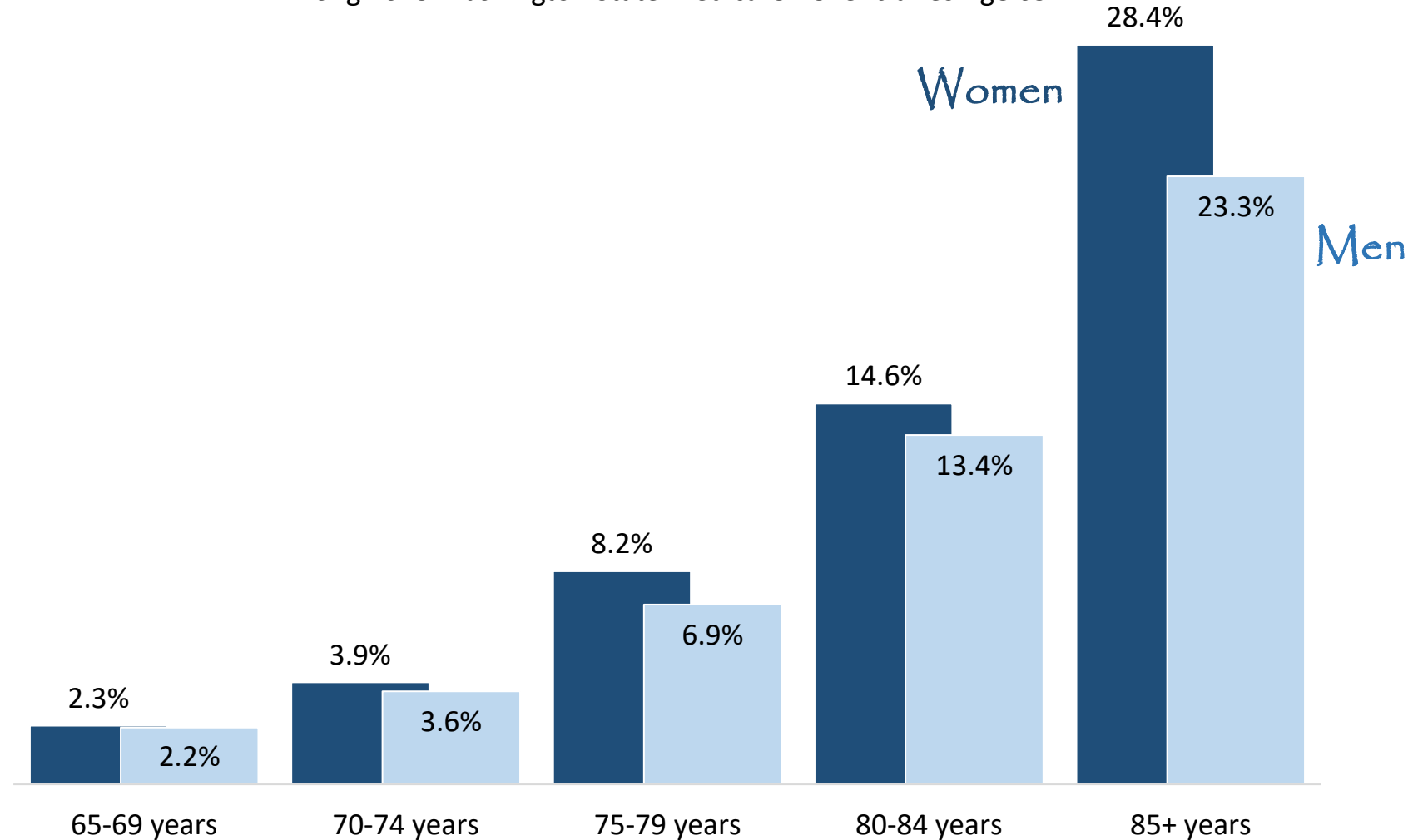
## Additional Measurement Details

- Prevalence estimates were derived from the experience of approximately 612,000 Washington State fee-for-service (FFS) Medicare beneficiaries with at least 6 months of FFS Medicare enrollment in CY 2021, CY2022 and CY 2023
- All diagnosis fields recorded on Medicare inpatient, nursing facility, home health, hospice, and carrier claims were scanned to identify indicators of dementia
- Dementia was indicated by the presence of at least one of a specified set of diagnoses over the three-year period spanning 2021 to 2023
- Dementia code set is available upon request



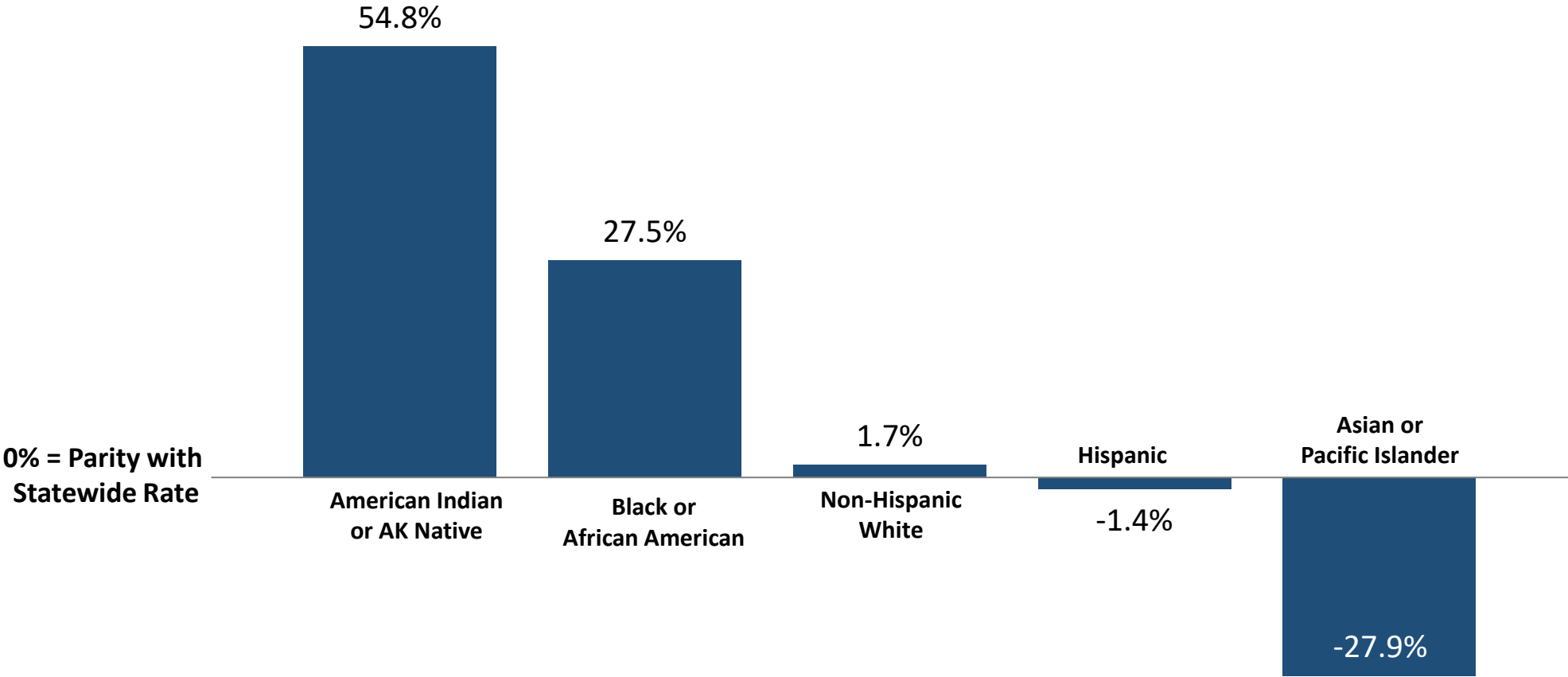
# Dementia Prevalence Rates Are Somewhat Higher for Women

Among 2023 Washington State Medicare Beneficiaries Age 65+



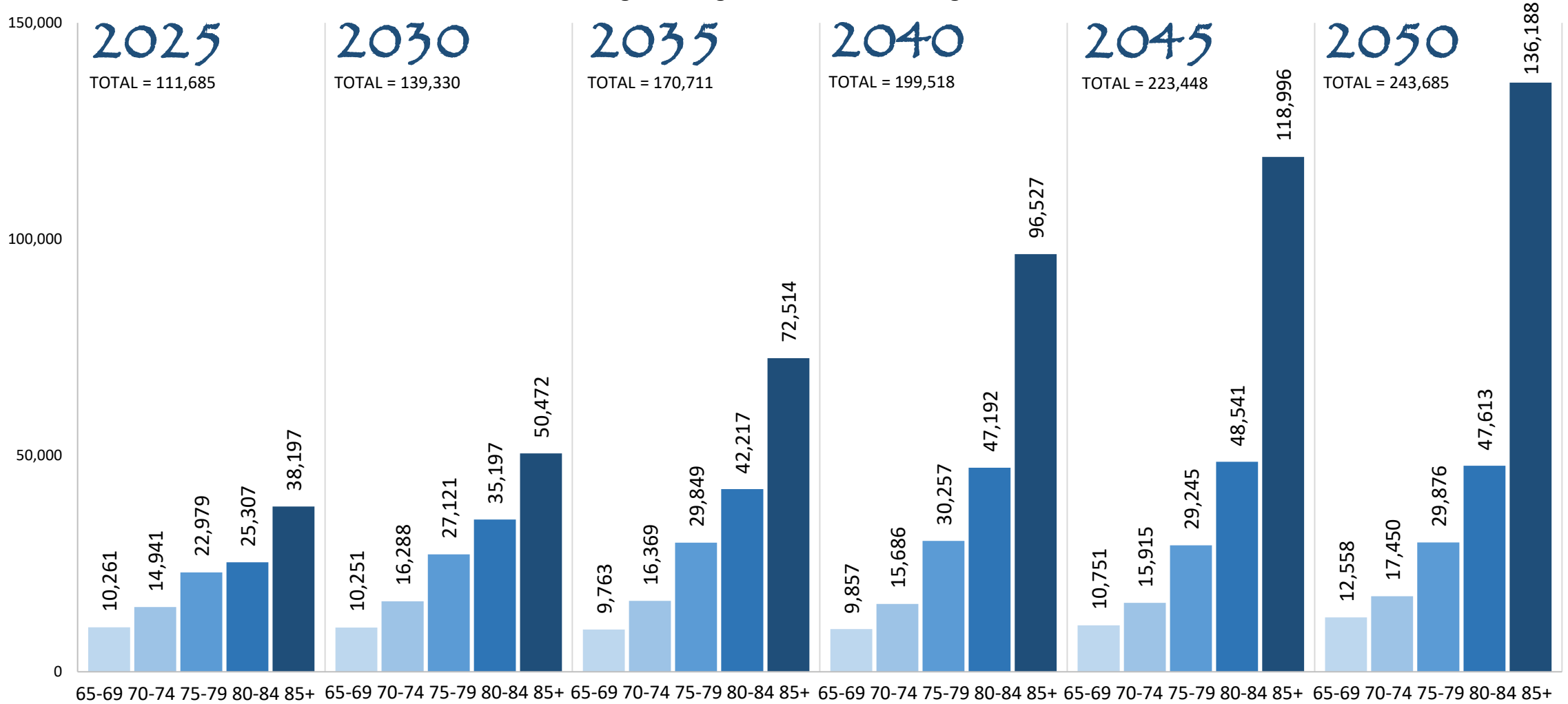
# Dementia Risk Is Higher Among Black and American Indian Medicare Beneficiaries

Dementia Prevalence Relative to Statewide Rate Among CY 2023 Washington State Medicare Beneficiaries Aged 65 to 74



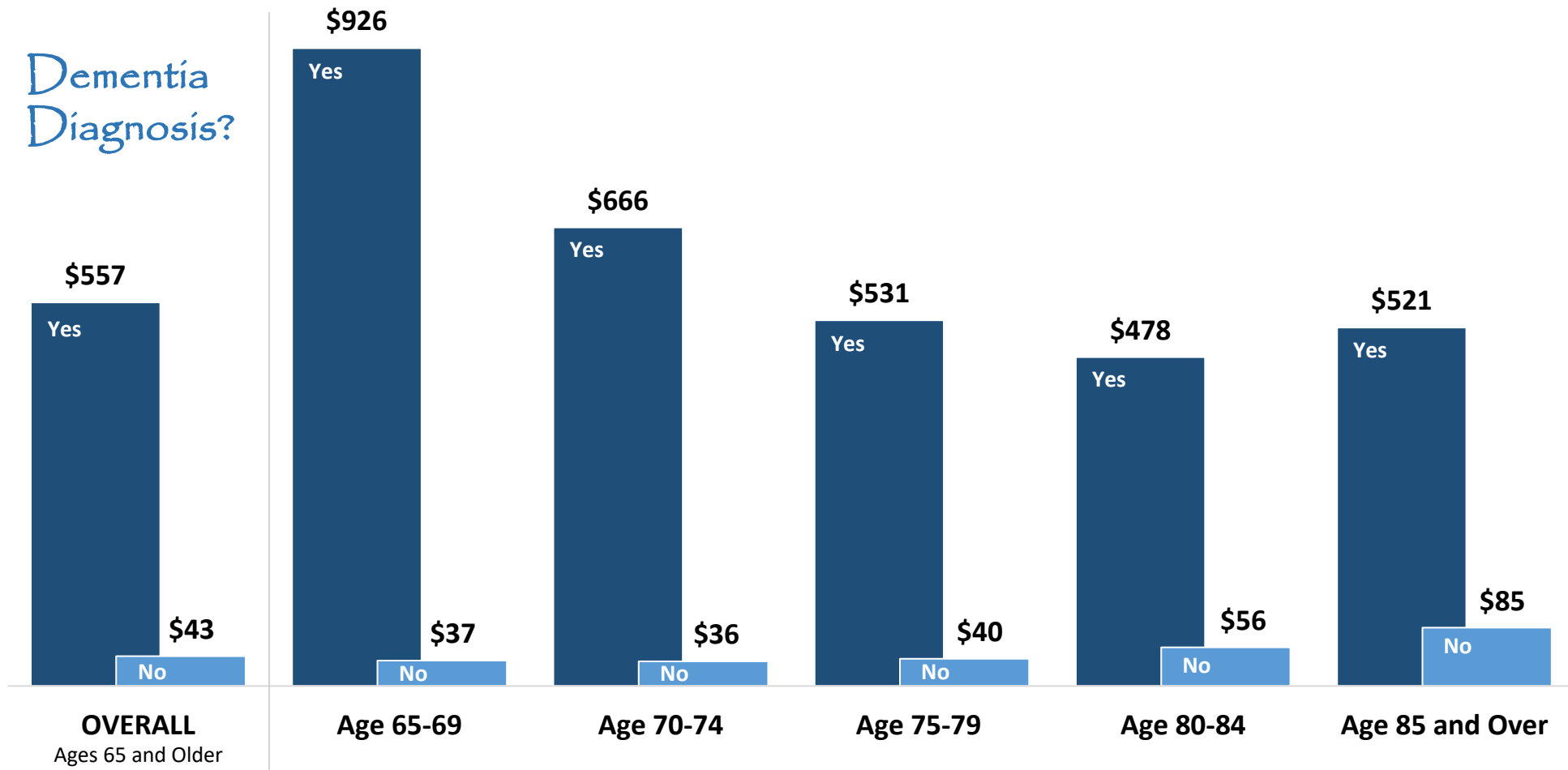
# Forecast Number of Persons with Dementia

Among Washington State Residents Age 65+



# Medicaid Long Term Services and Supports Expenditure

Per Member Per Month, Ages 65 and Older, CY 2018 Washington State Medicare Beneficiaries



**NOTES:** Medicare and Medicaid Long Term Services and Support expenditures among CY 2018 fee-for-service Medicare beneficiaries Age 65+ with 6+ months of Medicare enrollment, including beneficiaries who were not dually eligible for Medicaid.

**SOURCE:** DSHS Integrated Client Databases Maintained by the Research and Data Analysis Division.



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## LTSS Policy Innovations and Rebalancing Towards Home- and Community-based Services

# LTSS Program Initiatives Supporting Rebalancing

45 years of innovation!

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 **1989** Statewide respite program implementation

1988 **1989** State Plan personal care for individuals with physical disabilities

1989 **1989** Institutional downsizing begins for the I/DD population

1990

1991

1992

1993

1994

1995

**1995** Required training for all in-home personal care assistance

**1995** State plan eligibility expands to those with functional disabilities

1996

1997 **1999** Supreme Court issues Olmstead decision

1998 **1999** Developmental Disabilities Endowment Fund

1999 **1999** First nurse delegation law and law allowing pay for family members providing skilled tasks

2000

**2000** State Family Caregivers Program

2001 **2001** Supported Living becomes a program

2001 **2001** Self-directed care providers vote to unionize

2002 **2003** Abuse registry

2003 **2003** Standardized electronic assessment with acuity-based payment methodology used across all HCBS populations (aging, physical, developmental disabilities)

2004

**2003** President's Committee on Mental Retardation changes its name to the "President's Committee for People with Intellectual Disabilities"

2005

2006 **2006** Working Age Adult Policy the first "Employment First" policy in the country

2007

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

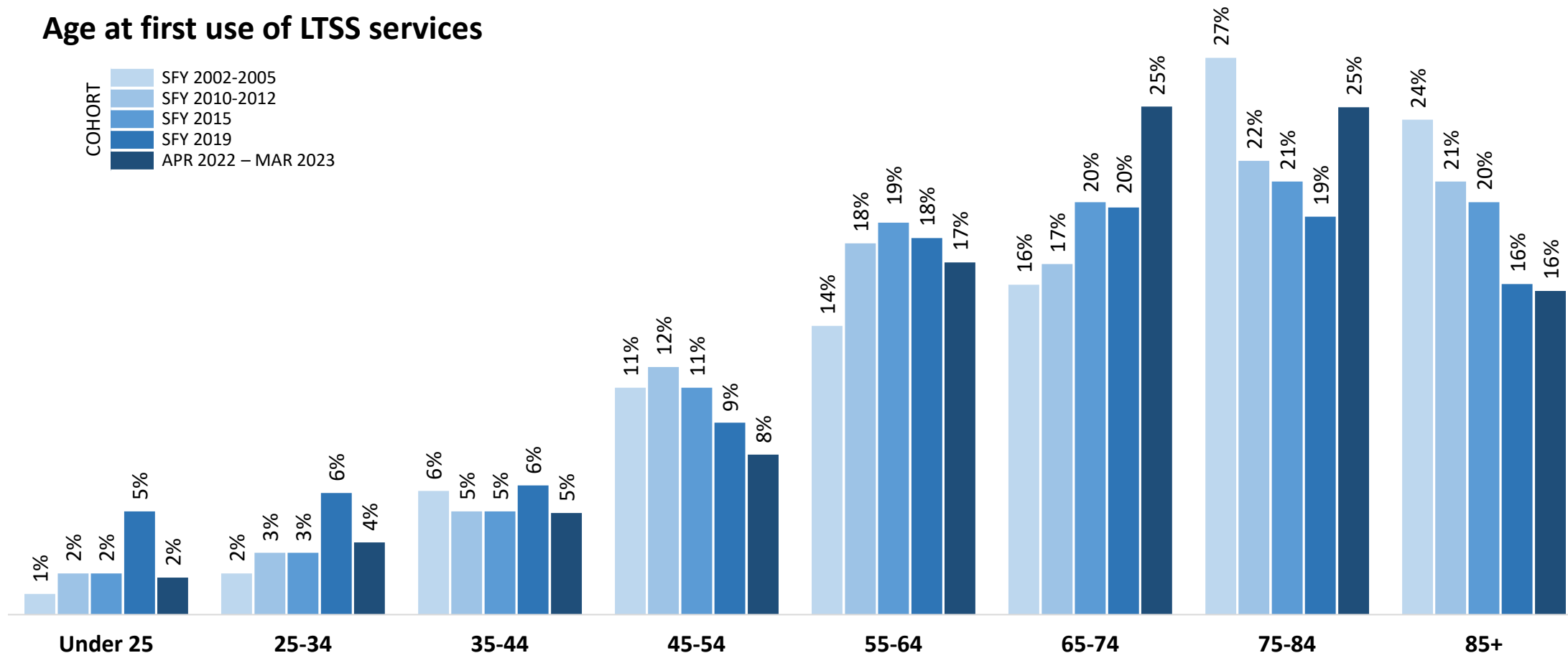
2026 **2026** WA Cares Benefit Implementation



# Age at First Use of LTSS Services Has Been Decreasing over Time

Comparison of cohorts starting LTSS services in SFYs 2002-05, 2010-12, 2015, 2019, and the 12 months ending March 2023

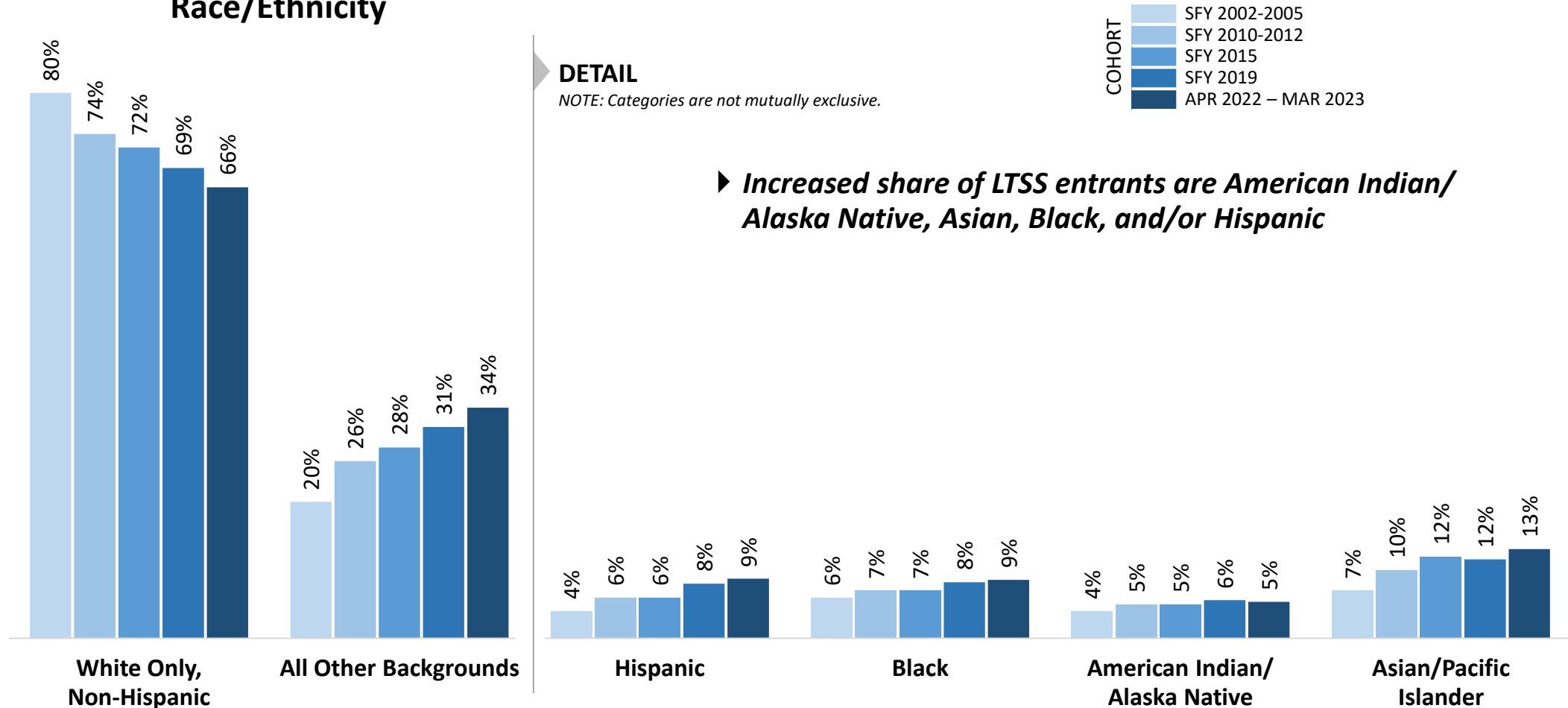
## Age at first use of LTSS services



# Increasing Diversity of Medicaid LTSS Clients Over Time

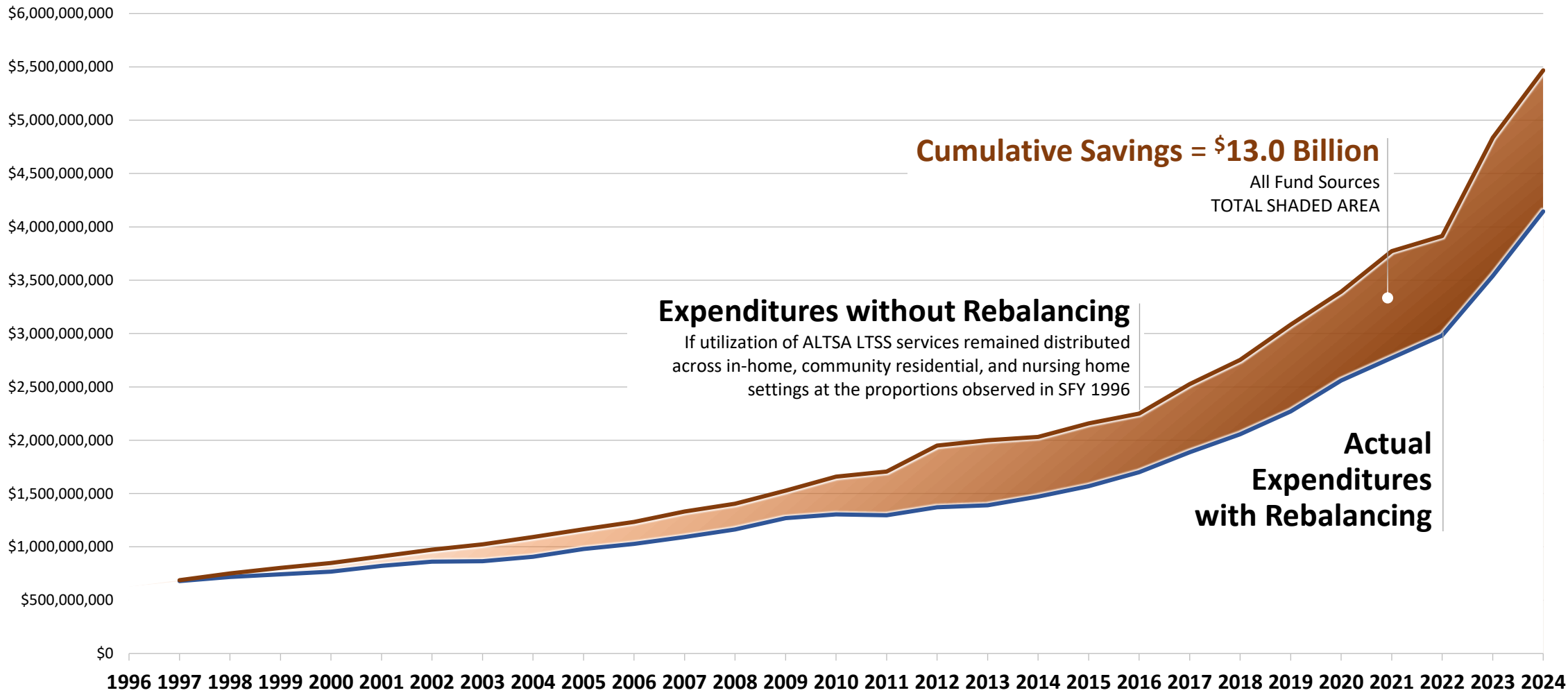
Comparison of cohorts starting LTSS services in SFYs 2002-05, 2010-12, 2015, 2019, and the 12 months ending March 2023

## Race/Ethnicity



# ALTSA Long-Term Services and Supports Rebalancing Savings

Annual ALTSA LTSS Service Expenditures\* • All Fund Sources • Cumulative Savings SFY 1997—SFY 2024



**Cumulative Savings = \$13.0 Billion**

All Fund Sources  
TOTAL SHADED AREA

## Expenditures without Rebalancing

If utilization of ALTSA LTSS services remained distributed across in-home, community residential, and nursing home settings at the proportions observed in SFY 1996

**Actual Expenditures with Rebalancing**



NOTES: In-scope services for this analysis include ALTSA in-home personal care services, community residential services, and nursing home services. Estimated rebalancing savings include acuity adjustments to per capita expenditures to reflect the expected lower average acuity of clients who would have been served in in-home or community residential settings in the absence of rebalancing.

# LTSS Rebalancing Financial Impact Methodology

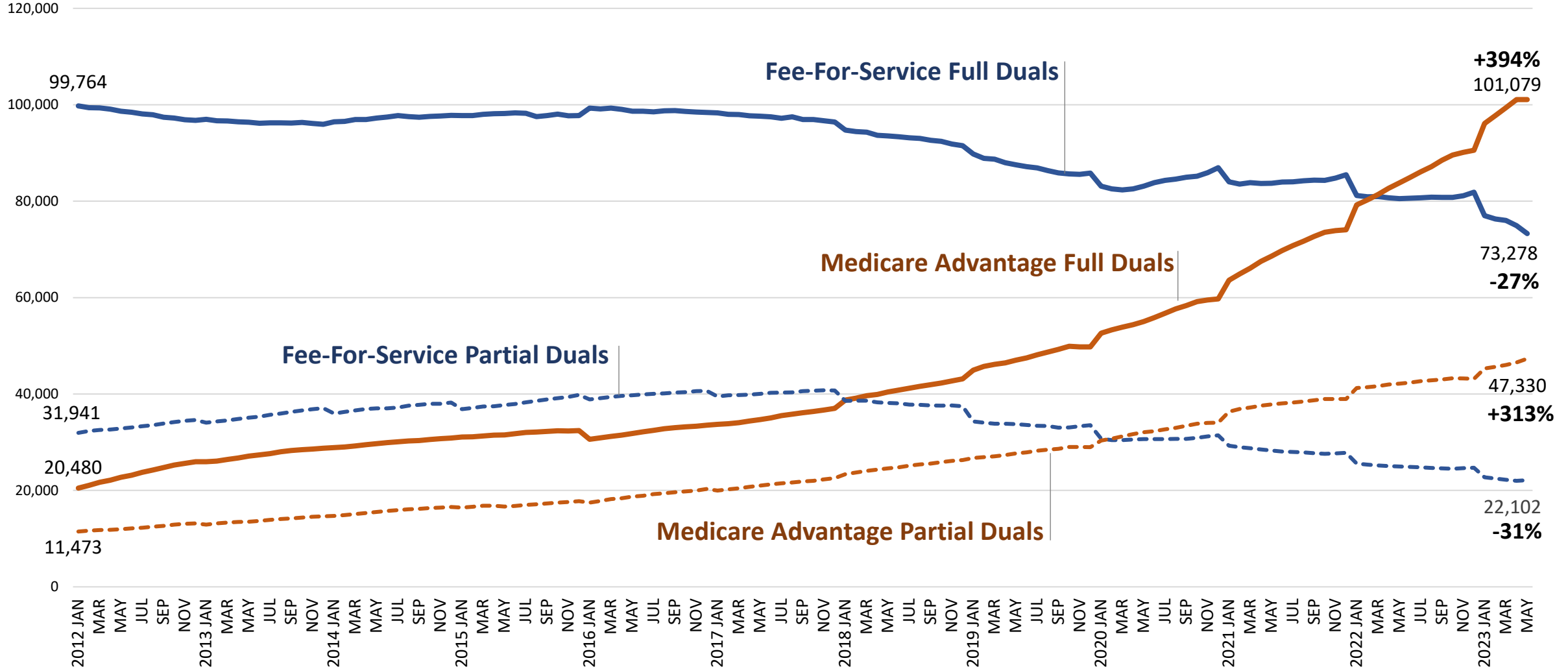
- Calculate the percentage distribution of ALISA LTSS clients across major service modalities in SFY 1996: In-home Personal Care, Adult Family Homes, Assisted Living, Adult Residential Care, and Nursing Homes
- Simulate the **caseloads** that would have been experienced by major modality if percentage distribution of LTSS caseloads across modalities over the SFY 1997-2024 period had remained the same as experienced in SFY 1996
- Simulate the **expenditures** that would have been experienced by applying actual SFY 1997-2024 per capita nursing home costs and estimated in-home and community residential per cap costs that maintain the same cost-relativity to nursing home costs as observed in SFY 2024. This has the effect of significantly lowering simulated in-home and community residential per cap costs, relative to actual per cap costs, reflecting the expectation that a lower acuity population would have been served in HCBS settings in the absence of rebalancing.
- Compare the total costs of the simulated caseload distribution to the actual and forecast total LTSS costs incurred over the SFY 1997-2024 period. The difference comprises the estimated savings (all funds).

# Medicare and Social Security Recipients

	Medicare <sup>1</sup> (May 2025)		Social Security <sup>2</sup> (December 2024)	
	Total (All Beneficiaries)	Prescription Drug	Total (All Categories)	Age 65 and Older
<b>Washington</b>	<b>1,545,839</b>	<b>1,204,898</b>	<b>1,485,645</b>	<b>1,240,685</b>
Adams	2,902	2,264	2,835	2,210
Asotin	6,806	5,322	7,040	5,580
Benton	40,869	32,483	40,775	33,180
Chelan	19,893	16,255	19,665	16,790
Clallam	29,347	22,301	28,720	24,860
Clark	104,747	85,691	101,155	84,615
Columbia	1,352	1,014	1,350	1,130
Cowlitz	28,843	24,008	29,780	23,465
Douglas	9,267	7,602	9,375	7,945
Ferry	2,462	1,701	2,680	2,140
Franklin	12,438	9,722	12,690	9,885
Garfield	746	561	715	585
Grant	17,995	14,285	18,570	14,745
Grays Harbor	22,405	16,815	22,995	18,065
Island	26,853	19,497	25,825	22,865
Jefferson	15,104	11,616	14,315	13,055
King	358,075	287,308	320,430	278,675
Kitsap	65,105	42,574	60,820	51,530
Kittitas	10,562	8,105	10,305	8,770
Klickitat	7,032	5,083	7,070	5,875
Lewis	23,003	18,170	23,705	18,760
Lincoln	3,705	2,779	3,715	3,040
Mason	19,642	14,414	19,795	16,335
Okanogan	12,087	8,995	12,105	9,990
Pacific	9,184	6,934	9,480	7,845
Pend Oreille	4,569	3,384	4,835	3,820
Pierce	171,733	125,024	167,725	135,750
San Juan	6,786	5,511	6,240	5,820
Skagit	35,364	28,106	34,655	29,800
Skamania	2,916	2,140	3,080	2,580
Snohomish	148,326	118,792	140,075	118,100
Spokane	120,064	95,430	118,325	94,230
Stevens	14,326	10,555	15,090	12,155
Thurston	68,963	51,861	67,900	56,020
Wahkiakum	1,733	1,362	1,745	1,430
Walla Walla	14,631	11,452	14,600	12,230
Whatcom	52,971	43,385	50,985	43,640
Whitman	6,940	5,491	6,855	5,635
Yakima	46,089	36,905	47,625	37,540

# Medicare Advantage Plans Have Rapidly Gained Market Share

Medicaid and Medicare Full Dual and Partial Dual Eligibles, January 2012 – May 2023



SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.

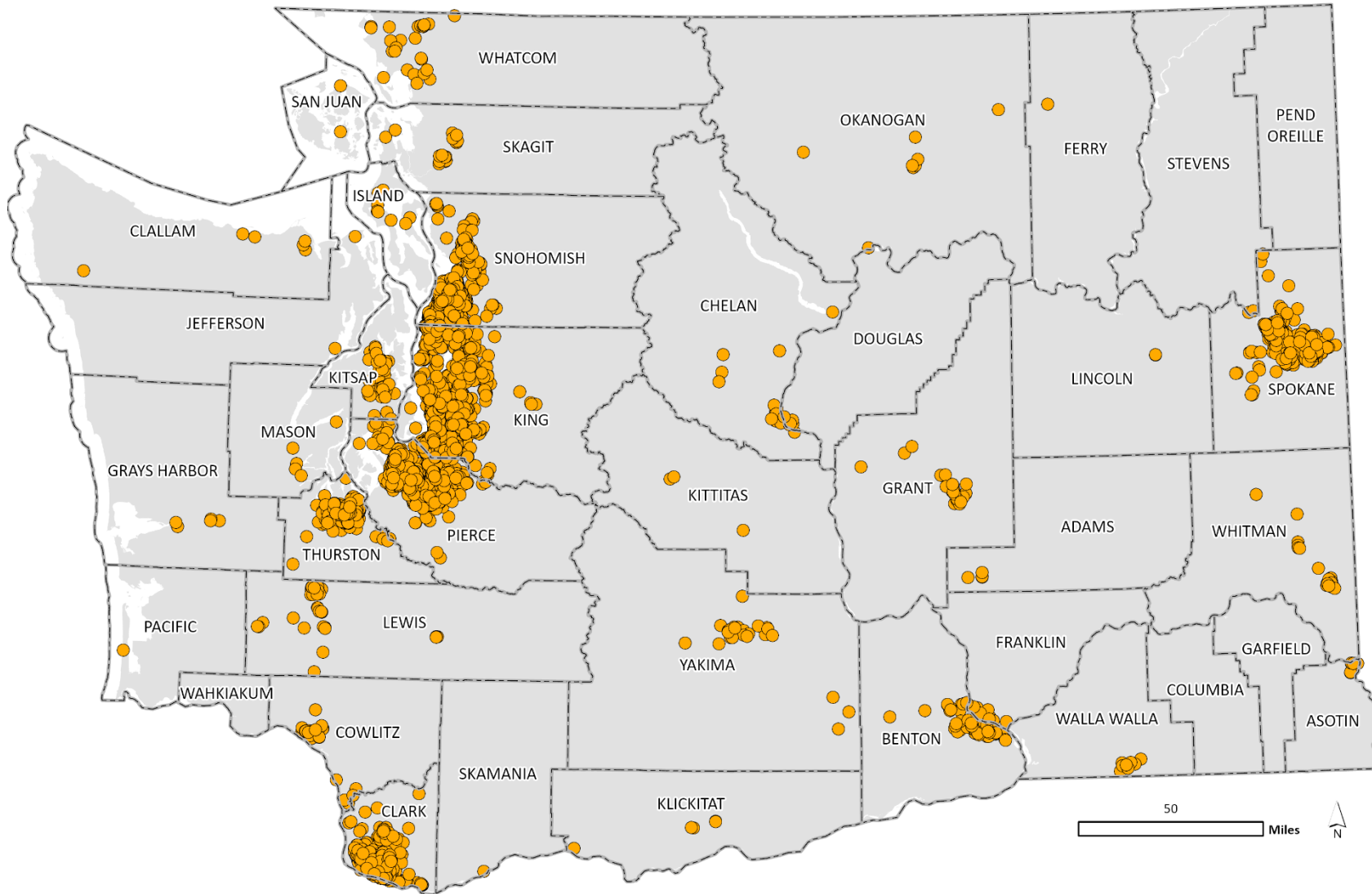


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## DSHS Facility Maps

## DSHS Licensed Adult Family Homes

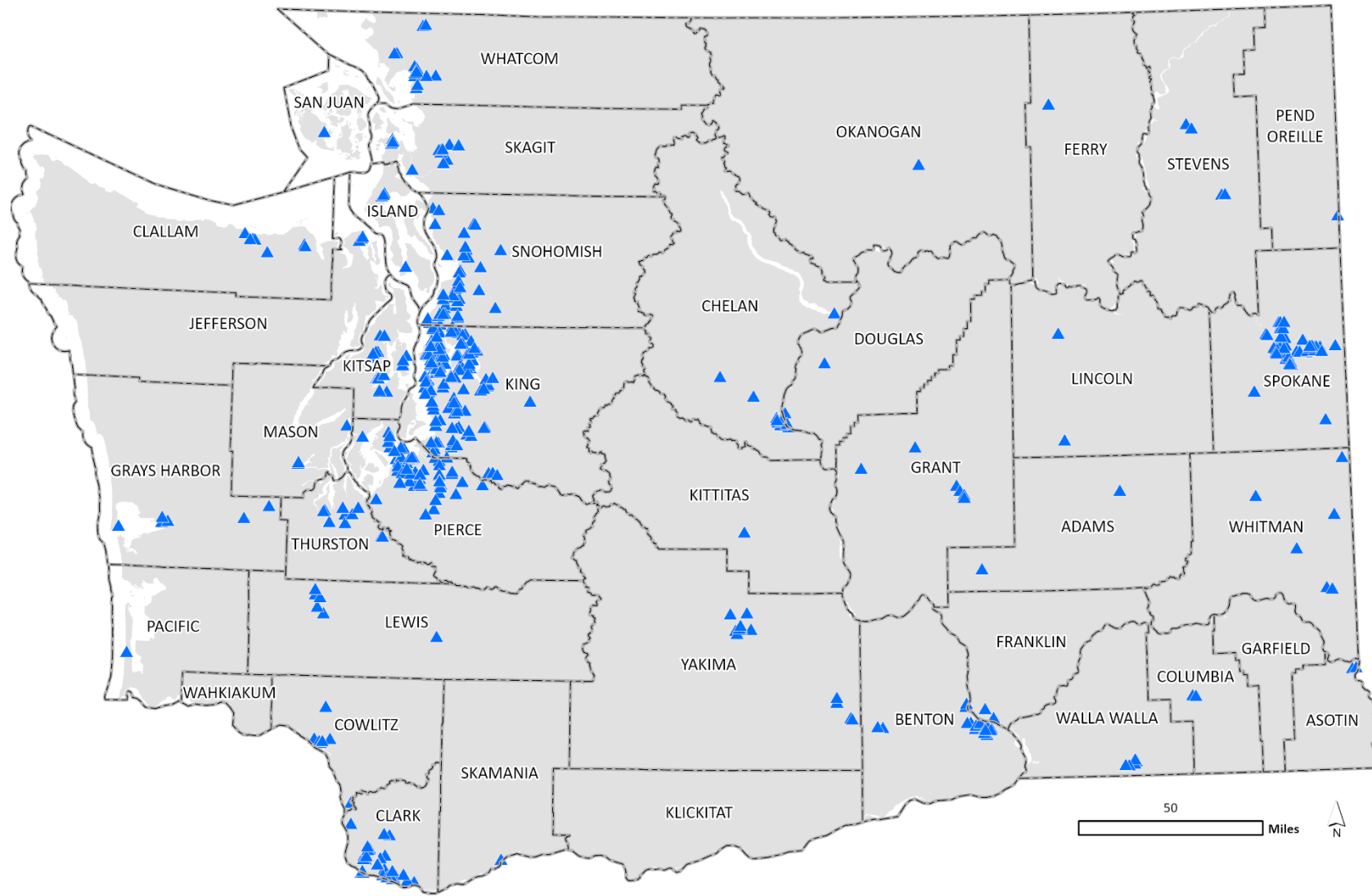
As of September 11th, 2025, TOTAL = 5,609





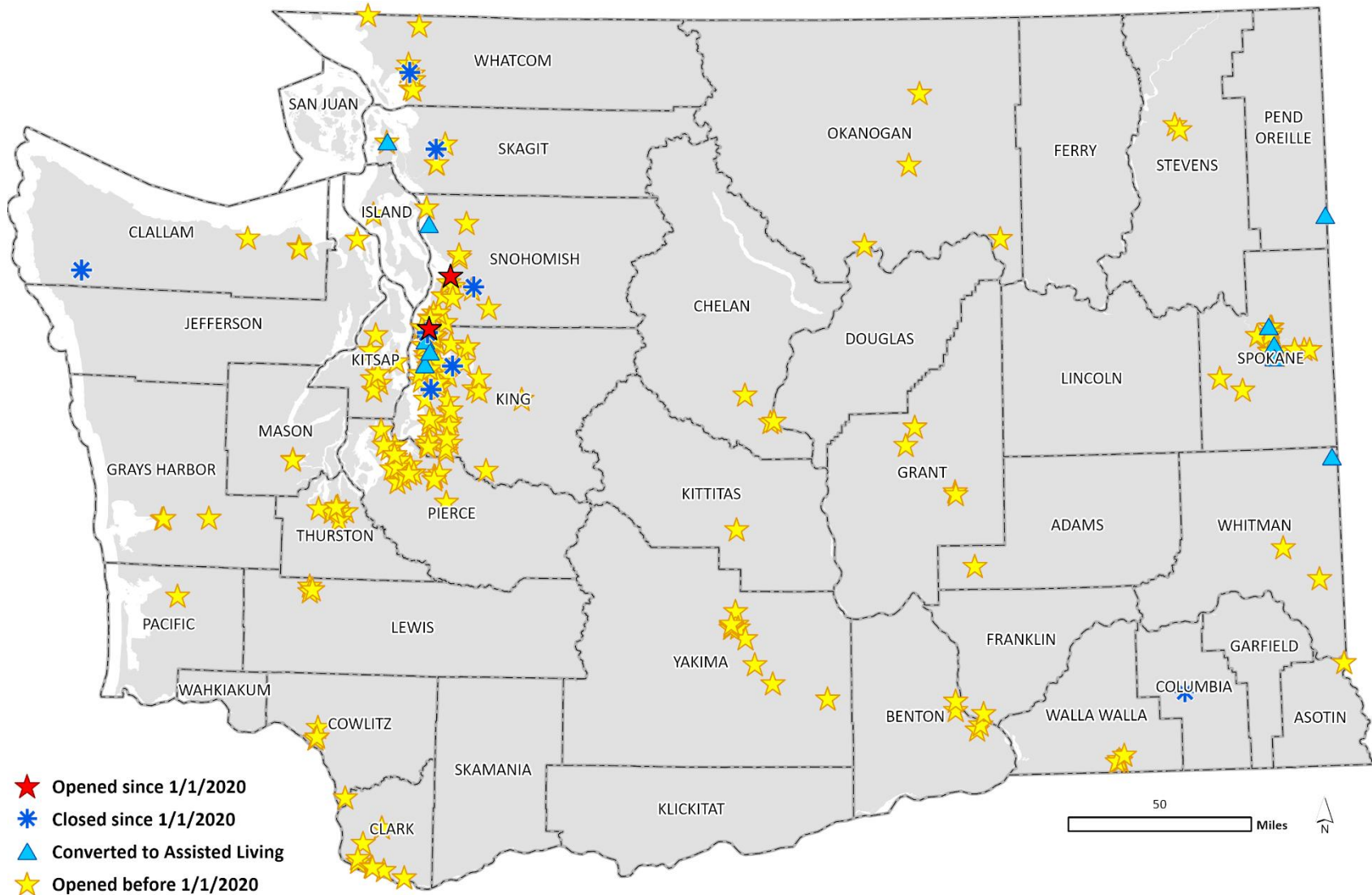
# DSHS Licensed Assisted Living Facilities

As of September 11th, 2025, TOTAL = 557



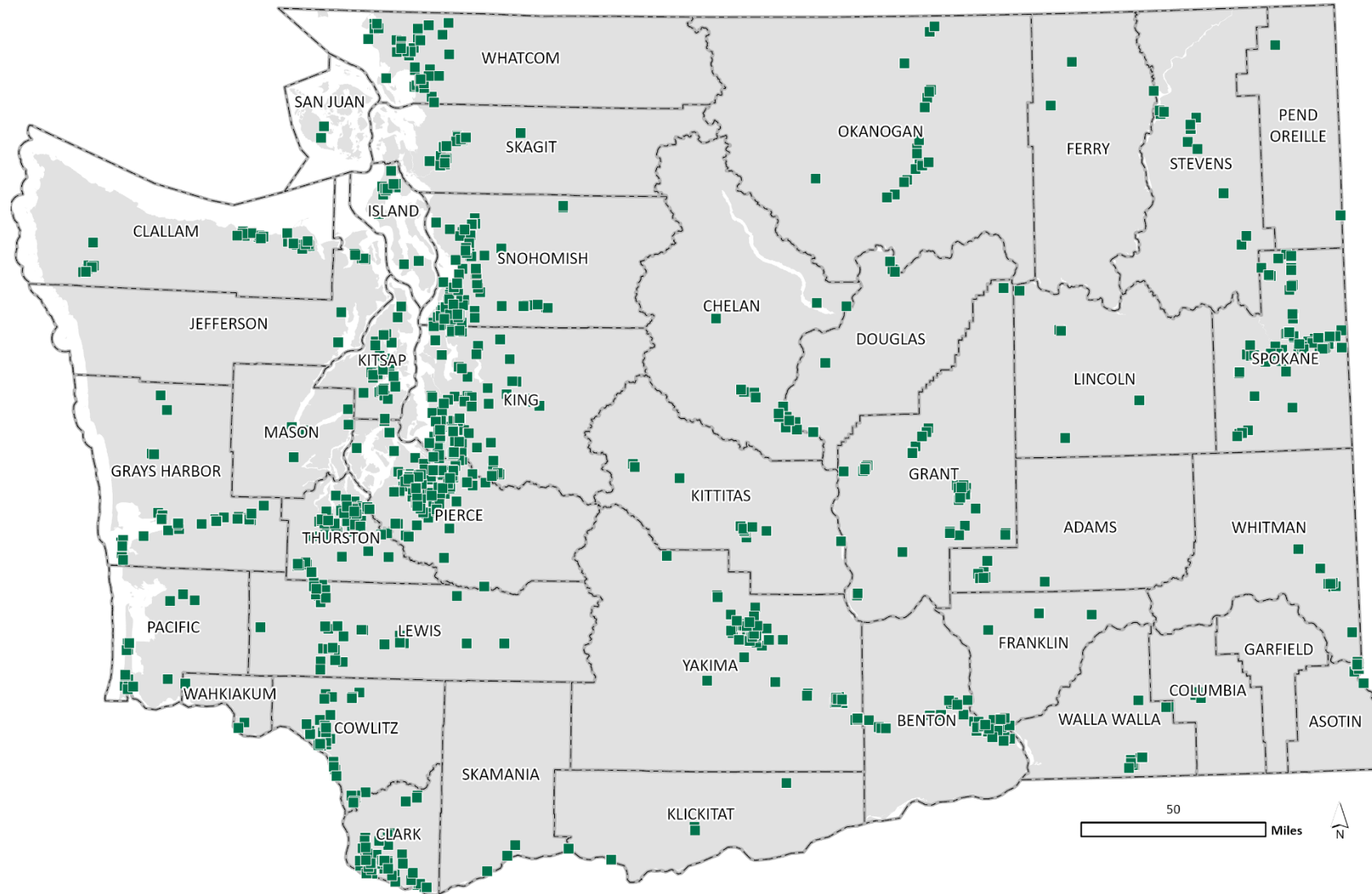
# DSHS Licensed Nursing Homes

As of September 17, 2024, TOTAL (Currently Open) = 195



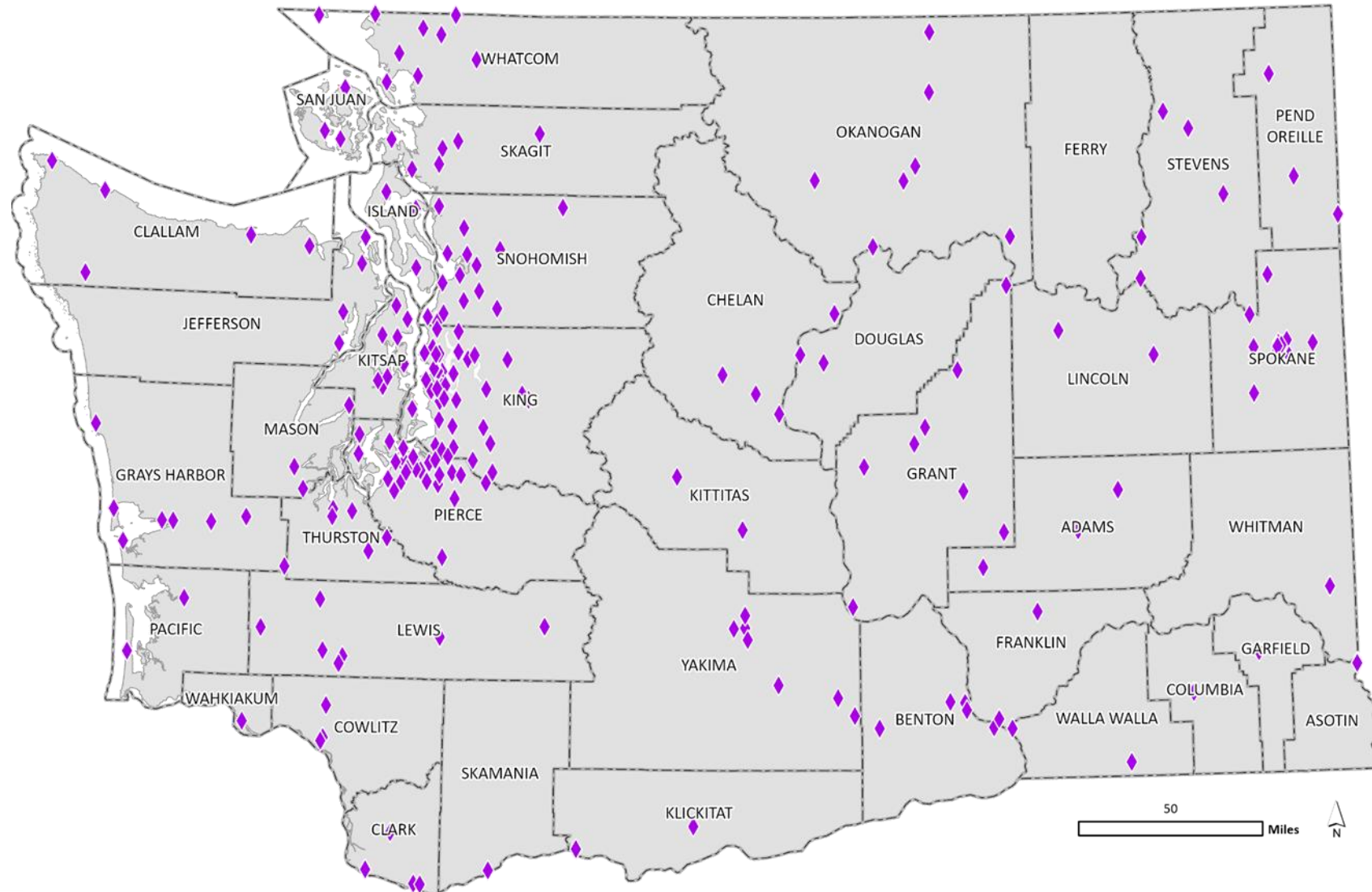
# Manufactured/Mobile Home Communities

AS OF July 15, 2025, TOTAL = 1,147 Communities, 65,580 Rental Spaces, 7,307 Vacant Units



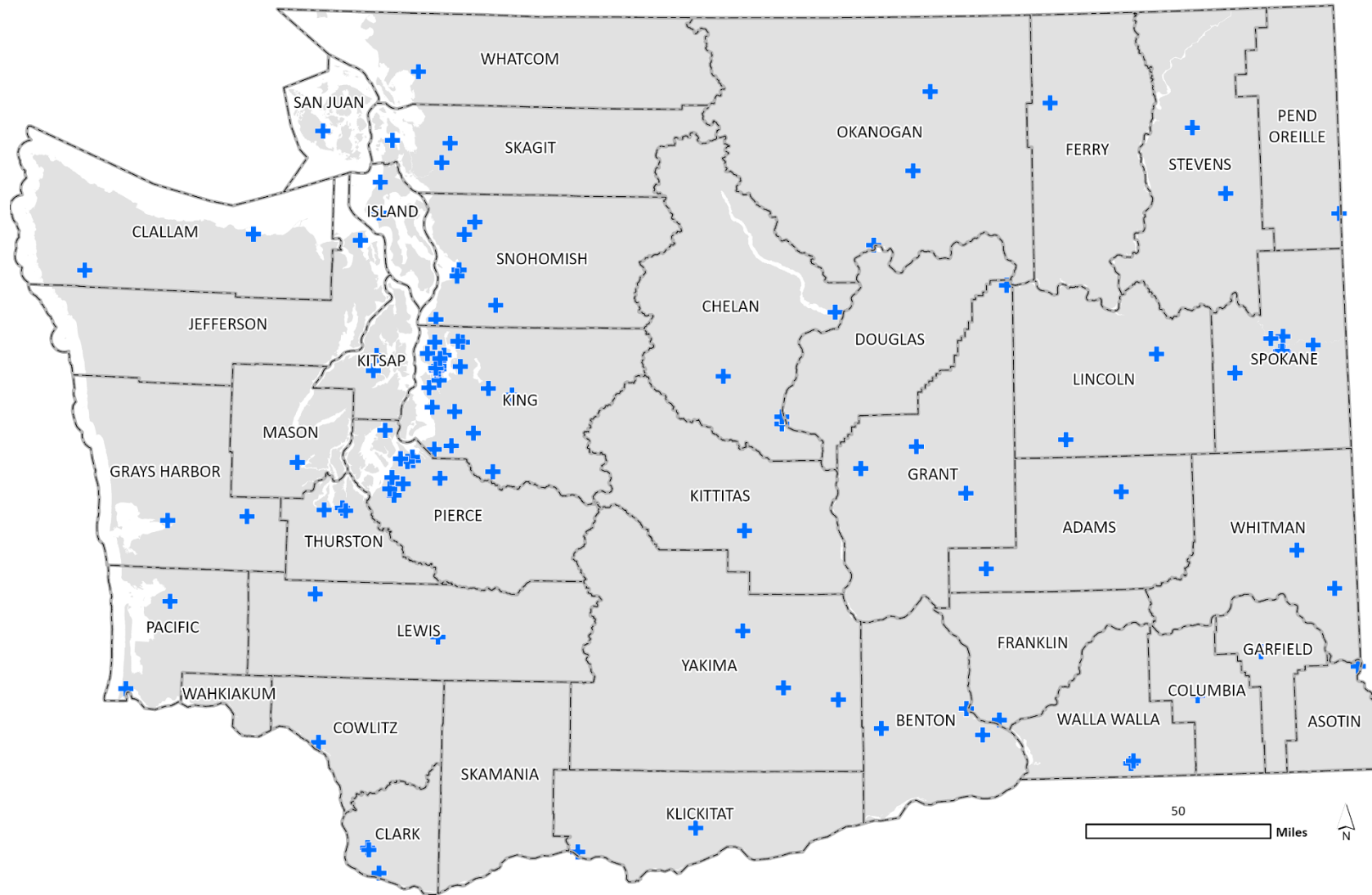
# Senior Center Locations in Washington State

As of October 2024, TOTAL = 244



# Hospital Locations in Washington State

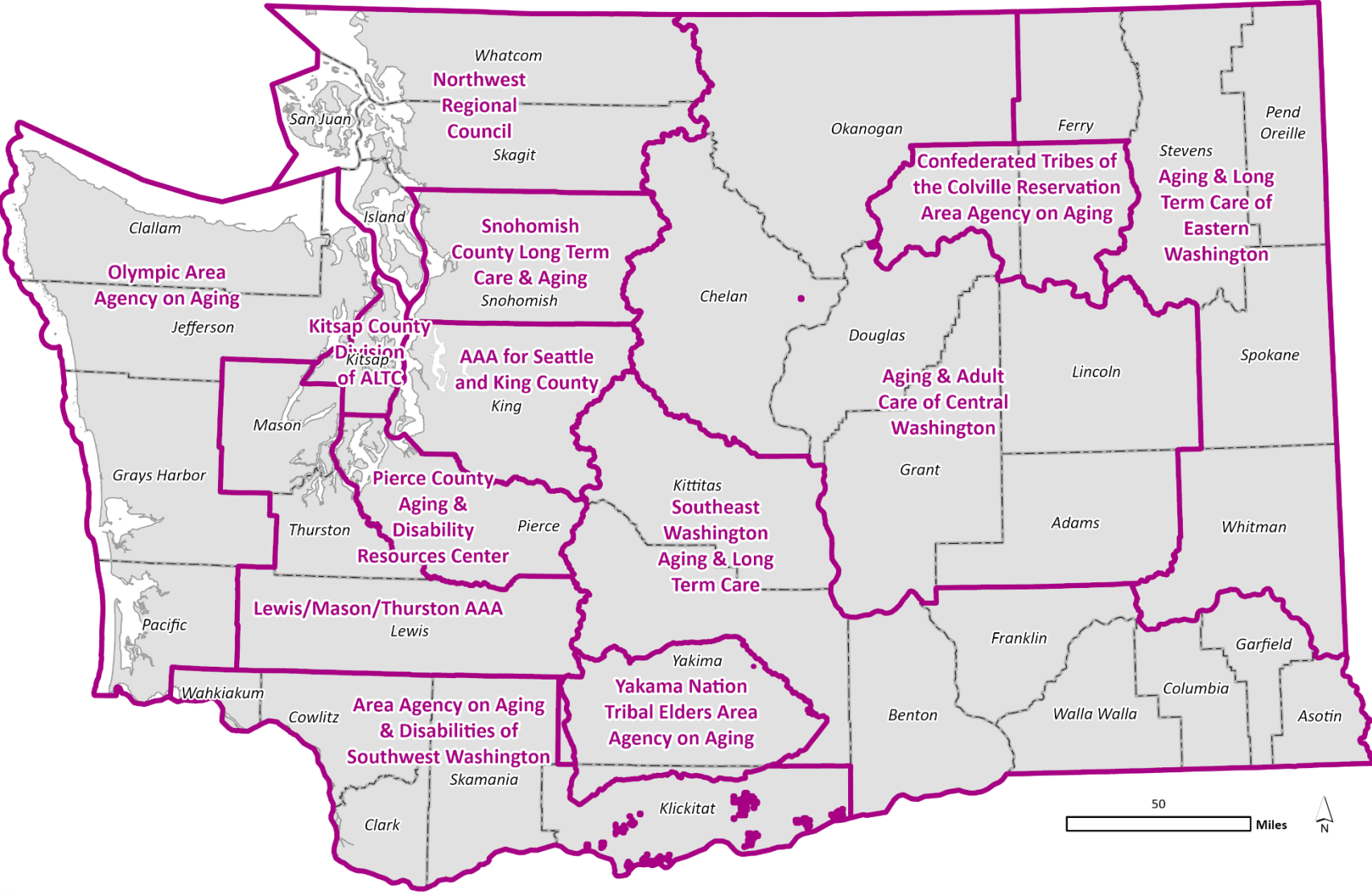
As of September 11<sup>th</sup>, 2025 TOTAL = 115





# Washington Area Agencies on Aging Planning Service Areas

As of September 11<sup>th</sup>, 2025





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## Supplemental Information

# Medicaid in Washington State

In Washington, Medicaid Covers:



**1 in 6 adults**  
AGES 19-64



**2 in 5 children**  
BIRTH THROUGH 18 YEARS



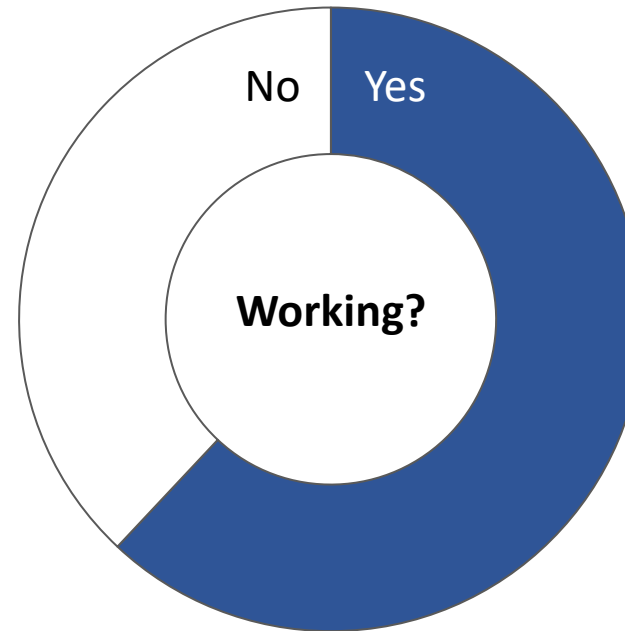
**3 in 5 nursing home residents**  
ALL AGES



**1 in 2 with disabilities**  
ALL AGES



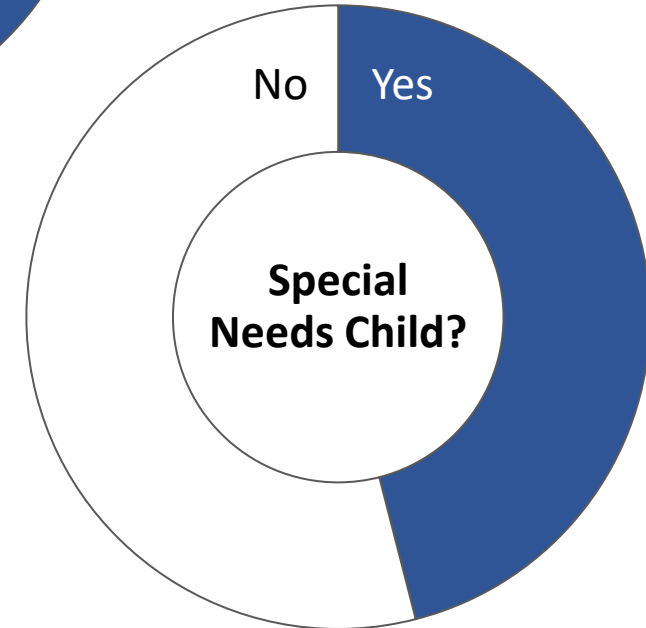
**1 in 6 Medicare beneficiaries**  
ALL AGES



**62%**

of adult Medicaid enrollees  
are working in Washington

**46%**  
of children with special health  
care needs are covered by  
Medicaid in Washington





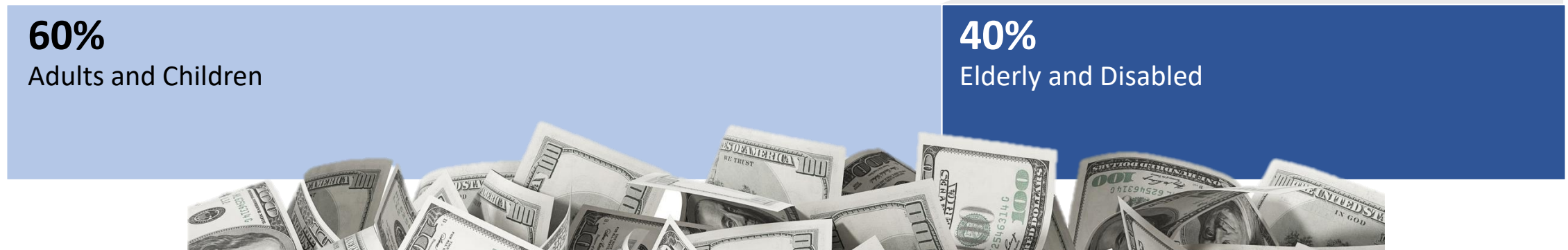
# Medicaid in Washington State

## 2019 Washington Medicaid Enrollees and Expenditures

### MEDICAID ENROLLEES



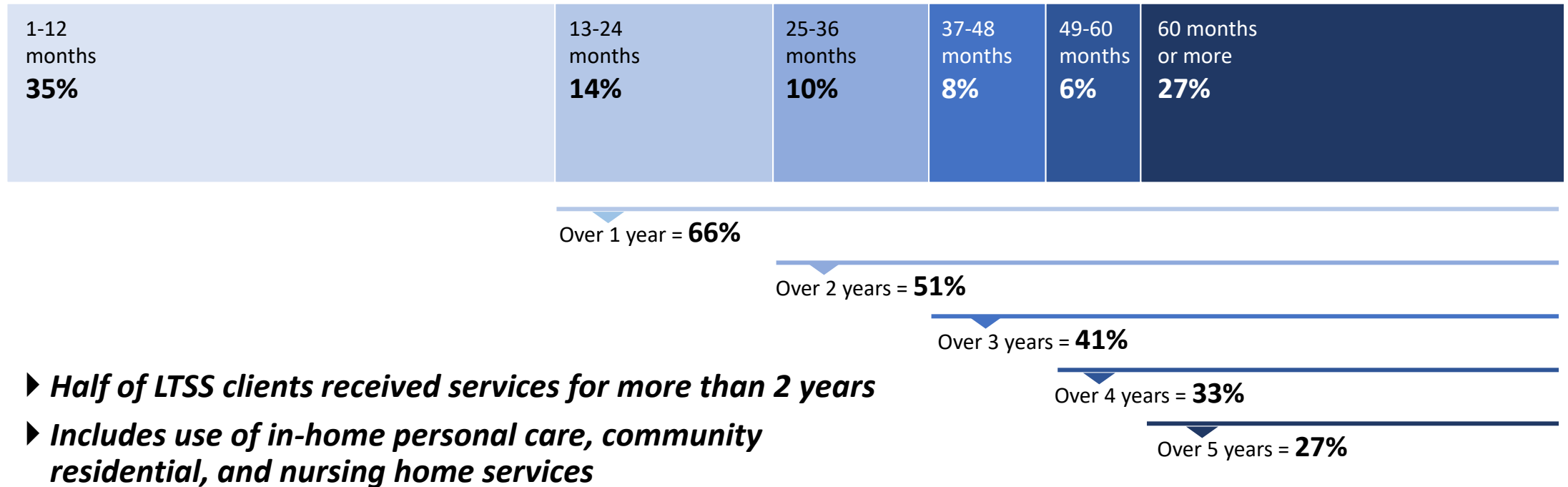
### MEDICAID EXPENDITURES



# Many People Rely on Medicaid-Paid LTSS Services for an Extended Period of Time

## Distribution of LTSS Recipients by Number of Months of Service Use

SFY 2002-2005 Cohort (followed through June 2015)\*





## Facts About Older Adult Oral Health

- **Lack of dental insurance.** Many older Americans do not have dental insurance because the federal Medicare program does not cover routine dental care.
- **Untreated tooth decay.** Nearly all adults (96%) aged 65 years or older have had a cavity; 1 in 5 have untreated tooth decay.
- **Gum disease.** About 2 in 3 (68%) adults aged 65 years or older have gum disease.
- **Tooth loss.** Nearly 1 in 5 of adults aged 65 or older have lost all of their teeth. Having missing teeth or wearing dentures can affect nutrition, because people without teeth or with dentures often prefer soft, easily chewed foods instead of foods such as fresh fruits and vegetables.
- **Oral cancer.** Cancers of the mouth (oral and pharyngeal cancers) are primarily diagnosed in older adults; median age at diagnosis is 62 years.
- **Chronic disease.** People with chronic diseases such as arthritis, diabetes, heart diseases, and chronic obstructive pulmonary disease (COPD) may be more likely to develop gum (periodontal) disease, but they are less likely to get dental care than adults without these chronic conditions.