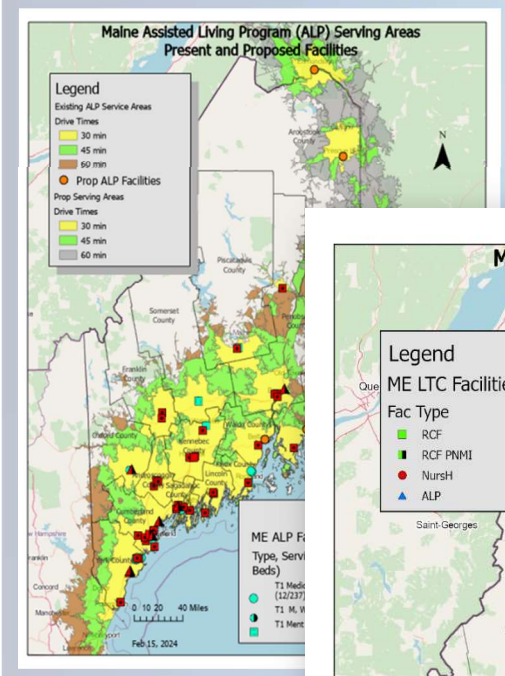
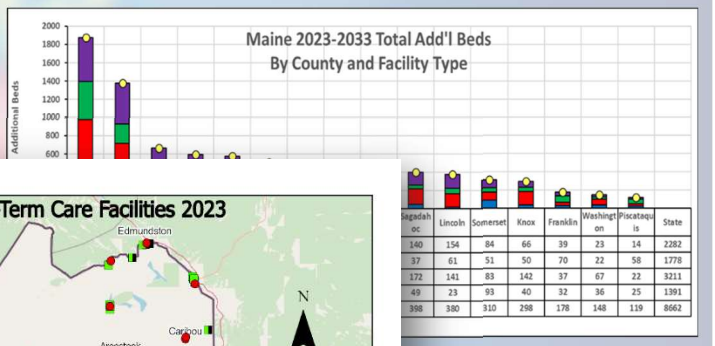
Maine

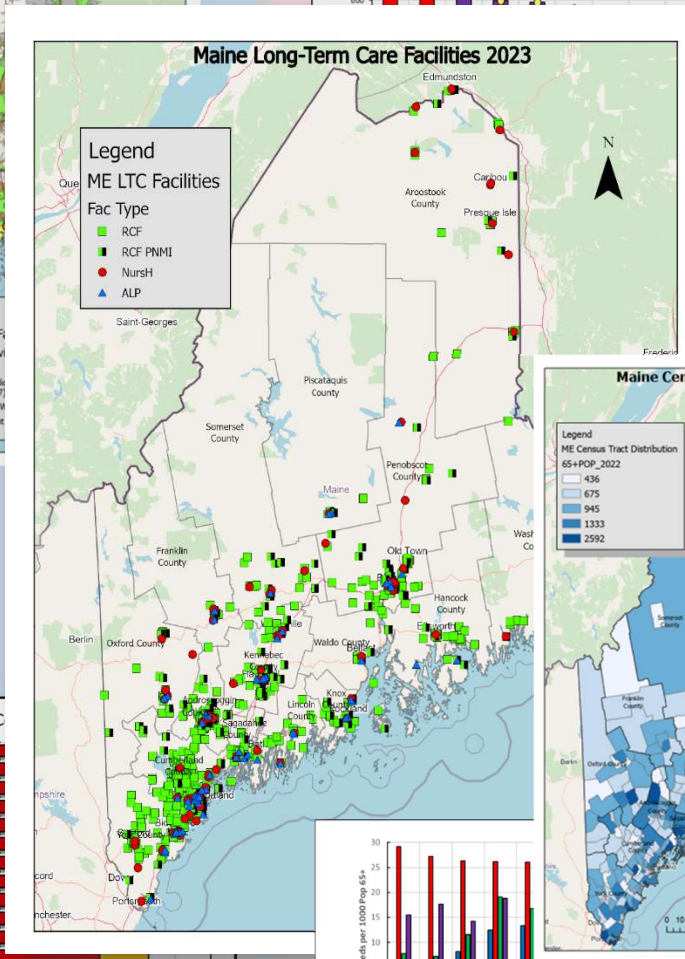
Long-Term Health Care Facilities

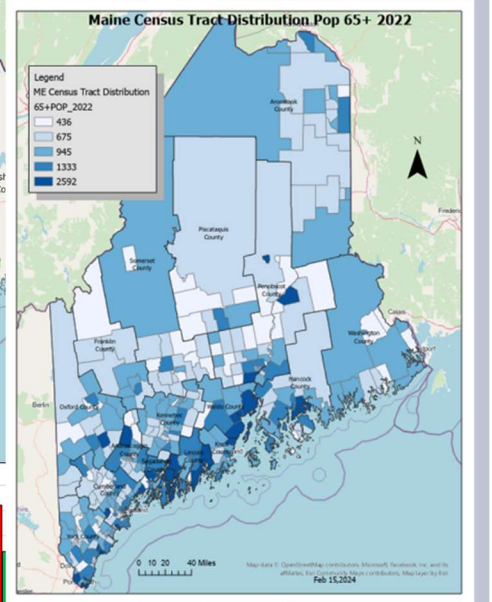
2024 – 2033 Locational Demand Analysis

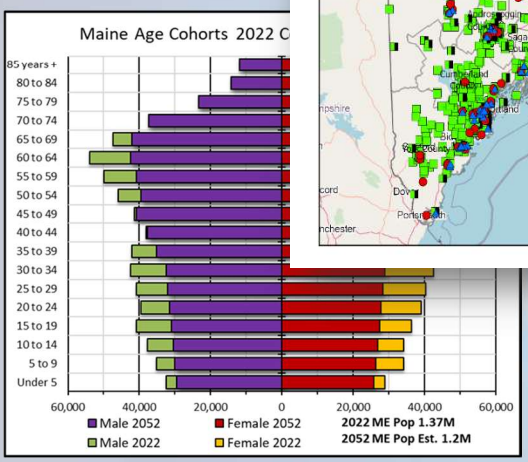


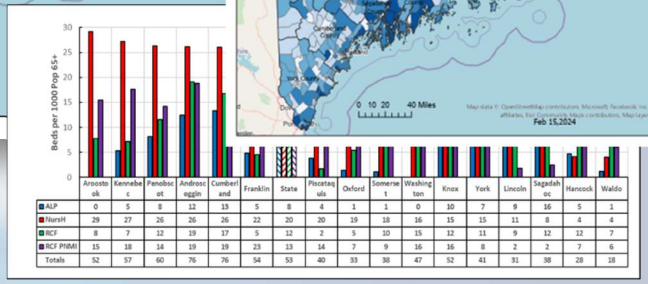


Sagadahoc	Lincoln	Somerset	Knox	Franklin	Washington	Piscataquis	State
140	154	84	66	39	23	14	2282
37	61	51	50	70	22	58	1778
172	141	83	142	37	67	22	3211
49	23	93	40	32	36	25	1391
398	380	310	298	178	148	119	8662









	Aroostook	Kennebec	Penobscot	Androscoggin	Cumberland	Franklin	State	Piscataquis	Oxford	Somerset	Washington	Knox	York	Lincoln	Sagadahoc	Hancock	Waldo
ALP	0	5	8	12	13	5	8	4	1	1	0	10	7	9	16	5	1
NursH	29	27	26	26	26	22	20	20	19	18	16	15	15	11	8	4	4
RCF	8	7	12	19	17	5	12	2	5	10	15	12	11	9	12	12	7
RCF PNMI	15	18	14	19	19	23	13	14	7	9	16	16	8	2	2	7	6
Totals	52	57	60	76	76	54	53	40	33	38	47	52	41	31	38	28	18

Issue 1 April 15, 2024
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Executive Summary

Meeting the Demand for Long-Term Care Facilities in Maine

This study reviews the existing 2023 Maine Long-Term Health Care (LTC) Licensed Facilities and forecasts their demand for the year 2033 by Location, and Facility Type. The studies Facility Types are: Assisted Living Program Facility (ALP), Nursing Homes (NursH), and Residential Care Facility (RCF) and RCF Private Non-Medical Institutions (RCF PNMI).

The goal of this study is to present the order of magnitude numbers and inform; Government, LTC facility owners and operators, educators, and other affected parties of the locational demand for Long-Term Care facilities in the State of Maine. A summary of expected costs and personnel requirements is provided, and a look at Maine's 65+ age cohorts' challenging effect on its economic future. Suggested initiatives to support the expansion and sustainability of Maine's (LTC) Facilities are outlined.

Looking at the data, Maine is facing a burgeoning 65+ demographic and locational challenge in LTC facilities. This study reveals that the current LTC facility and personnel commitment or corresponding home health care bed capacity and locations needs to be expanded to meet this challenge.

Key Findings:

- **The 2023 to 2033 increase of 94,000 in the 65+ population is a result of the "Post WWII Baby Boom"**. Using US Census data[7], the 2023 ME 65+ Population was estimated at 302,000 and the 2033 population estimated at 396,000.
- **The demand forecast indicates the need for 8700 additional beds in existing and 12 new service facilities locations 2024-2033**. Results indicate the need for an additional 1,400 ALR, 3,200 NursH, 1,800 RCF and 2,300 PNMI beds. The forecast utilizes a state top-down and county bottom-up process by bed counts per 1000 65+ Pop and facility type.
- **Maine's 65+ Pop constitutes 22% in 2023 and 28% in 2033 of the States Total Pop.** As of 2033 the % of their counties total Pop, Oxford County is max. at 37% and Hancock County is a minimum of 23%.
- **In 2022 the States Dependency Ratio was 68,** consisting of 30 for 1-18 and 38 for 65+Pop meaning 68 people are dependent on 100 age 19-64**.**
- **If existing demographic trends continue, Maine's population will decrease approx. 200,000 by 2052.**
- **The 2023 availability of Facilities is uneven across the State**. Waldo County has 18 beds per 65+ 1000 Pop while Cumberland and Androscoggin Counties have 76 beds per 65+ 1000 Pop. Aroostook and Washington Counties have no ALP facilities. The State bed average is 53 beds per 65+ 1000 Pop.
- **The building cost for the additional bed facilities is estimated at $3 Billion** 2024-2033.
- **The additional bed operating cost is estimated to be $820 Million** over the 2024-2033 period.
- **An additional 3800 LTC Staff members will be required by 2033**, consisting of Administrative and Nursing Staff.
- **There are (late 2023) 1,200 Long Term Care Facilities with 16,000 Beds.** There are 70 ALP facilities with 2,284 beds, 84 NursH facilities with 6124 beds, 838 RCF facilities with 35,202 beds and 216 PNMI facilities with 4,064 beds.

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Meeting The Challenge – Government Action:

The building of facilities and providing the personnel required for 8700 additional Beds over 10 years can be attained through coordinated action and resolve between the State of Maine, City and Towns, and the Facility Owners and Operators. Below are suggestions to support the necessary sustainability of LTHCF.

Support Facility Expansion -

- **Ensure investors and operators that State compensation for services is adequate** now and, continuing to cover the capital investment and operating costs.
- **Establish a State Director for Long-Term Health Care Facility Implementation**. This Director will facilitate actions between Facility Owners and Operators, State and Local governments, Financing, Education, and Building Contractor members to ensure the necessary facilities are built and provide annual reports to the State Executive and Legislative branches on Facility expansion.
- **Establish Quantifiable and Measurable Long-Term Care Facility Objectives in the ME State Plan on Aging.**
- **Establish a Regional Long-Term Care Commission** among the Northeastern States to foster cooperation and long-term planning in such areas as; Education, Employment, Facility requirements, Personnel requirements, Tax policy, and co-ordinate when new facilities being built near a bordering state.
- **State to Coordinate with local Cities and Towns on zoning** and building approvals.
- **State to Co-ordinate the multiple capital funding sources.** Co-ordinate State, Federal and Private funding sources to facilitate the building of the new LTCF.
- **State/Federal Government. -Consider Underwriting/Guaranteeing Construction Loans, or partner with private sector.**
- **State to consider constructing facilities if private sector does not.**
- **Technology to support data for decision making**. **Establish a Facility Bed Inventory Database and web site for public identification of bed availability**. To Analyze and Forecast by Location, Facility Type and Service type a database needs to be established and maintained monthly.
- **State Strategic Planning group develop a Long-Term Strategy** to address the loss of 200,000 population over the next 30 years due to the passing of the Babay Boomers and reduced Birth Rates.

Attract Long-Term Care Personnel –

The greatest challenge LTC providers have is attracting and keeping Health Care Professionals.

- **Offer Student tuition reimbursement** with an associated work time in the State.
- **Relocation expense reimbursement** for moving to ME or within ME.
- **Provide the Geographic based Living Wage** (as defined by the County specific MIT Living Wage Tables, https://livingwage.mit.edu/, for workers at these facilities in lieu of the state or federal minimum wage.
- **Ensure State and Regional Health Care educational facilities/programs are coordinated and available**.
- **Consider subsidized LTC workforce housing**. On site or nearby walking / mass transit distance to LTC Facilities.

Support Facility Operating Cost –

- **Provide annual support to the Medicaid per diem rate** to meet the provider's cost for all types of facilities and home care services.
- **Reduce the facilities depreciation term from 37 to ex. 20 years.** State and Federal governments acknowledge that the Long-Term Care facilities, built in the next 10 + years may not have sufficient 65+ population with the passing of the "Baby Boomer Cohort" to economically operate.
- **Foster Building of Multi level facility types** (ALF, RCF, NursH) i.e., Continuing Care communities, for new locations and existing expansions.
- **Anticipate facility reuse in designs as baby boom population begins to decline in the 2040's. Possibly to provide 55+ Housing, Work Force Housing, etc.**
- **Establish a lowered utility rate** category for the LTC Facilities (Water, Elec. Gas, Oil).
- **Establish a lowered State Corp Tax** category for LTC Facility companies.
- **Support Say at Home Programs –** Stay at home programs will continue to be an alternative to moving to an assisted living or a residence care facility, can defer moving to a nursing home, reduce hospital admittances and overall Medicare and Medicaid cost.
- **Offer home improvement grants** to help aging people modify and maintain their home.
- **Encourage building affordable [6] one level designs** and features for the aging population in new housing developments.
- **Ensure at home care personnel are certified, trained and properly compensated.**

Aging Effects on Other Facilities:

Although beyond the scope of this report it should be mentioned that an additional 94,000 people 65 and older in Maine by 2033 will exert an impact on Hospitals, Home Care, Hospice services, Dialysis Centers, Primary Care Physicians, and Nurses in and near ME.

6 Housing America's Older Adults 2023 – Harvard Joint Center for Housing Studies November 30, 2023 Housing America's Older Adults 2023 | Joint Center for Housing Studies (harvard.edu)

7- US Census Tables S0101 ME 2022

Facility Inventory:

To Analyze and Locational Forecast by Facility Type and Service type a database needs to be established and maintained monthly. This database could reside with the ME Department of Health and Human Services (DHHS). This database should include such information as Facility, Address, Number of Beds by Service Type, Number of beds in use by service type, Residence counts by age, sex, prior facility types and address, and last home Residential city/town.

This data combined with Census data will provide the State with an excellent basis for providing demand forecast by Type, Service, and location. It will also highlight when demand from a particular area could warrant a new Facility in that area.

Online Geographic Facility Information Database:

The moving from one's home to a Care Facility is one of the most traumatic experiences for the person and their loved ones. Keeping Residences close to their existing community is essential to their well-being and that of their spouses, siblings, relatives, and friends. Knowing where to send someone is one of the paramount endeavors in the Hierarchy of long-term health care.

This Data system will assist: the Public when looking for Facility type, location, and availability, Hospitals, Doctors, and Social Agencies who are also looking to place people to the various levels of Long-Term Care facilities.

The database should be updated whenever a change in the facility or customers occurs.

Additionally, this web page would be most effective if placed as a main selection on the States or DHHS home page.