Maine

Long-Term Health Care Facilities

2024 – 2033 Locational Demand Analysis

Issue 1 April 15, 2024
Allen R Kieslich
AKieslich@aol.com
KieslichAnalytics.com

Executive Summary

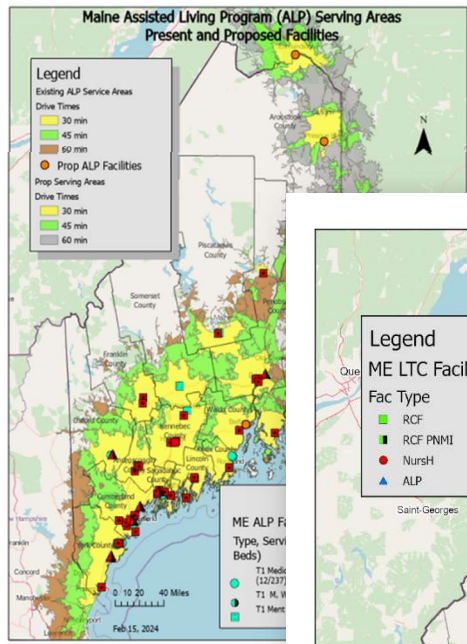## Meeting the Demand for Long-Term Care Facilities in Maine

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.

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 -

- o **Ensure investors and operators that State compensation for services is adequate** now and, continuing to cover the capital investment and operating costs.
- o **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.
- o **Establish Quantifiable and Measurable Long-Term Care Facility Objectives in the ME State Plan on Aging.**
- o **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.
- o **State to Coordinate with local Cities and Towns on zoning** and building approvals.
- o **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.
- o **State/Federal Government. -Consider Underwriting/Guaranteeing Construction Loans, or partner with private sector.**
- o **State to consider constructing facilities if private sector does not.**
- o **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.
- o **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.

- o **Offer Student tuition reimbursement** with an associated work time in the State.
- o **Relocation expense reimbursement** for moving to ME or within ME.
- o **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.
- o **Ensure State and Regional Health Care educational facilities/programs are coordinated and available**.
- o **Consider subsidized LTC workforce housing**. On site or nearby walking / mass transit distance to LTC Facilities.

Support Facility Operating Cost –

- o **Provide annual support to the Medicaid per diem rate** to meet the provider's cost for all types of facilities and home care services.
- o **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.
- o **Foster Building of Multi level facility types** (ALF, RCF, NursH) i.e., Continuing Care communities, for new locations and existing expansions.
- o **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.**
- o **Establish a lowered utility rate** category for the LTC Facilities (Water, Elec. Gas, Oil).
- o **Establish a lowered State Corp Tax** category for LTC Facility companies.
- o **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.
- o **Offer home improvement grants** to help aging people modify and maintain their home.
- o **Encourage building affordable [6] one level designs** and features for the aging population in new housing developments.
- o **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.

Contents

Maine Present LTC Facility Summary 2023

Present Facilities:

Maine Long-Term Health Care Facilities (LTC) for this study are designated into three Facility Types, they are Assisted Living Program (ALP), Residential Care Facility (RCF) and RCF Private Non-Medical Institutions (PNMI), and Nursing Homes (NursH).
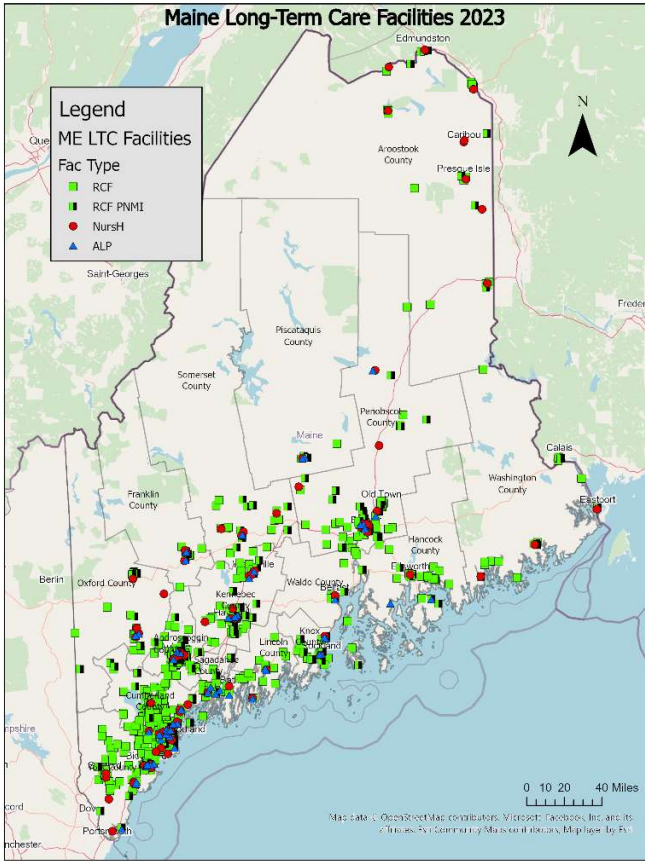
There are 1208 Long-Term Care Facilities in Maine with 15,992 Long Term Care Beds. These beds are contained in 70 ALP Facilities with 2284 Beds, 89 RCF+PNMI Facilities with 7584 Beds, and 84 NursH Facilities with 6124 Beds. A list of these facilities can be seen in Appendix 1.

The adjoining Map1 and Chart1 indicate the types of facilities in the State, with most locations near population centers, hospitals, and major highways.

There are no ALP facilities in Aroostook and Washington Counties.

Map 1: All ME LTHC Facility Geographic Locations

	State Total	CUMB ERLAN D	ANDR OSCOG GIN	PENOB SCOT	YORK	KENNE BEC	AROOS TOOK	HANC OCK	SOMER SET	KNOX	WASHI NGTO N	OXFOR D	LINCOL N	SAGAD AHOC	FRANK LIN	WALD O	PISCAT AQUIS
Cnty Total	1208	348	192	141	137	92	39	38	37	35	30	30	25	21	20	15	8
RCF PNMI	216	39	27	35	12	36	9	5	10	12	7	10	1	2	4	3	4
RCF	838	275	156	88	104	39	21	30	20	16	20	13	19	15	11	10	1
NursH	84	17	6	11	9	8	9	1	4	3	3	5	2	1	3	1	1
ALP	70	17	3	7	12	9	0	2	3	4	0	2	3	3	2	1	2
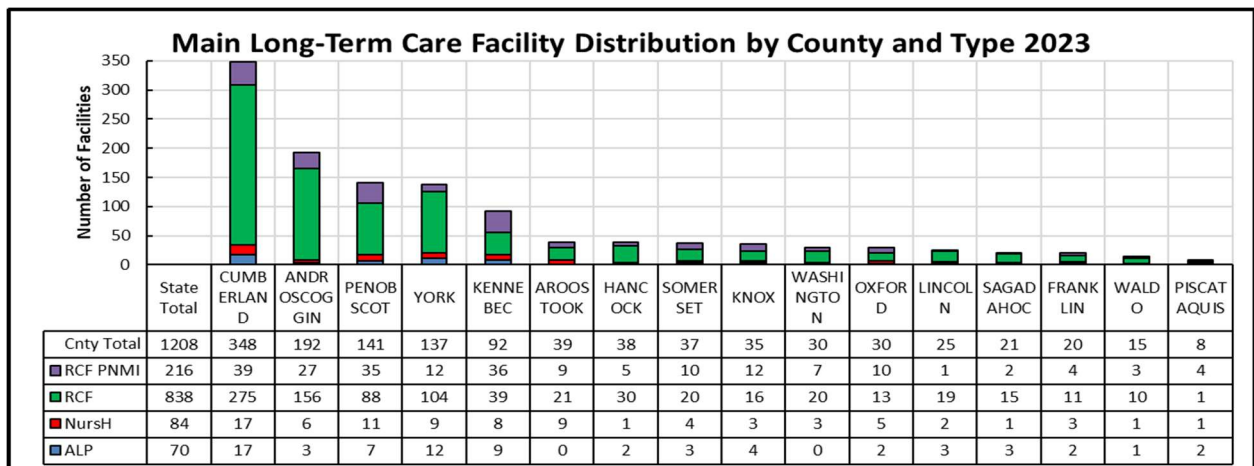
Chart 1: Facility Distribution by Type by County

Maine Long-Term Care Beds by County and Type 2023

	Cumberland	York	Penobscot	Androscoggin	Kennebec	Aroostook	Knox	Oxford	Somerset	Hancock	Franklin	Washington	Sagadahoc	Lincoln	Piscataquis	Waldo	State Total
Cnty Total	4600	1919	1818	1582	1511	901	583	453	433	413	381	378	342	317	185	176	15992
RCF PNMI	1186	387	429	389	465	266	174	100	105	106	162	129	22	18	66	60	4064
RCF	1019	515	349	395	189	133	133	75	113	176	32	124	107	88	8	64	3520
NursH	1582	698	794	540	716	502	169	259	202	61	153	125	72	118	93	40	6124
ALP	813	319	246	258	141	0	107	19	13	70	34	0	141	93	18	12	2284
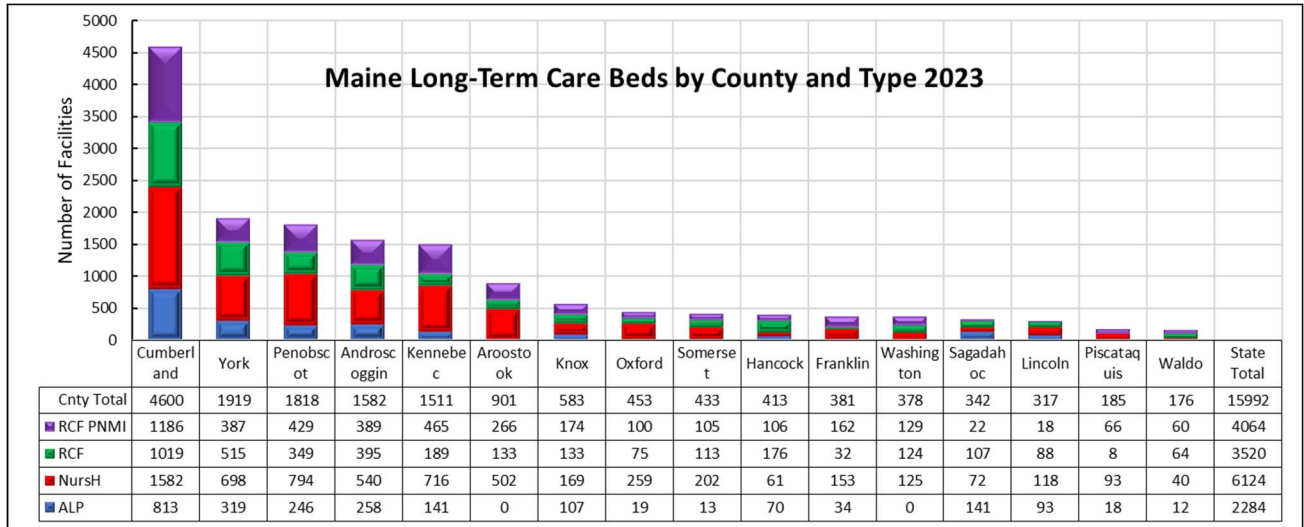
Chart 2: Total Beds by Facility Type by County

Residential Care Facilities are present in all counties and account for 47% of the State's Beds. Nursing Homes are present in all counties and account for 38% of the State's Beds. Assisted Living Facilities are present in 14 of the State's 16 Counties, accounting for 14% of the State's 15,992 Total Beds.

2023 Beds per 1000 Pop 65+ By County and Facility Type

	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

Chart 3: Total Beds per 1000 Pop 65+

Chart 3 shows the key indicator 2023 Beds per 1000 Pop 65+. This key indicator is used to create a level index when reviewing present opportunities across the State by County and is used with demographics to forecast future locational bed demand.

Data Sources: Facility inventory and historic county demographic data secured from the State of Maine DHHS[1] web site.

1, See Bibliography

Present Geographic Distribution:

Nursing Homes - NursH:

The State of Maine defines a Nursing Home as - "Nursing Facility or Nursing Home" means a facility licensed by the Department to provide nursing services."

Indicated on Map 2 are the locations of NursH Facilities in Maine.
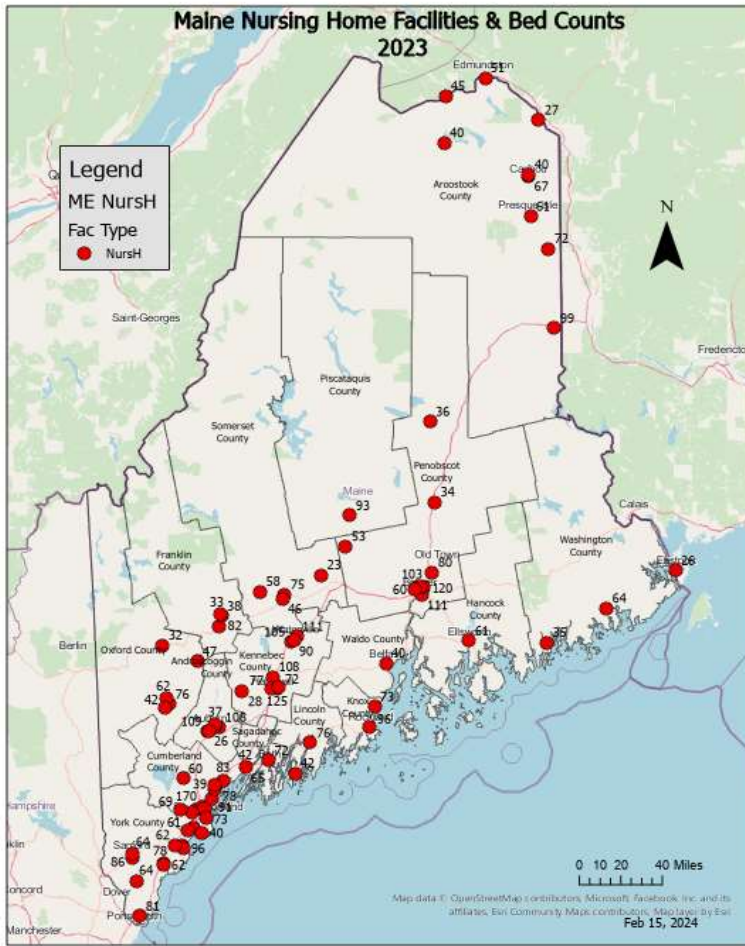
Listed in the Charts below are indications of the various numbers of NursH facilities, by County and Facility bed size distribution.

There are 84 NursH Facilities, located in 16 counties with a total of 6124 Beds.

Map 2: Nursing Home Geographic Locations

	CUMBER LAND	PENOBSC OT	YORK	AROOST OOK	KENNEBE C	ANDROS COGGIN	OXFORD	SOMERS ET	FRANKLI N	WASHIN GTON	KNOX	LINCOLN	SAGADA HOC	PISCATA QUIS	HANCOC K	WALDO
Nursing Home	17	11	9	9	8	6	5	4	3	3	2	2	1	1	1	1
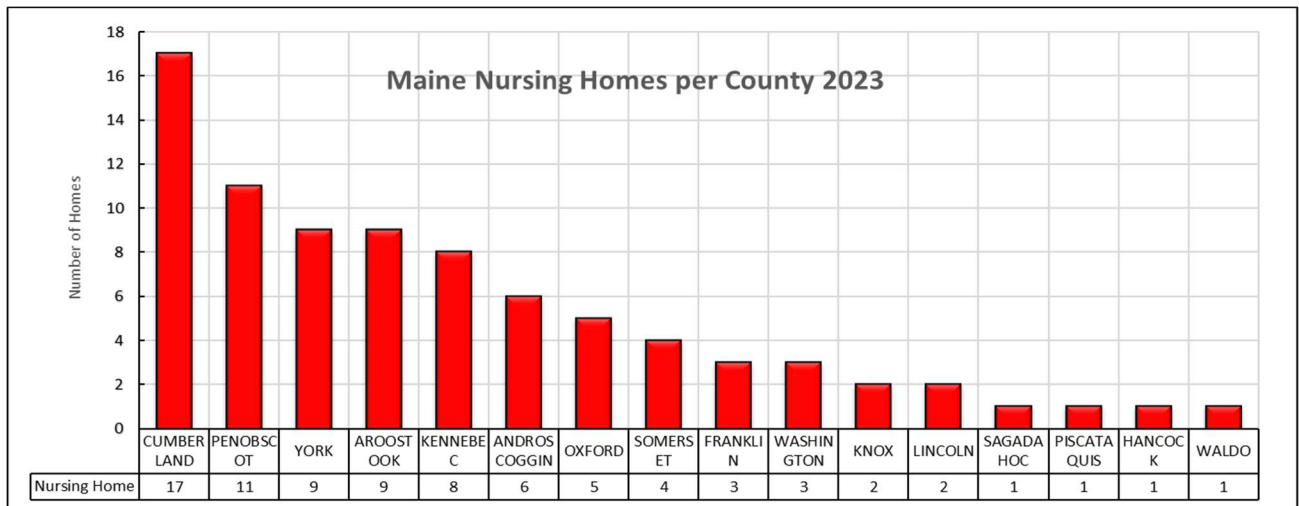
Chart 4: Nursing Home Facility Distribution by County

NursH Facilities Cont.
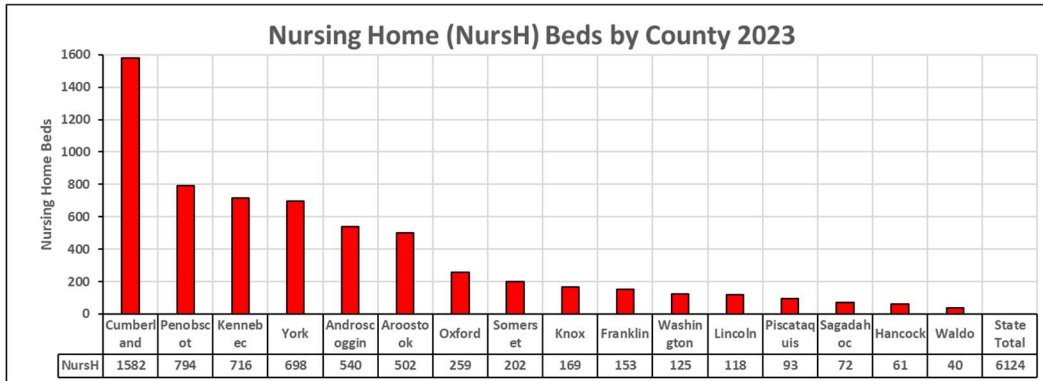
Chart 5 Indicates the number of NursH Beds by county.

Nursing Home (NursH) Beds by County 2023

	Cumberland	Penobscot	Kennebec	York	Androscoggin	Aroostook	Oxford	Somerset	Knox	Franklin	Washington	Lincoln	Piscataquis	Sagadahoc	Hancock	Waldo	State Total
NursH	1582	794	716	698	540	502	259	202	169	153	125	118	93	72	61	40	6124
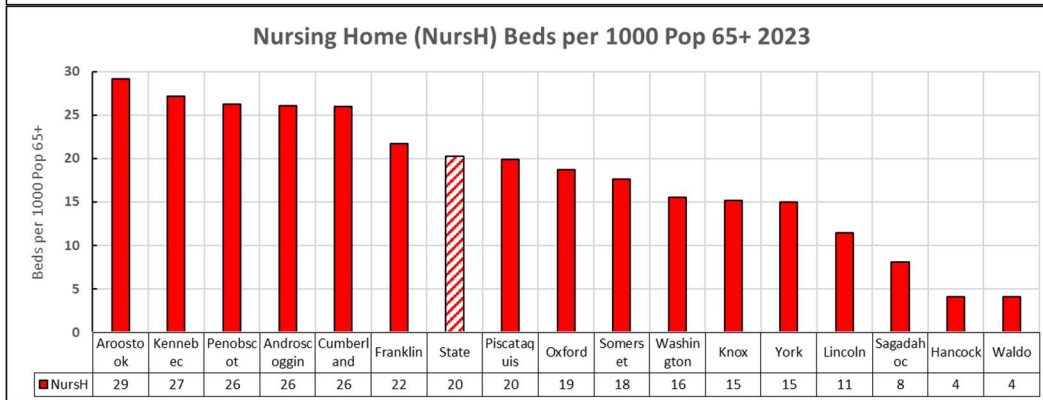
This key indicator in Chart 6 Indicates the Beds per 1000 pop 65+ by County 2023. Bed availability per 1000 Pop 65+ ranges from 29 in Aroostook to 4 in Hancock and Waldo Counties.

Nursing Home (NursH) Beds per 1000 Pop 65+ 2023

	Aroostook	Kennebec	Penobscot	Androscoggin	Cumberland	Franklin	State	Piscataquis	Oxford	Somerset	Washington	Knox	York	Lincoln	Sagadahoc	Hancock	Waldo
NursH	29	27	26	26	26	22	20	20	19	18	16	15	15	11	8	4	4

Chart 6 :Nursing Home Beds per 1000 Pop by County

Map 3: Nursing Home Bed Geographic Distribution
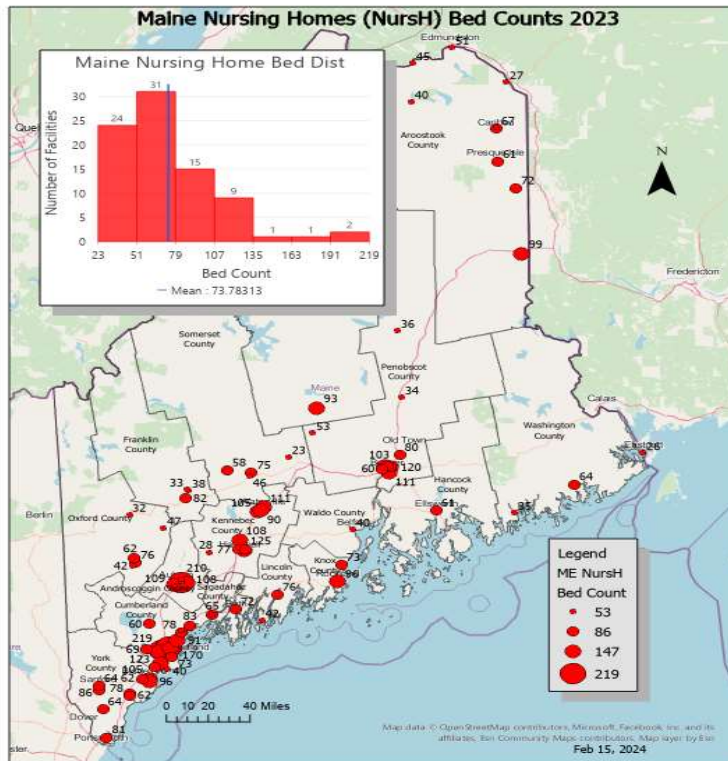
Map 3 indicates the NursH Facility geographic distribution and total bed count.

Inserted Chart – Indicates that the bed size distribution of the 84 NursH Facilities average size is 74 Beds. The largest Facility being 219 beds in Portland, and the smallest one has 23 beds in Camden.

Ex. There are 24 facilities with 23 to 51 beds,31 facilities with 51 to 79 beds, etc.

Inserted Chart 7: In the Map NursH Facility Bed Size Distribution

Assisted Living Program Facility – ALP

Map 4: Assisted Living Res Care Facility Geographic Locations

ME Defines ALP as:
"An Assisted Living program is a facility that offers services to residents in private apartments. There are two types of Assisted Living programs. Type I provides only medication administration, and Type II provides medication administration and nursing services." Assisted Living Program Rules (Word)

There are 70 ALP Facilities, located in 14 counties, with 2284 total Beds. Aroostook and Washington Counties have no ALP.

Of particular interest is the geographic offerings of Mental Illness Services. There are no such MI services in 9 Counties (Androscoggin, Aroostook, Sagadahoc, Lincoln, Hancock, Franklin, Oxford, Washington, and Waldo). There are no Dementia -Alzheimer services in 11 Counties (Kennebec, Knox, Androscoggin, Aroostook, Somerset, Lincoln, Hancock, Piscataquis, Franklin, Washington, and Waldo).

Chart 8: ALP Facilities Per County

	CUMBERLAND	YORK	KENNEBEC	PENOBSCOT	KNOX	ANDROSCOGGIN	SOMERSET	SAGADAHOC	LINCOLN	HANCOCK	PISCATAQUIS	FRANKLIN	OXFORD	WALDO
Type I	4	7	4	2	3	0	3	0	0	0	1	0	1	0
Type II	13	5	5	5	1	3	0	3	3	2	1	2	1	1

Chart 9
Indicates the number of ALP Beds per County

Chart 9A Indicates the ALP Beds per 1000 Pop65+per county.
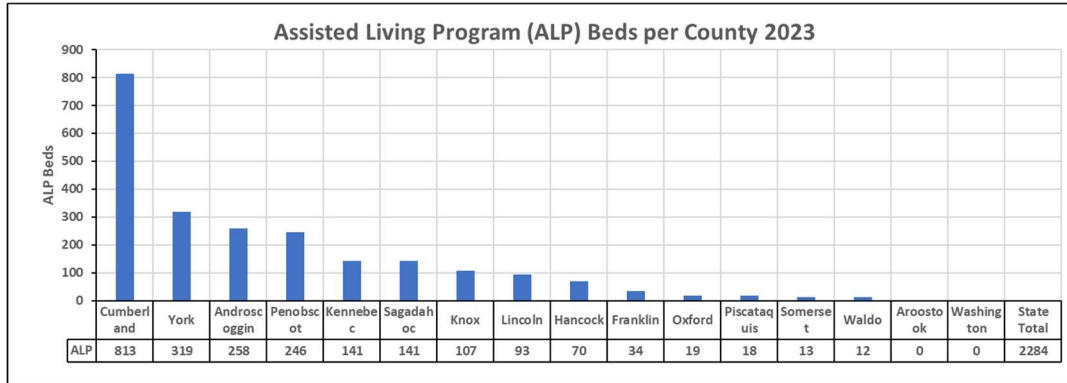
Chart 9: ALP Beds by County

The allocation varies between 16 in Sagadahoc to 0 in Washington and Aroostook counties.
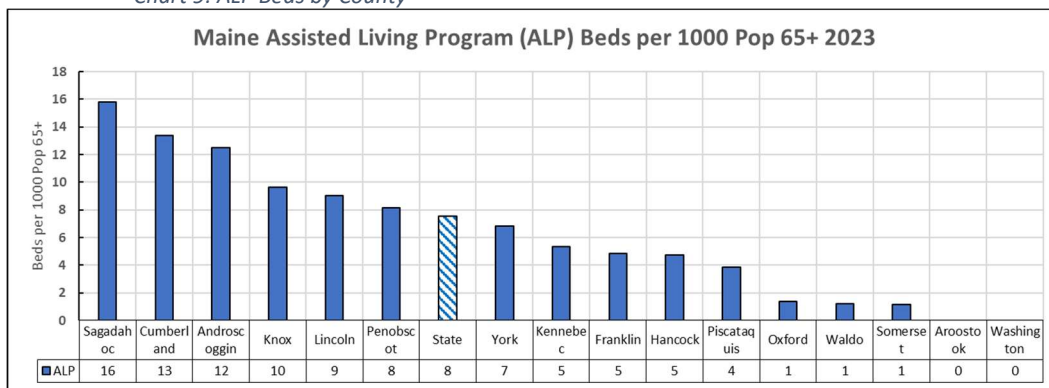
Chart 9A-: ALP Beds per 1000 Pop65+

Map 5 indicates the geographic distribution of the ALP Facility Total bed count.

The average ALP Facility has 33 beds, with a distribution from the smallest of 2 beds in Greenfield to the largest with 144 beds in Milford.
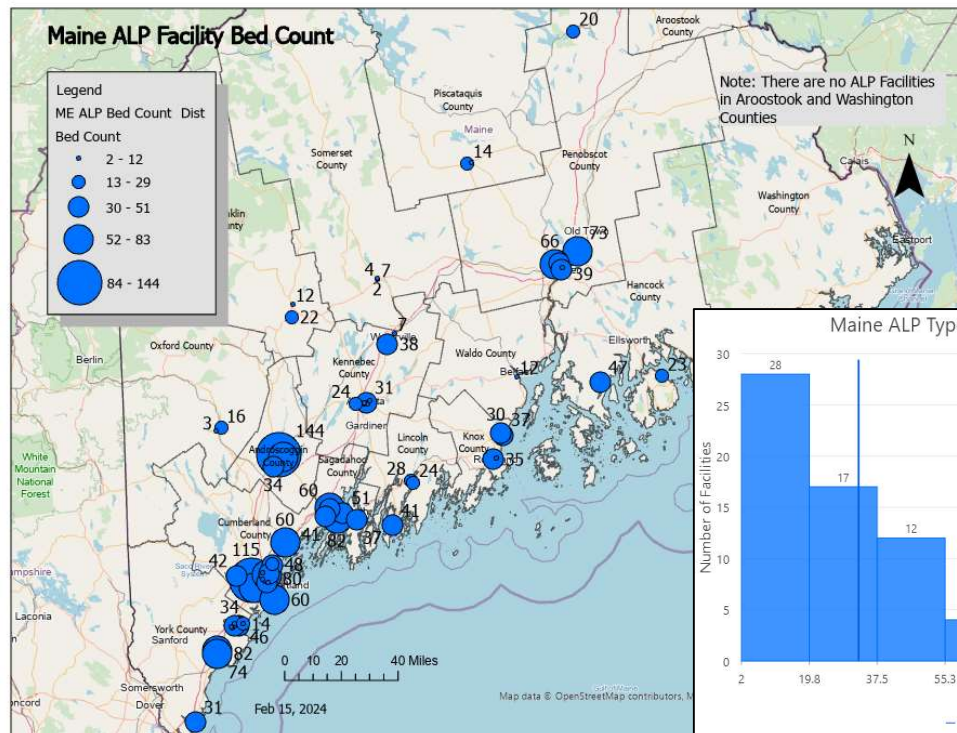
Map 5: ALP Bed Geographic Distribution
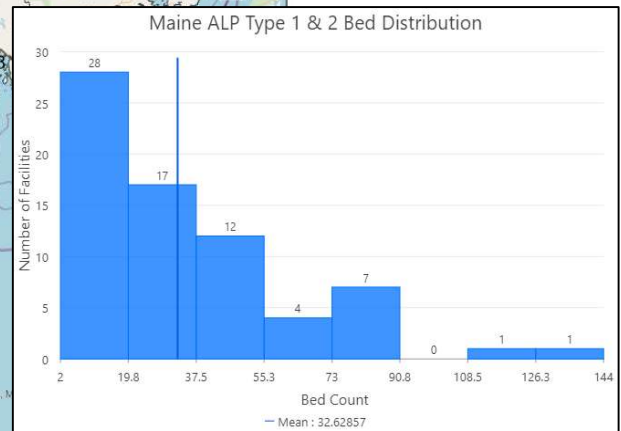
Chart 10: ALP Facility Bed Inventory Distribution

Mentally Ill, and Dementia-Alzheimer's

This table indicates facilities and beds by Type and Service available for citizens in the various counties. The uneven availability of Mental Illness services can be seen.

Maine 2023 ALP Facility and Beds by Type, Service and County															
Facility Type and Service	T1 Ment Ill Medication (M)		T1 Medication (M)		T I Waiver Home, M		T2 Dem/Alz M+N		T2 Ment Ill, Other, M+N		T2 Ment Ill M+N		T2 M+Nursing (M+N)			
County	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds	Facilities	Beds	Total Fac	Total Beds
CUMBERLAND			4	124			2	100			1	10	10	579	17	813
YORK	1	6	6	46			2	156					3	111	12	319
KENNEBEC	4	35							1	8			4	98	9	141
PENOBSCOT	2	8					1	73					4	165	7	246
KNOX	1	5	2	67									1	35	4	107
ANDROSCOGGIN													3	258	3	258
SOMERSET	1	7			2	6									3	13
SAGADAHOC							1	60					2	81	3	141
LINCOLN													3	93	3	93
HANCOCK													2	70	2	70
PISCATAQUIS	1	4											1	14	2	18
FRANKLIN													2	34	2	34
OXFORD					1	3	1	16							2	19
WALDO													1	12	1	12
AROOSTOOK																
WASHINGTON																
Grand Total	10	65	12	237	3	9	7	405	1	8	1	10	36	1550	70	2284
	Type1 = Medication (M)						Type 2 = Medication + Nursing (M+N)									

Maine DHHS definitions:

"Assisted Living Program" means a program of assisted living services provided to consumers in private apartments in buildings that include a common dining area, either directly by the provider or indirectly through contracts with persons, entities or agencies. The types of assisted living programs governed by these regulations include:

2.8.1 Type I – an assisted living program that provides medication administration directly or indirectly through contracts with persons, entities or agencies.

2.8.2 Type II – an assisted living program that provides medication administration and nursing services directly or indirectly through contracts with persons, entities or agencies as follows:

2.8.2.1 Services of a Registered Professional Nurse; and/or

2.8.2.2 Registered Professional Nurse coordination and oversight of consumer services provided by unlicensed health care assistive personnel.

"Alzheimer's/Dementia Care Unit" means a unit, building or distinct part of a building that provides care/services in a designated, separated area for consumers with Alzheimer's disease or other dementia. The unit, building or distinct part provides specialized programs, services and activities, and is locked, segregated or secured to provide or limit access by consumers inside and outside the designated or separated area.

Mental Illness is a primary or secondary diagnosis of a mental disorder as defined in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-III 1R), current edition, and which does not include dementia.

2.15 "Dementia" means an acquired loss of intellectual functioning (primarily abstract thinking, memory, and judgment) of sufficient severity to interfere with a person's ability to act independently and perform routine daily activities………"

Map 6: RCF & PNMI Facility Geographic Location
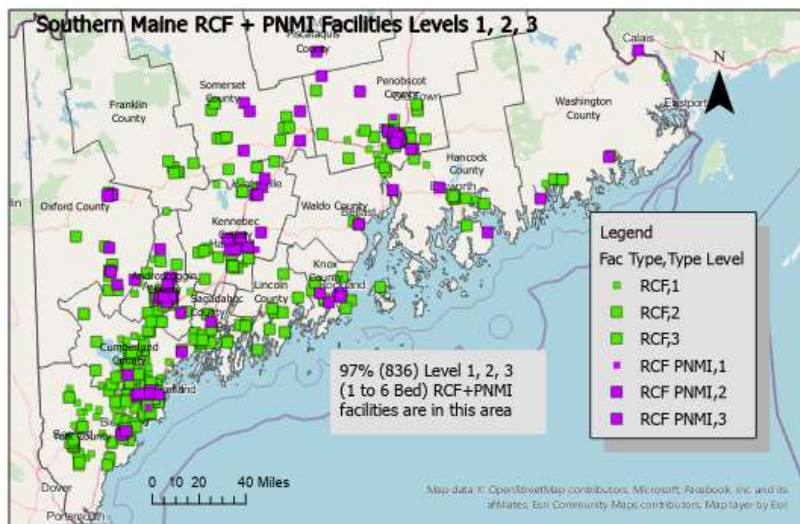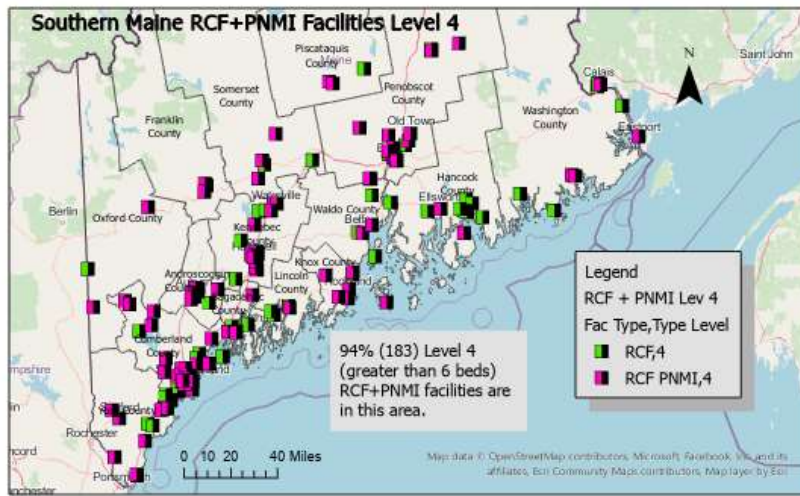
ME Defines RCF as: A Residential Care Facility is a facility that offers services to residents in private, or semi-private, bedrooms. Some Residential Care Facilities that receive MaineCare funding are known as Private Non-Medical Institutions (PNMIs) and are governed by a separate set of rules. **There are four levels of Residential Care Facilities:**

1.   a facility with a licensed capacity of one (1) to two (2) residents.
Level I Rules (Word)
PNMI Level I Rules (Word)

2.   a facility with a licensed capacity of three (3) to six (6) residents.
Level II Rules (Word)
PNMI Level II Rules (Word)

3.   a facility with a licensed capacity of three (3) to (6) residents and which employs three (3) or more persons who are not owners and are not related to the owner.
Level III Rules (Word)
PNMI Level III Rules (Word)

4.   a facility with a licensed capacity of more than six (6) residents
Level IV Rules (Word)
PNMI Level IV Rules (Word)

In 2023 there were 838 RCF Facilities, with 3520 Beds and 85 PNMI Facilities with 1779 Beds.

	CUMBE RLAND	ANDRO SCOGGI N	YORK	PENOB SCOT	KENNE BEC	HANCO CK	AROOS TOOK	WASHI NGTON	SOMER SET	LINCOL N	KNOX	SAGAD AHOC	OXFOR D	FRANKL IN	WALDO	PISCAT AQUIS
RCF - 4	12	1	9	4	5	15	1	11	3	3	2	2	1	0	5	1
RCF - 3	80	47	38	42	22	10	12	6	16	12	9	8	9	7	5	0
RCF - 2	2	6	2	4	1	0	6	0	0	0	0	0	1	0	0	0
RCF - 1	181	102	55	38	11	5	2	3	1	4	5	5	2	4	0	0
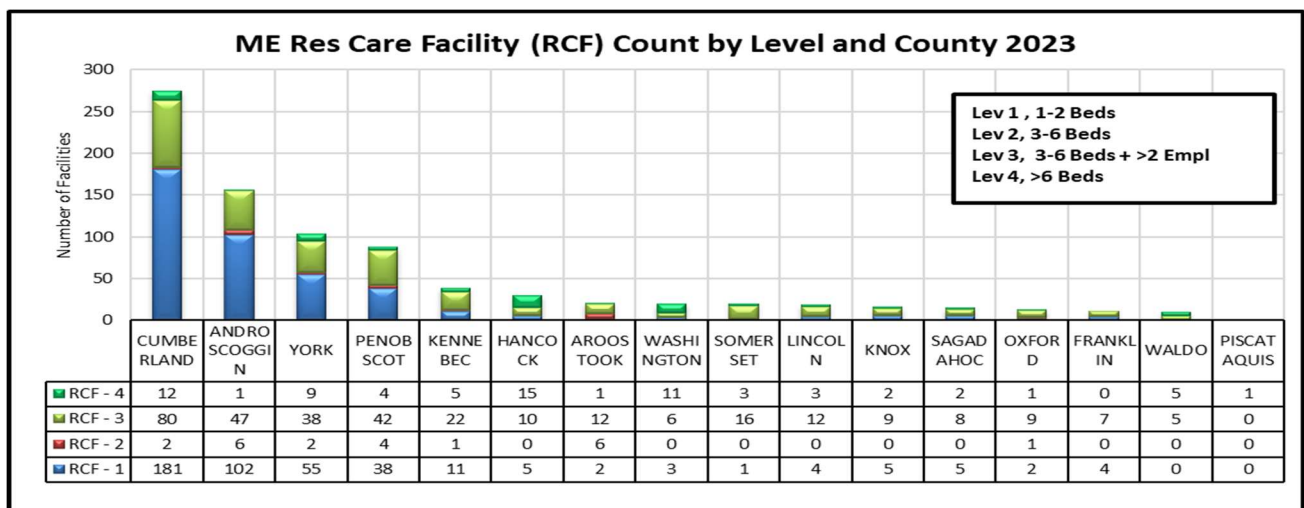
Chart 11: RCF Facilities by County

ME RCF and PNMI All Levels, Number of Beds 2023

	CUMBER LAND	YORK	ANDROS COGGIN	PENOBSC OT	KENNEBE C	AROOST OOK	KNOX	HANCOC K	WASHIN GTON	SOMERSE T	FRANKLI N	OXFORD	SAGADA HOC	WALDO	LINCOLN	PISCATA QUIS
RCF PNMI	1186	387	389	429	465	266	174	106	129	105	162	100	22	60	18	66
RCF	1019	515	395	349	189	133	133	176	124	113	32	75	107	64	88	8
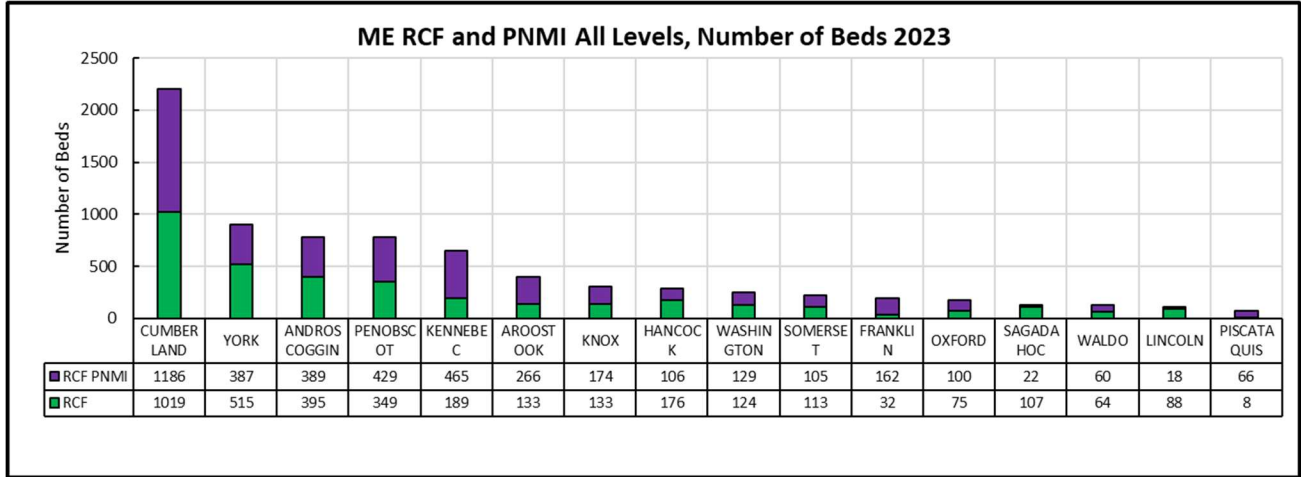
Chart 12: RCF & PNMI Beds by County
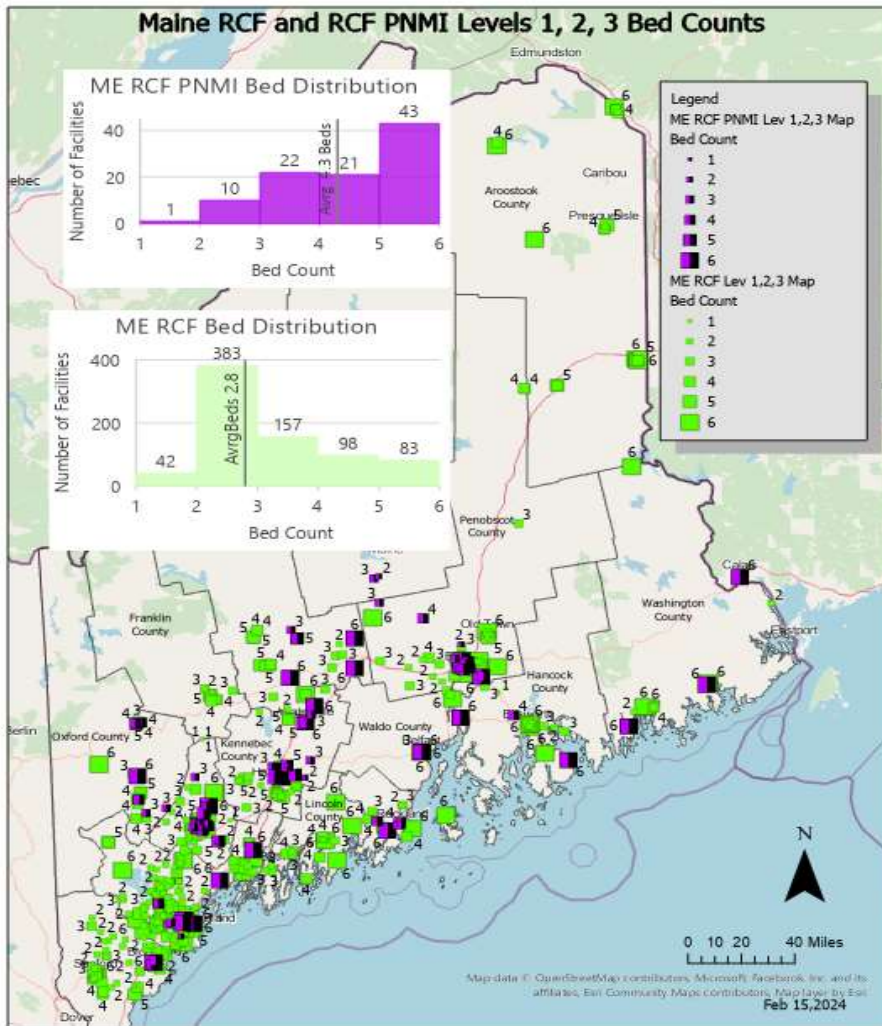
Map 7 indicates the geographic distribution of the RCF and PNMI Facility bed counts.

The average Level 1, 2, 3 PNMI size is 4.3 beds per facility with one 1 bed facility and several with 2 beds in multiple counties to the largest of 6 beds in 43 facilities in multiple counties.

The average level 1, 2, 3 RCF is 2.8 beds with the smallest size of 1 bed in 4 facilities in multiple counties and the largest is 6 beds in 83 facilities in multiple counties.

Res Care & PNMI Fac – Cont.

Map 7: RCF & PNMI Facility Bed Geographic Distribution
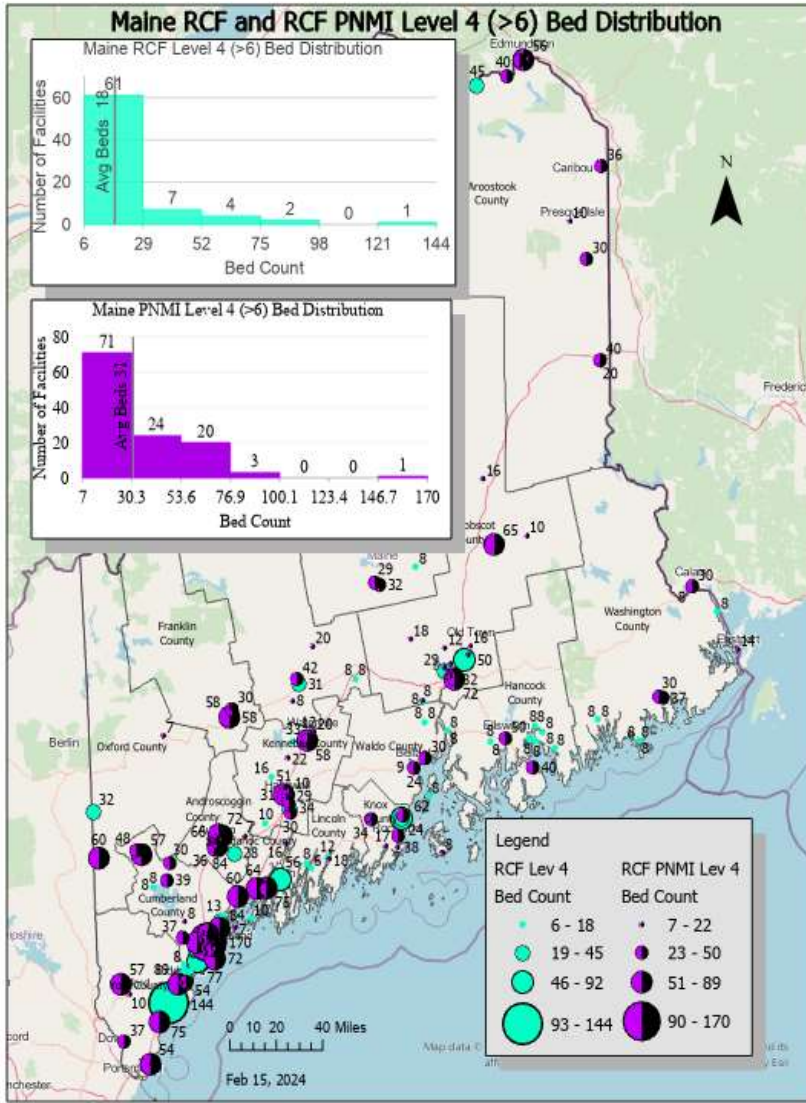
The average Level 4 PNMI size is 31 beds per facility with the smallest being 7 beds in 13 facilities in multiple counties to the largest of 170 beds in 1 (Dem/Alz) facility in Cumberland County.

The average level 4 RCF is 18 beds with the smallest size of 6 bed in 1 facilities and the largest of 144 beds in 1 (Dem/Alz) facility in York County.

Chart 13&13a: RCF Bed and Facility Distribution

Chart 14 indicates the county difference in bed availability per 1000 Pop 65+

Maine RCF and RCF PNMI Beds per 1000 Pop 65+ 2023

	Andros coggin	Cumberl and	Washing ton	Sagadah oc	Knox	Hancock	State	Penobsc ot	York	Somerse t	Lincoln	Aroosto ok	Kenneb ec	Waldo	Oxford	Franklin	Piscataq uis
RCF PNMI	19	19	16	2	16	7	13	14	8	9	2	15	18	6	7	23	14
RCF	19	17	15	12	12	12	12	12	11	10	9	8	7	7	5	5	2

Chart 14: RCF & PNMI Beds per 1000 pop 65+ by County.

Maine LTC Facility Bed Forecast

Demographics

Demographics is the driving force for the need of Long-Term Health Care Facilities. The Post WWII Baby Boom Generation is a major group pf people born between 1946 and 1964. This analysis uses the 2022 Census County data ages 65+ and projects it from 2022 to 2033 to determine the exiting number of Beds per 1000 Pop 65+ and projects the beds needed from 2024 to 2033 by County and Facility type.

The first of the Baby Boomers reached the 65+ cohort in 2011, this group will last be 65 in 2029. This 65+ group will be a predominant driver for Long-Term Facilities.

The States overall Dependency Ratio is 68, with a 30 Ratio for 1-18 and 38 for 65+ Pop in 2022. Meaning 68 people are being supported by 100 people ages 19-64.

Chart 15: State Population Cohorts 2022
Source: US Census American Consumer Survey 5-year estimates 2022

One can see the Baby Boomer bulge, (50 to 69 and by visual comparison with 2010 it's move up the age line. Also, one can see the negative change in birth rates as the under 5 cohort continues its contraction in 2022 from 2010.
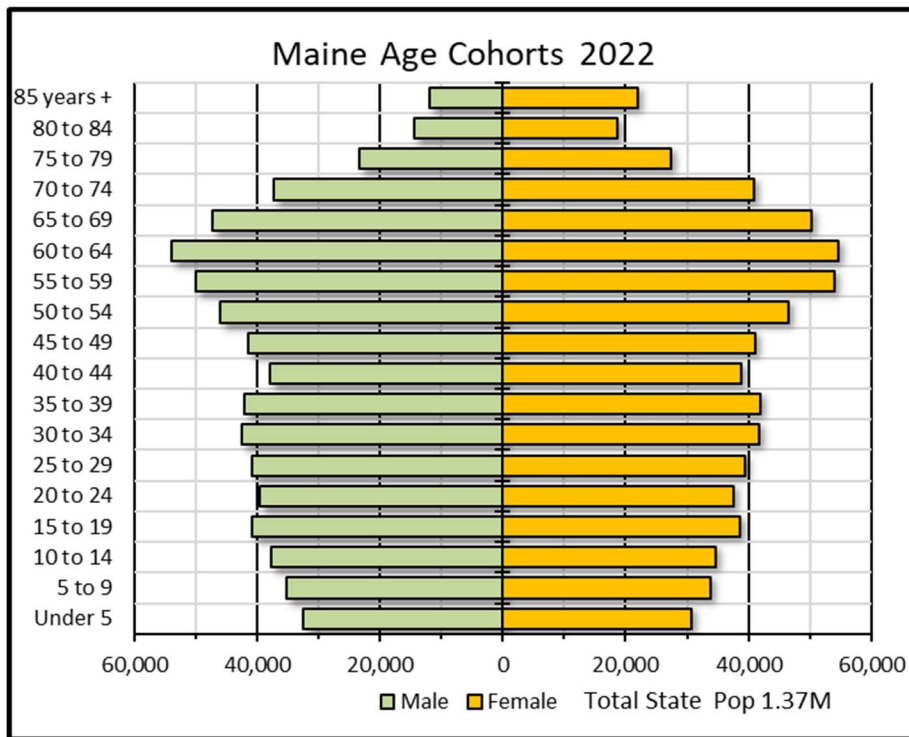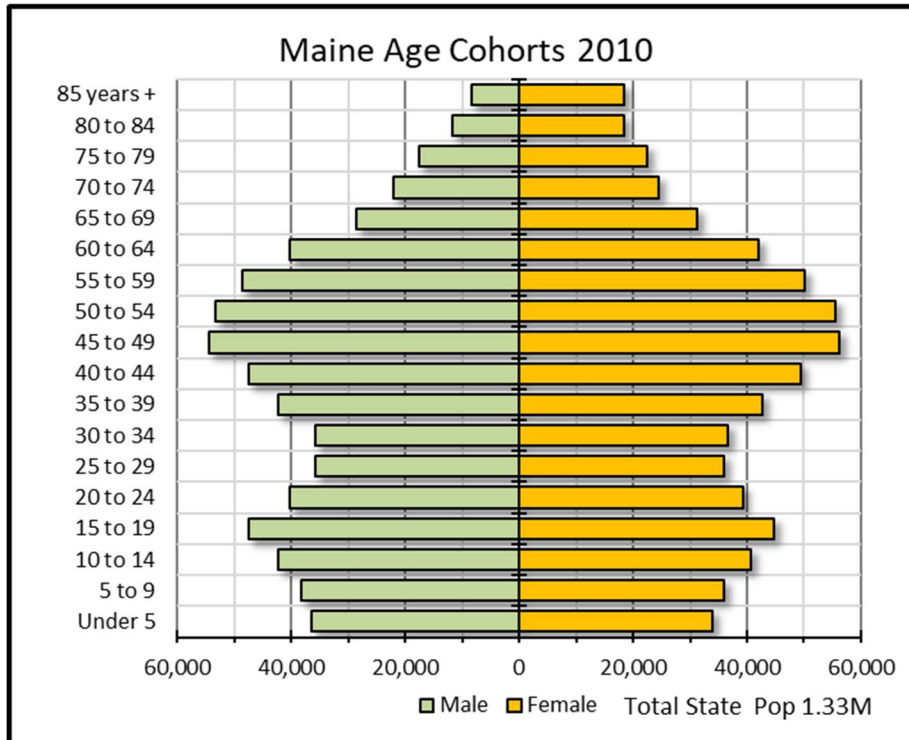
Maine's Boomer bulge is the largest comparative bulge among all New England States (see attachment 2).

Maine Age Cohorts 2022 Census and 2052 Est.
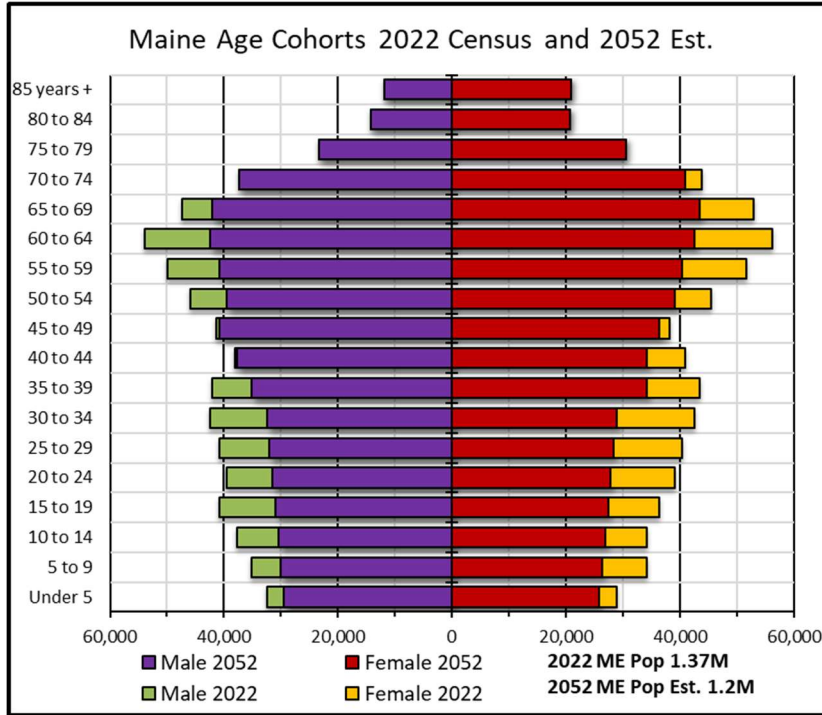
The loss of this large population group is not being replaced with upcoming population cohorts!!

This Cohort chart indicates the Maine population estimated for 2052 using the 2022 Census Data as a base. **Assuming present trends continue,** it is estimated that Maines total population will contract from 1.37M in 2022 to 1.2M in 2052, a loss of 170,000.

No immigration was included in this estimate.

This loss in population combined with the contraction in births will present Maine and (to a lesser degree) the other New England States (see attachment 2) with an economic sustainability and tax challenge.

The United State in general (see attachment 3) do not have this prevalent Babby Boomer bulge making their demographic future more stable.

This loss of the population bulge presents a catch twenty-two regarding new facility construction. Building new facilities to meet the next 10-year demand that will in 20 to 30 years then begin to contract as this group ages and passes on. Facilities placed and designed with future uses such as other types of housing in mind can mitigate this loss in LTC demand.

Chart 16 below Indicates the 2023 Pop 65+ of 301,978 increasing by 94,074 to a 2033 total State 65+ Population of 396,051.

ME 2023 to 2033 65+ Population Change by County

	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York	County Sum
2023f	20,682	17,204	60,867	7,050	14,752	26,355	11,127	10,280	13,867	30,211	4,682	8,922	11,470	9,808	8,027	46,674	301,978
2033f	26,402	21,635	85,701	8,742	18,918	33,957	15,317	12,796	19,420	36,804	5,665	12,030	14,035	12,923	9,461	62,248	396,051
Pop Inc (23-33)	5,719	4,431	24,834	1,692	4,166	7,602	4,190	2,517	5,552	6,592	982	3,108	2,565	3,115	1,434	15,574	94,074

Demographics Cont.

The US Census Department has an interactive web site to show the cohort charts for each state from 2000, 2010 and 2020. Site URL is below:

How Has Our Nation's Population Changed? (census.gov)
https://www.census.gov/library/visualizations/interactive/how-has-our-nations-population-changed.html
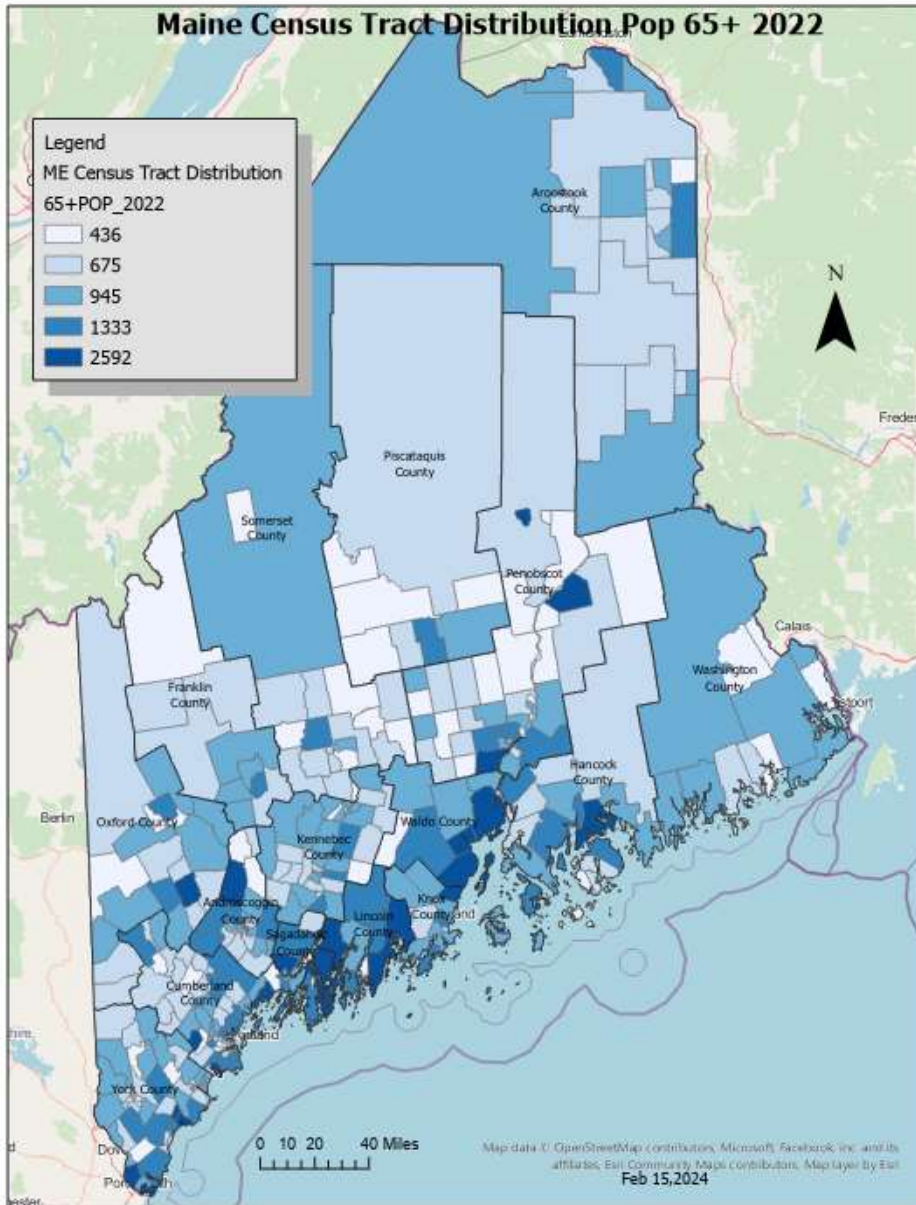
A key input to locating Long-Term facilities and other Senior health eco-system entities is the geographic demographic information at the US Census Tract level. This map indicates the tracts with 65+ age density data.

This information assists in locating future facilities when there is an absence of services in a particular area.

Map 8: ME Census Tract 65+ Population 2022

County 65+ % of Maine Total Pop

	Cumberland	York	Penobscot	Kennebec	Androscoggin	Aroostook	Oxford	Hancock	Knox	Somerset	Waldo	Lincoln	Sagadahoc	Washington	Franklin	Piscataquis	All Counties
2023f	4.5%	3.4%	2.2%	1.9%	1.5%	1.3%	1.0%	1.1%	0.8%	0.8%	0.7%	0.8%	0.7%	0.6%	0.5%	0.3%	22.1%
2033f	6.1%	4.4%	2.6%	2.4%	1.9%	1.5%	1.4%	1.3%	1.1%	1.0%	0.9%	0.9%	0.9%	0.7%	0.6%	0.4%	28.3%
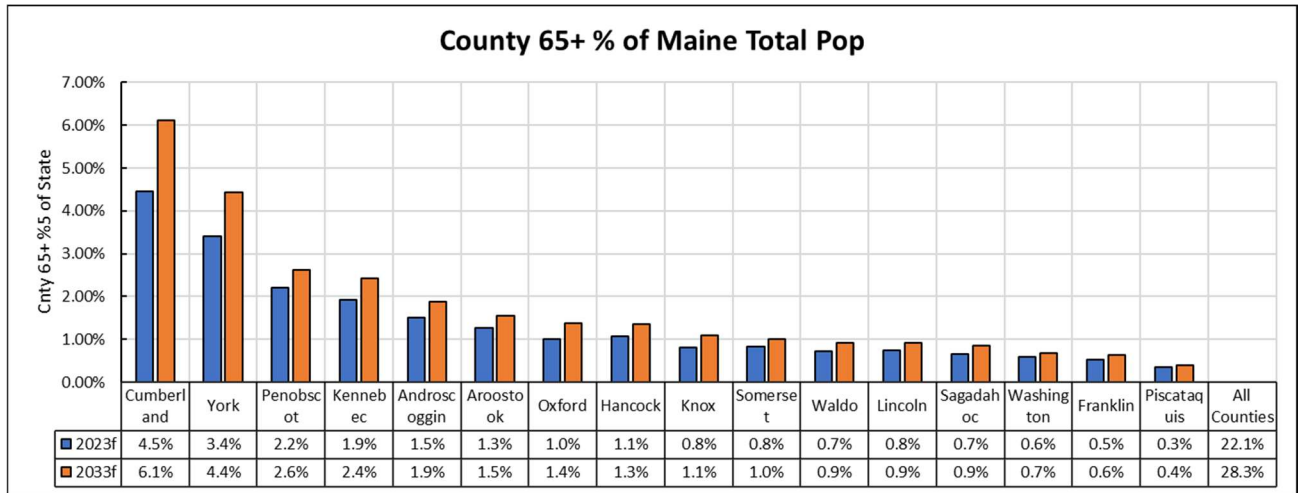
Chart 17: County 65+ as a % of the Total State Population

65+ Pop % of the Counties Total Pop

	Oxford	Sagadahoc	Kennebec	York	Lincoln	Knox	Somerset	Piscataquis	Waldo	Washington	Penobscot	Aroostook	Androscoggin	Franklin	Cumberland	Hancock	All Counties
2023f	30.3%	30.8%	28.6%	29.9%	28.4%	26.6%	26.5%	26.8%	27.5%	25.7%	24.5%	23.8%	22.1%	22.5%	21.1%	19.9%	22.1%
2033f	37.2%	35.3%	35.3%	35.0%	33.2%	33.2%	31.9%	31.7%	31.4%	30.4%	28.9%	27.7%	26.6%	25.5%	24.4%	23.1%	28.3%
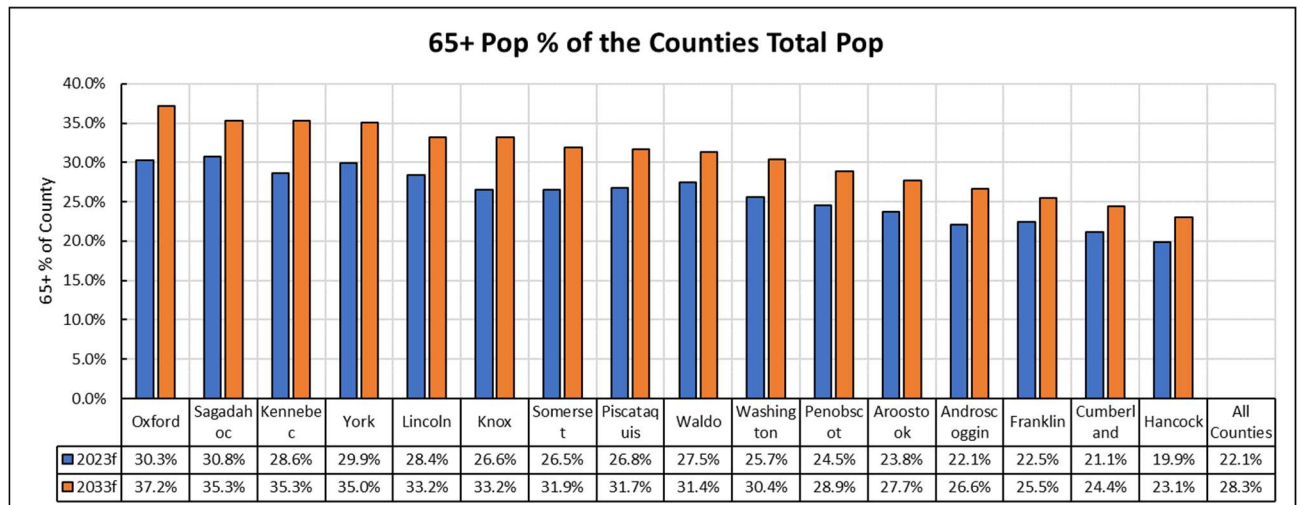
Chart 18: 65+ as a % of the County's Population

US Age Cohorts ACS 2010

Total US Pop 303,965,272
65+ Dependency Ratio 20.3

US Age Cohorts US Census ACS 2022

Total US Pop 333,097,593
65+ Dependency Ratio 26.9
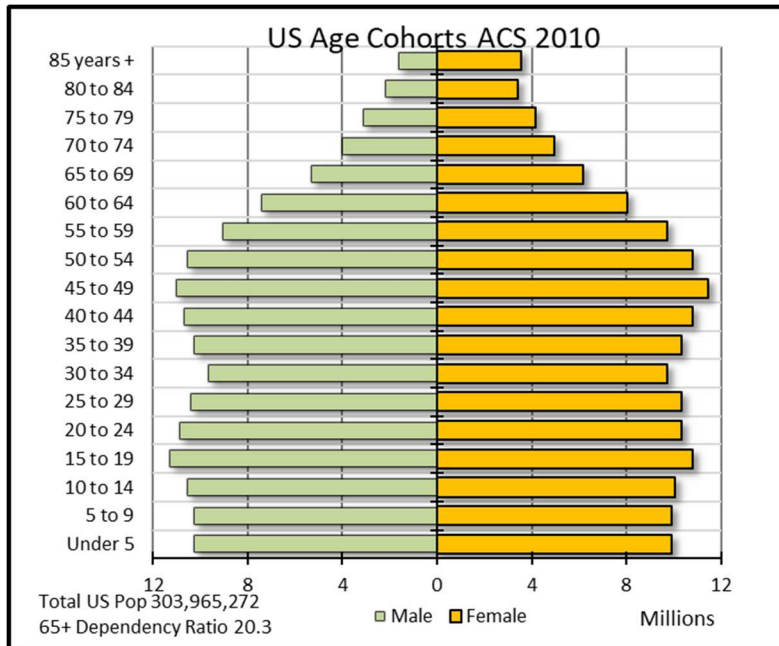
"**JUNE 25, 2020** — The U.S. Census Bureau today released estimates showing the nation's 65-and-older population has grown rapidly since 2010, driven by the aging of Baby Boomers born between 1946 and 1964. The 65-and-older population grew by over a third (34.2% or 13,787,044) during the past decade, and by 3.2% (1,688,924) from 2018 to 2019. The growth of this population contributed to an increase in the national median age from 37.2 years in 2010 to 38.4 in 2019, according to the Census Bureau's 2019 Population Estimates.
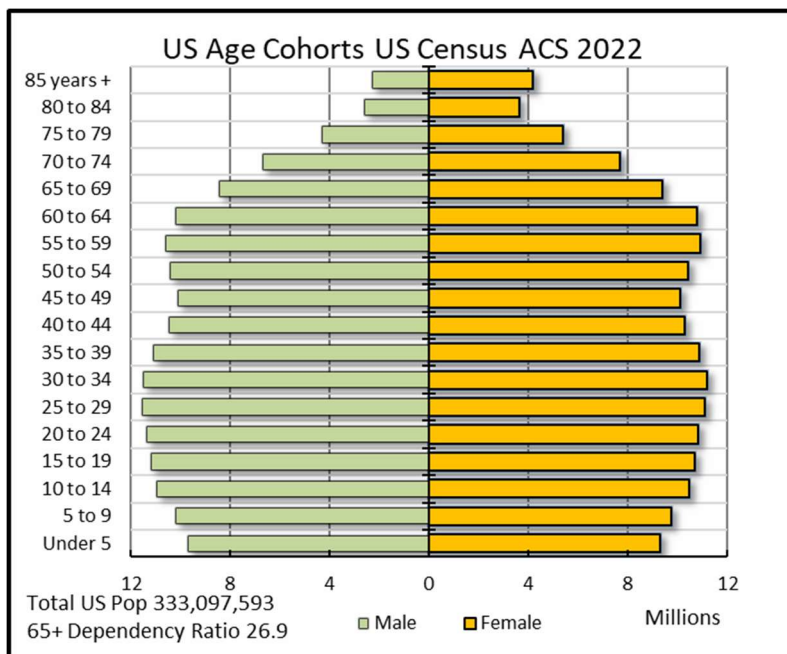
The first Baby Boomers reached 65 years old in 2011," said Dr. Luke Rogers, chief of the Census Bureau's Population Estimates Branch. "Since then, there's been a rapid increase in the size of the 65-and-older population, which grew by over a third since 2010. No other age group saw such a fast increase. In fact, the under-18 population was smaller in 2019 than it was in 2010, in part due to lower fertility in the United States."

"In 2019, over half (29) of the states had a median age older than 38.4 years, including all nine states in the Northeast---.

In 2019, one in five people in Maine, Florida, West Virginia and Vermont were age 65 or older. Maine had the largest share (21.2%) of population in that age group, followed by Florida (20.9%), West Virginia (20.5%) and Vermont (20.0%). "

In 2023 Maine's 65+ Pop was at 22% of the States population, in 2033 this age cohort will be 28%.

A 2023 to 2033 Forecast of the 65+ population by County was conducted. A Bed requirement by Facility Type (ALP, RCF, PNMI and NursH) by County for the year 2033 was calculated using the Bed per 1000 65+ index.

ME 2023 to 2033 65+ Population Change by County

	Andros coggin	Aroostoo k	Cumberl and	Franklin	Hancock	Kennebe c	Knox	Lincoln	Oxford	Penobsc ot	Piscataqu is	Sagadah oc	Somerset	Waldo	Washingt on	York	County Sum
2023f	20,682	17,204	60,867	7,050	14,752	26,355	11,127	10,280	13,867	30,211	4,682	8,922	11,470	9,808	8,027	46,674	301,978
2033f	26,402	21,635	85,701	8,742	18,918	33,957	15,317	12,796	19,420	36,804	5,665	12,030	14,035	12,923	9,461	62,248	396,051
Pop Inc (23-33)	5,719	4,431	24,834	1,692	4,166	7,602	4,190	2,517	5,552	6,592	982	3,108	2,565	3,115	1,434	15,574	94,074

Chart 19: State 2032 and 2033 Pop Fcst 65+

The process used the 2023 Facility location addresses, Facility types and Service type inventory information provided by the Maine DHHS/DLRP[1]. (See Bibliography)

The base Census demographic data was secured from US Census tables. The Census data is provided at State and County geographies for all 5-year cohorts from <1 to 85+ for each year 2000 to 2022. The 65-69,70-74, 75-79,80-84 and 85+ cohorts were summed to provide the 65+ group used in this analysis. The 65+ group was then projected using Excel's forecasting function from 2022 to 2033.

Dividing the 2023 Bed inventory numbers by the 2023 65+ population provided the 2023 Beds per 1000 population 65+ at each Facility Type for the State and each County.

2023 Beds per 1000 Pop 65+ By County and Facility Type

	Aroost ook	Kenneb ec	Penobs cot	Andros coggin	Cumbe rland	Frankli n	State	Piscata quis	Oxford	Somers et	Washin gton	Knox	York	Lincoln	Sagada hoc	Hanock	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

Chart 20: 2023 Beds per 1000 pop 65+

An essential assumption in the forecast is that Long-Term Care Facilities and Services are needed by and should be available on a per capita basis for all Maine citizens regardless of where they live. The forecast increases County bed counts per capita to the state average if presently lower than the state avg. That number times the increase in 65+ Population results in an increase in facilities where they presently exist and provides new facilities and services in Counties where none presently exist.

Utilizing the existing Beds per 1000 Pop 65+ at the county level reflects the present overall market demand and includes the impact of the home care/stay at home programs being administered in that county.

A top down (State level data) bottoms up (County data) consensus forecast process was used to derive the 2033 Bed Requirements by Facility category by County.

Methodology steps:
- Bottom-Up Forecast -The County 2022 Bed per 1000 pop 65+ is multiplied by the Counties 2033 Population Fcst., divided by 1000 to derive the 2033 Bed Fcast.
- Top-Down Forecast - The State 2022 Bed per 1000 pop 65+ is multiplied by the Counties 2033 Pop Fcst., divided by 1000 to derive the 2033 Bed Fcast.
- The Final 2033 Bed Consensus Fcst. Take the higher of the Top Down or Bottom-Up bed Fcst. This does not therefore reduce beds needed in counties that have more than the state average but raises those other counties to the state average.
- The forecast essentially consists of two parts: 1} a continue as is using a county's existing 2023 B/1k pop 65+ and 2} the existing index is increased to bring that counties 2023 index to the State 2023 B/1K pop 65+, both parts 1 and 2 applied to the 2033 65+ Population Fcst.

Maine 2023-2033 Total Add'l Beds By County and Facility Type

	Cumberland	York	Kennebec	Hanock	Oxford	Waldo	Androscoggin	Penobscot	Aroostook	Sagadahoc	Lincoln	Somerset	Knox	Franklin	Washington	Piscataquis	State
RCF PNMI	484	451	134	149	161	114	108	94	69	140	154	84	66	39	23	14	2282
RCF	416	211	207	50	151	87	109	80	119	37	61	51	50	70	22	58	1778
NursH	645	564	207	323	135	222	149	173	129	172	141	83	142	37	67	22	3211
ALP	332	152	116	73	128	86	71	54	82	49	23	93	40	32	36	25	1391
Total	1877	1377	663	594	575	508	438	401	399	398	380	310	298	178	148	119	8662

Chart 21: 2023 -2033 Total Add'l Beds

Chart 21 indicates the need for 8700 additional beds in the State by 2033.

Bed Forecast Cont.

Chart 22: 2033 Beds per 1000 Pop 65+

	Aroostook	Kennebec	Penobscot	Androscoggin	Cumberland	State	Franklin	Somerset	Piscataquis	Sagadahoc	York	Hanock	Lincoln	Knox	Washington	Oxford	Waldo
■ ALP	4	8	8	12	13	9	8	8	8	16	8	8	9	10	4	8	8
■ NursH	29	27	26	26	26	24	22	20	20	20	20	20	20	20	20	20	20
■ RCF	12	12	12	19	17	13	12	12	12	12	12	12	12	12	15	12	12
■ RCF PNMI	15	18	14	19	19	16	23	13	14	13	13	13	13	16	16	13	13

	Cumberland	York	Penobscot	Kennebec	Androscoggin	Aroostook	Oxford	Hanock	Knox	Somerset	Sagadahoc	Lincoln	Waldo	Franklin	Washington	Piscataquis	Total
■ RCF PNMI	1670	838	523	599	497	335	261	255	240	189	162	172	174	201	152	80	6346
■ RCF	1435	726	429	396	504	252	226	226	183	164	144	149	151	102	146	66	5298
■ NursH	2227	1262	967	923	689	631	394	384	311	285	244	259	262	190	192	115	9335
■ ALP	1145	471	300	257	329	82	147	143	147	106	190	116	98	66	36	43	3675
△ State	6477	3296	2219	2174	2020	1300	1028	1007	881	743	740	697	684	559	526	304	24654

Chart 23: 2033 Total Beds in Service

The Chart above indicates the Total Beds required (24, 650) in 2033 by Facility Type and County.

The 2033 Forecast brings population proportionate (per capita) availability of the Facility Bed Types (ALP, NursH, RCF, and PNMI) to citizens in all Counties.

The LTC Facility provides a geographic distance and time-based service area. The location of Long-Term Facilities is as important as the facility beds being available. Keeping the "Community Care Concept" alive is an important ingredient in assisting the Senior population as they progress through the Health Care Facilities Hierarchy. A facility near their existing community is essential to their well-being as well as their spouse, siblings, children, relatives, and friends. This concept is one of the main philosophies of the many home health care initiatives.

Viewing the various Facility location service area maps, one can see the gaps in Facility accessibility areas. The demand for the additional 8700 beds by 2033 with expansion of existing facilities alone will not provide the local service areas needed to continue the Community Care concept therefore additional localized Facility locations are needed.

In selecting these areas/communities for the new facilities several location preferences were incorporated.

- The travel times should be as minimal as reasonably possible between the LTC facility and 65+ pop density areas, hospitals/ medical facilities, and other senior services.
- Due to Maine's open areas, and distance between dense population centers (especially in northeastern Maine) service areas were expanded from the ideal 30-minute drive to 60-minute driving times.
- Facilities on or near a major highway to facilitate visitors and access to public services.
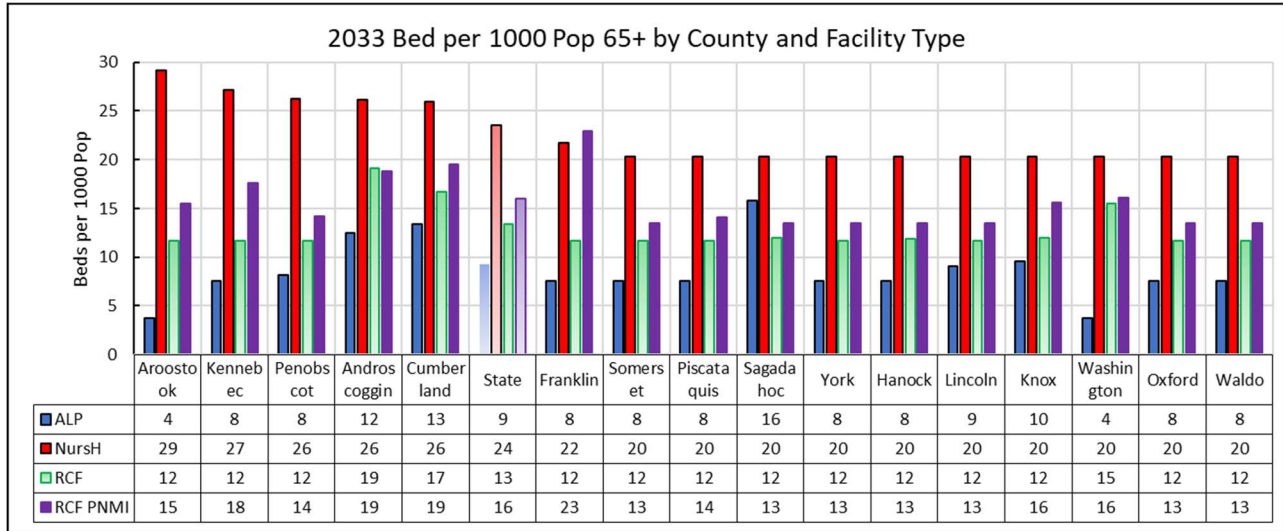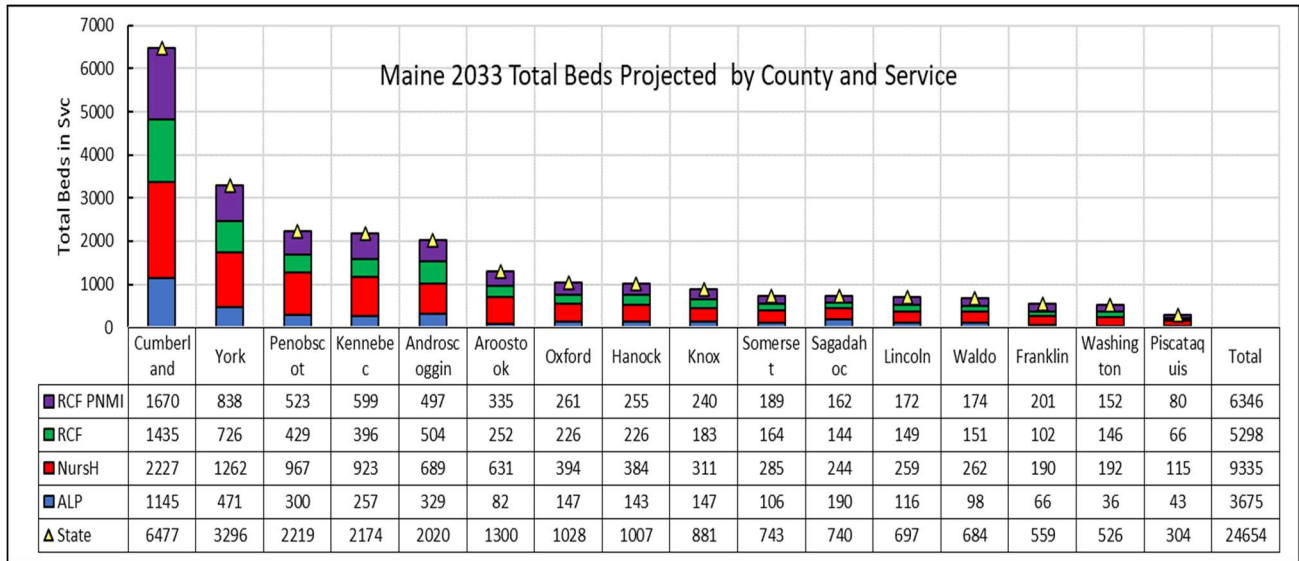- Facilities near a population center (city, town) for services (fire, police. ambulance, medical attention) and availability of facility staff personnel and housing.
- Facilities near or in significant 65+ population Census Tract groups.
- Facilities be located to provide for future LTC bed/personnel demand.

Utilizing GIS (Geographic Information System) mapping software, the following pages show the melding of these location preferences resulting in the suggested area for the various new Facilities.

In many cases the new community location for a Facility is also a demand location for another additional facility and service types. This presents an opportunity to provide a multi-level service facility community complex.

Map 9: ME Hospitals - Serving Areas and Bed Counts
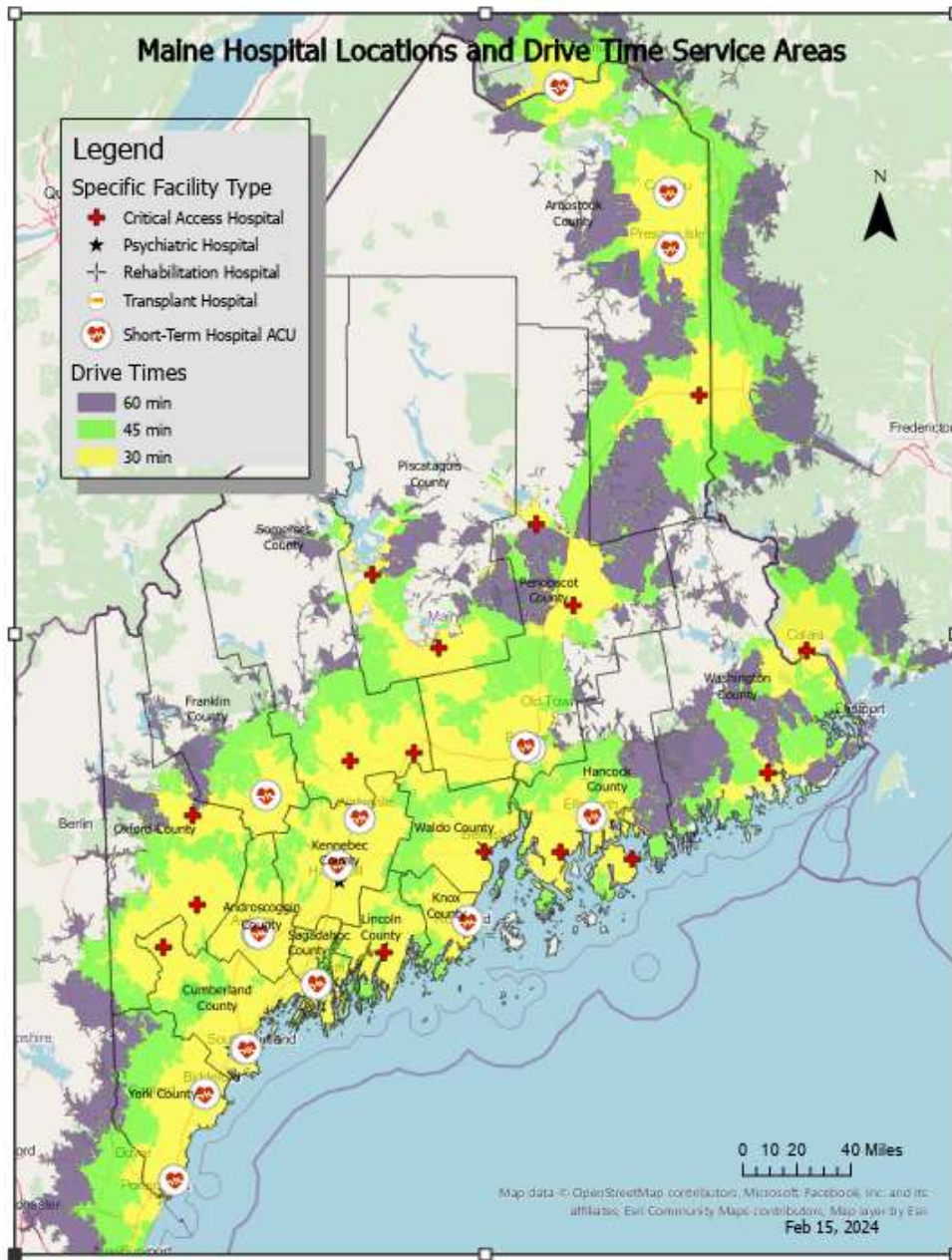
This map indicates the various Hospital locations by type in ME.

Highlighted are GIS created **30-45- and 60-minute** drive time serving areas for each of these Hospitals. We can therefore see areas that would be ideal to have a Long-Term Health Care facility located with this criterion.
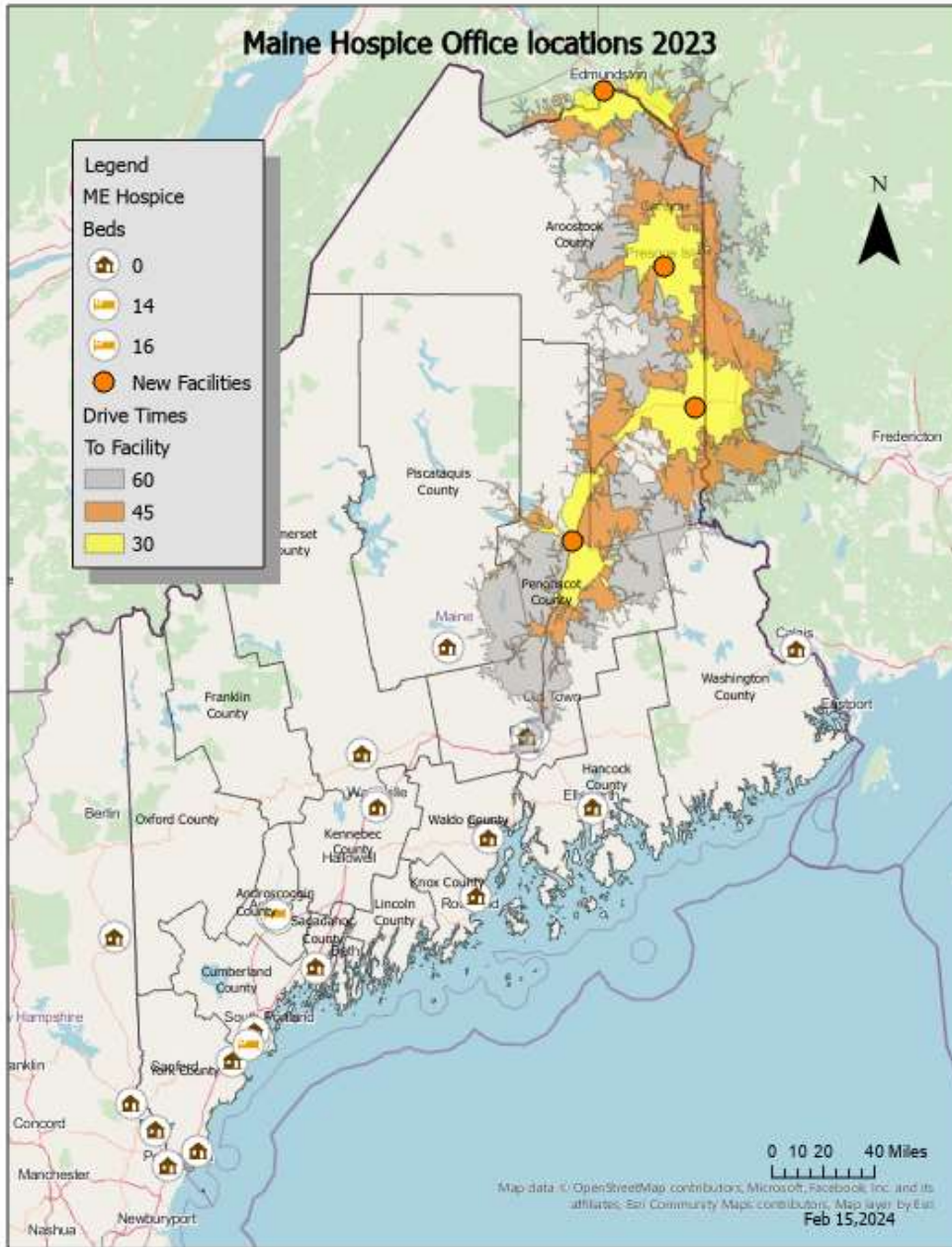
Hospice Centers

Hospice Service is an important link in the Long Ter Care Concept. This map indicates the existing Hospice offices and the two separate facilities with beds.

As there are no nearby Hospice services in Central and Northeastern Maine, additional Office services would bolster Hospice coverage for the state as highlighted on the map indicating associated drive service areas.
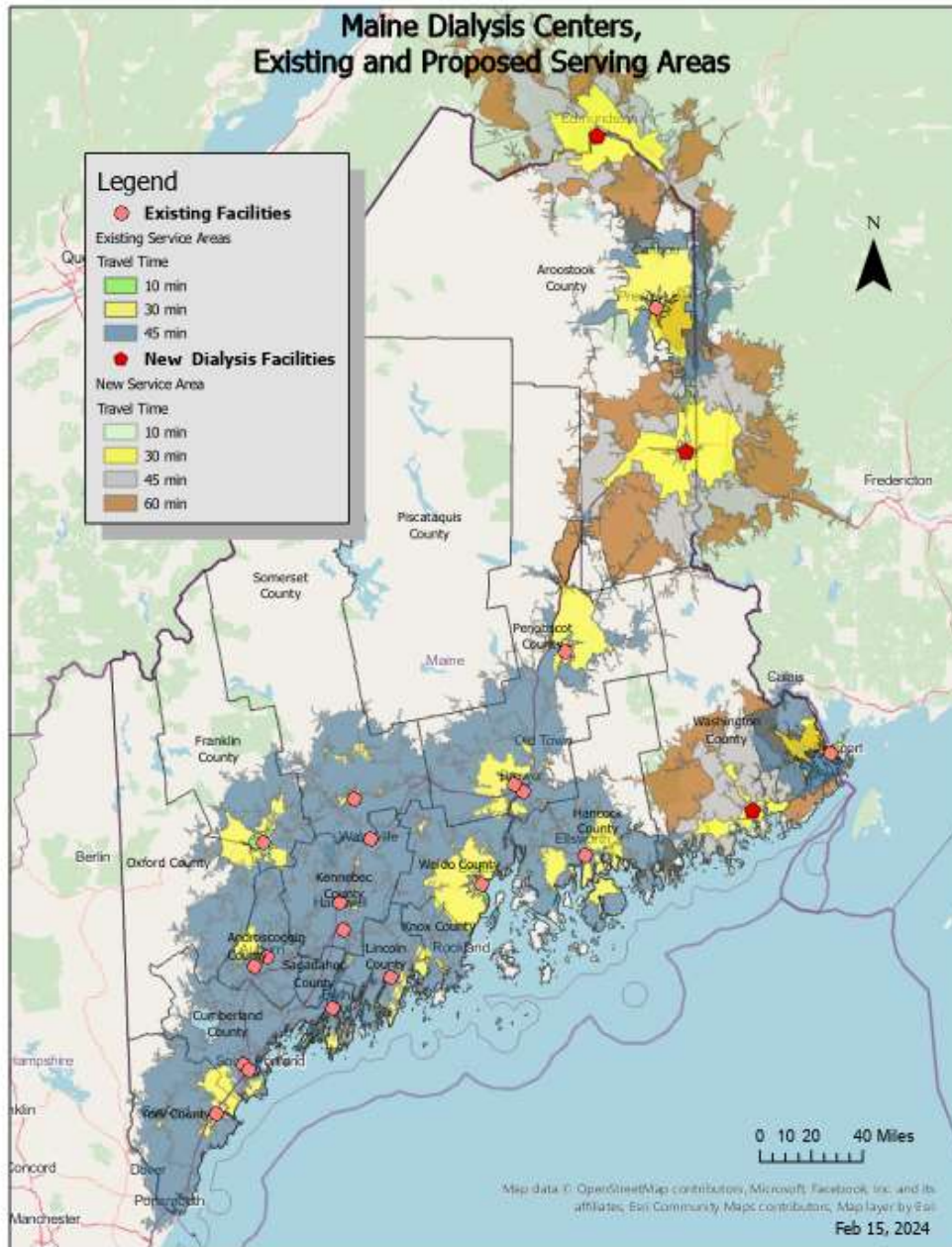
Dialysis Centers

Dialysis Service is essential for many of the people in LTC Facilities.

Maine has many centers around the State, however there are three new Dialysis facilities that would complete coverage to provide a 45-to-60-minute driving time to the facility by a majority of the population.

These locations are shown on the map in red with their associated travel service areas.

Future Assisted Living (ALP) Location Areas
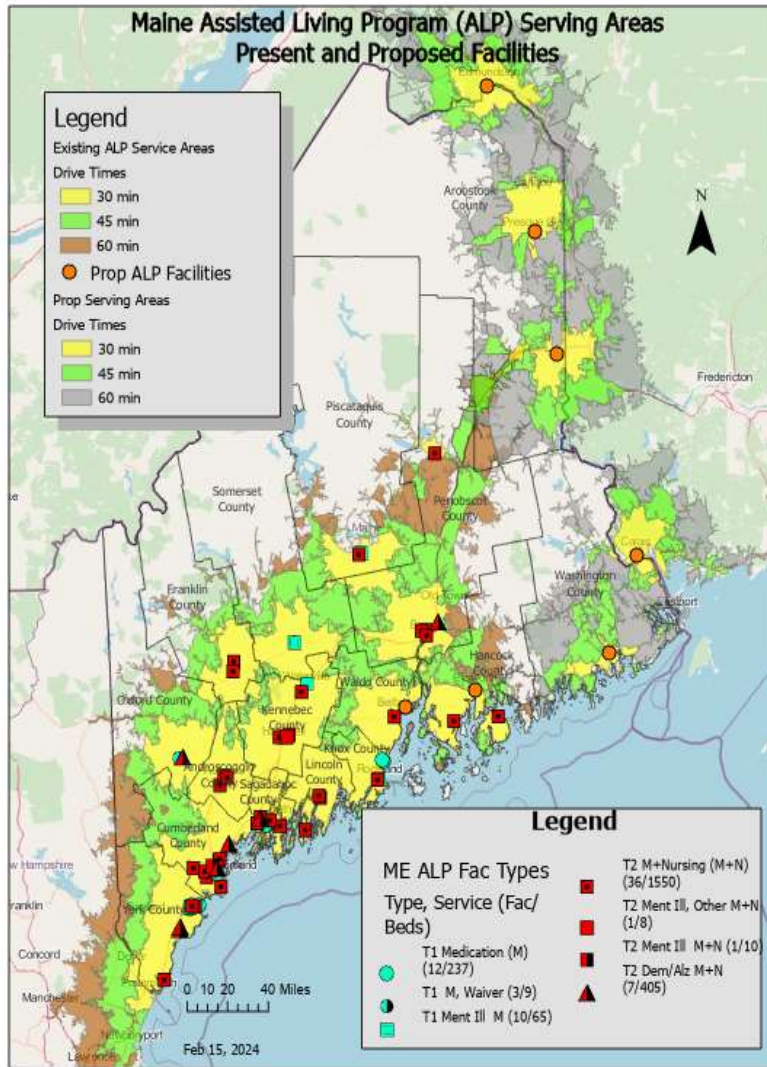
Map 10: Existing and Future ALP Bed Locations

The 2024-2033 demographic/bed forecast shows a need for 1390 additional ALP beds.

There are 70 existing ALP Facilities in 14 Counties. (Type 1 in green and Type 2 in red) There is no existing ALP facility in Washington or Aroostook County.

This map shows the service driving areas within 30-60 minutes from the existing and proposed ALP locations. The forecast consists of expanding beds in existing facility communities and adding 7 new facilities (in orange) in communities that are within a desirable travel time to the facility, hospitals, and 65+ demographic demand.

Of particular interest is the geographic offerings of Mental Illness Services There are no such Ment Ill services in 9 Counties (Androscoggin, Aroostook, Sagadahoc, Lincoln, Hancock, Franklin, Oxford, Washington, and Waldo). There are no Dementia -Alzheimer services in 11 Counties (Kennebec, Knox, Androscoggin, Aroostook, Somerset, Lincoln, Hancock, Piscataquis, Franklin, Washington, and Waldo).

	CUMBE RLAND	YORK	OXFORD	KENNEB EC	SOMERS ET	WALDO	AROOST OOK	HANCO CK	ANDRO SCOGGI N	PENOBS COT	SAGADA HOC	KNOX	WASHIN GTON	FRANKLI N	PISCATA QUIS	LINCOL N
2023 Exist Fac	17	12	2	9	3	1	0	2	3	7	3	4	0	2	2	3
2033 Add'l Fac	9	4	3	3	2	2	3	3	2	2	2	2	2	1	1	2
Add'l Beds	332	152	128	116	93	86	82	73	71	54	49	40	36	32	25	23
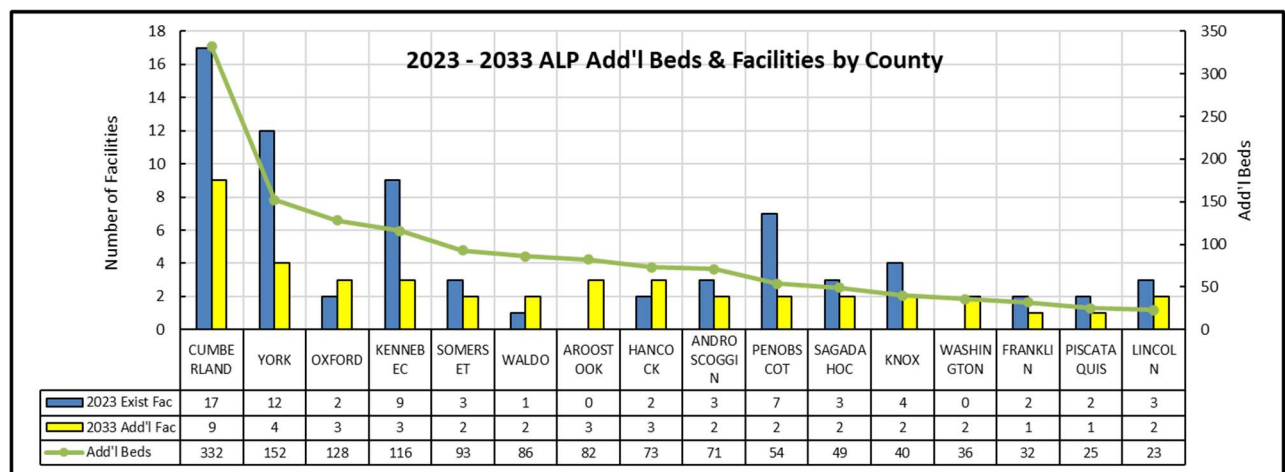
Chart 24: 2023-2033 Additional ALP Facilities by County

Future Nursing Home-NursH - Location Areas
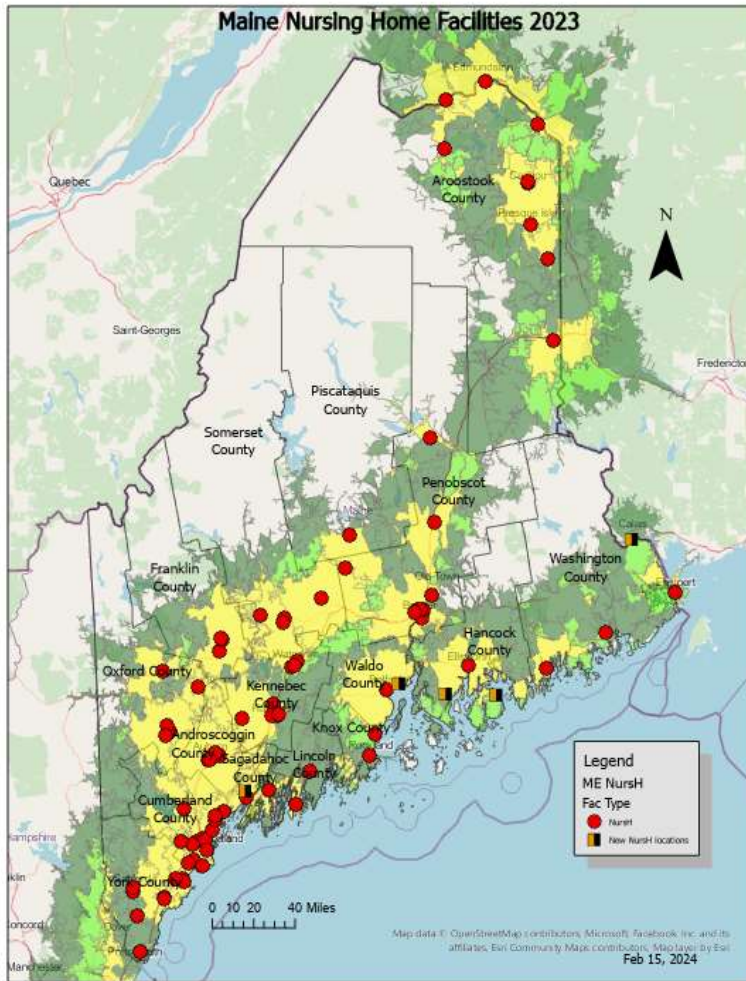
Map 11 Existing and Future NursH Bed Locations

Meeting the need for an added 3200 NursH Beds consist of expanding beds in the area around existing facilities and adding new facilities in areas that are within a desirable travel area to hospitals, have 65+ demographic demand, and near major highways. This process offers NursH availability to all Residentials while providing travel within their own community area.

The map shows the state list (2023) of 84 existing Nursing Home facilities located throughout the 16 Counties and their serving areas.

Also Shown are 12 new NursH communities (In Orange/Black) in 4 Counties considered most desirable to meet the future NursH 65+ demographic demand.

Demand is also expected to be met by construction of new facilities in existing communities.

Below is a chart showing the number of suggested new facility serving areas by County.

	CUMBERLAND	YORK	HANCOCK	WALDO	KENNEBEC	PENOBSCOT	SAGADAHOC	ANDROSCOGGIN	KNOX	LINCOLN	OXFORD	AROOSTOOK	SOMERSET	WASHINGTON	FRANKLIN	PISCATAQUIS
2023 Exist Fac	17	9	1	1	8	11	1	6	2	2	5	9	4	3	3	1
2033 Add'l Fac	13	9	5	3	4	6	3	2	2	3	4	4	3	3	1	1
Add'l Beds	645	564	323	222	207	173	172	149	142	141	135	129	83	67	37	22
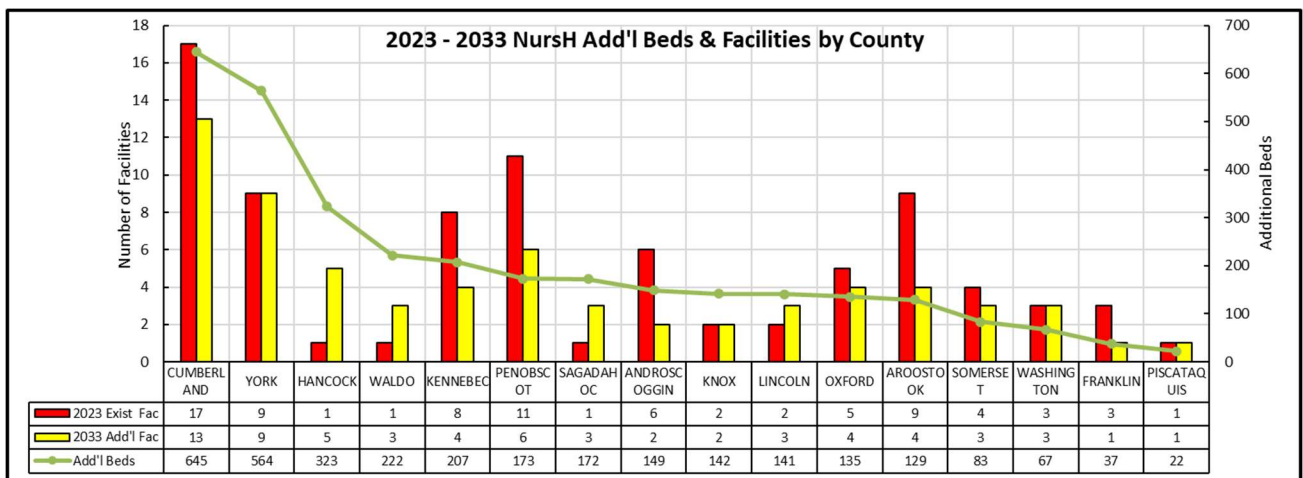
Chart 25: 2023-2033 Added NursH Facilities by County

Future Residential Care Facility (RCF & PNMI) Location Areas

Map 12:Existing and Future RCF Bed Locations
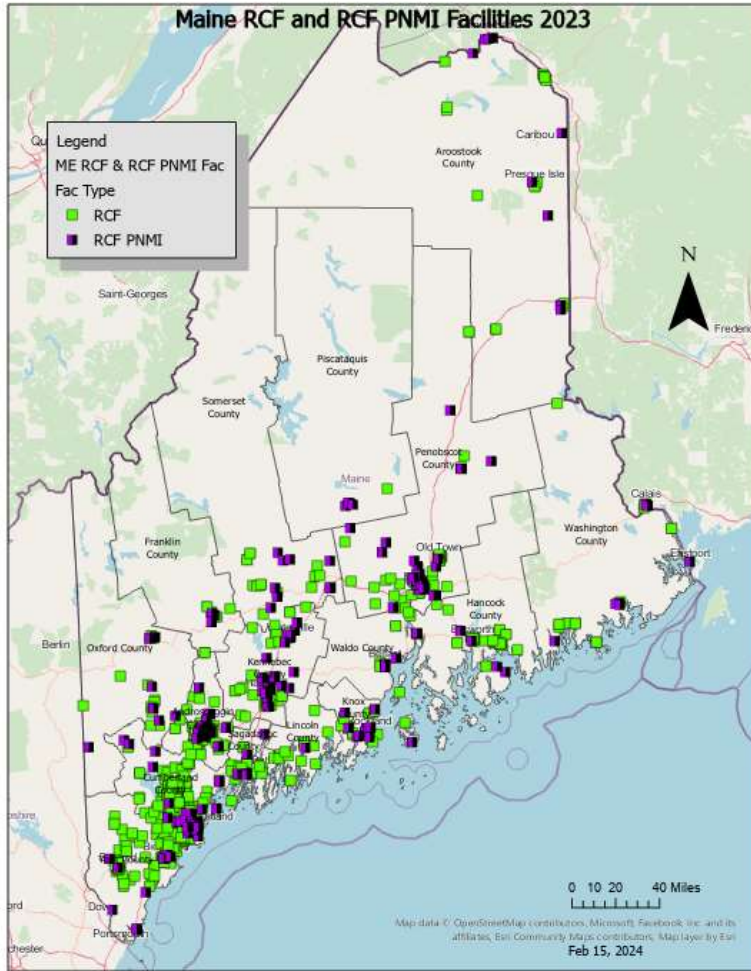
Meeting the need for an added 4060 RCF and PNMI Beds consist of expanding beds in the area around existing facilities and adding new facilities in areas that are within a desirable travel area to hospitals, have 65+ demographic demand, and near major highways. This process offers LTC availability to all Residentials while keeping them within their own community area.

This map shows the 838 RCF facilities (in green) and the 216 RCF PNMI existing facilities (in purple).

The state has facility locations spread throughout the state. Additional beds can be included in the existing communities to meet future demand.

Below is a chart showing the number of suggested new RCF level 1,2,3,4 facility areas and beds by County.

	CUMBER LAND	YORK	KENNEBE C	OXFORD	AROOST OOK	ANDROS COGGIN	WALDO	PENOBSC OT	FRANKLI N	LINCOLN	PISCATA QUIS	SOMERS ET	HANCOC K	KNOX	SAGADA HOC	WASHIN GTON
2023 Exist Fac	275	104	39	13	21	156	10	88	11	19	1	20	30	16	15	20
2033 Add'l Fac	8	4	11	5	4	3	4	7	1	3	1	5	4	5	5	3
Add'l Beds	416	211	207	151	119	109	87	80	70	61	58	51	50	50	37	22

Chart 26: 2023-2033 Added RCF Facilities by County

Below is a chart showing the number of suggested additional PNMI level 1,2,3,4 facility areas and beds by County.

	CUMBER LAND	YORK	OXFORD	LINCOLN	HANCOC K	SAGADA HOC	KENNEBE C	WALDO	ANDROS COGGIN	PENOBSC OT	SOMERS ET	AROOST OOK	KNOX	FRANKLI N	WASHIN GTON	PISCATA QUIS
2023 Exist Fac	39	12	10	1	5	2	36	3	27	35	10	9	12	4	7	4
2033 Add'l Fac	10	8	11	4	3	5	6	3	5	8	7	6	4	1	4	1
Add'l Beds	484	451	161	154	149	140	134	114	108	94	84	69	66	39	23	14

Chart 27: 2023-33 PNMI Additional Facilities by County

Table 1: New Facility Location list
The following Table shows by County and City the number of facilities and beds by Service Type and indicates in yellow those communities that could use facilities that lack facility service type at present.

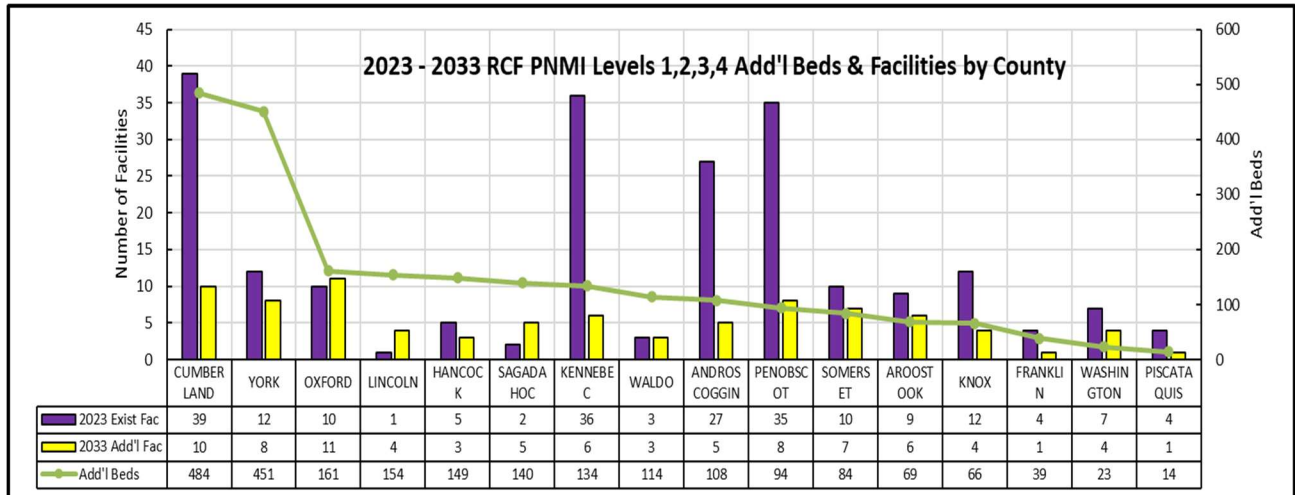| County / City	ALP Exist Beds	ALP Exist Num of Fac	ALP Add'l Beds	ALP Add'l Fac	NursH Exist Beds	NursH Exist Num of Fac	NursH Add'l Beds	NursH Add'l Fac	RCF Exist Beds	RCF Exist Num of	RCF Add'l Beds	RCF Add'l Fac	RCF PNMI Exist Beds	RCF PNMI Exist Num of	RCF PNMI Add'l Beds	RCF PNMI Add'l Fac	Beds Tot Exist Beds	Facilities Tot Exist Fac	Beds Tot Add'l	Facilities Tot Add'l Facilities
ANDROSCOGGIN	**258**	**3**	**71**	**2**	**540**	**6**	**149**	**2**	**395**	**156**	**109**	**3**	**389**	**27**	**108**	**6**	**1582**	**192**	**437**	**13**
AUBURN	178	2	36	1	135	2	74	1	128	57	35	1	241	9	40	2	682	70	**185**	5
GREENE									9	2					10	1	9	2	**10**	1
LEEDS									6	1							6	1	**0**	0
LEWISTON	80	1	35	1	405	4	75	1	208	86	54	1	122	12	30	1	815	103	**194**	4
LISBON									37	5	20	1	7	2	15	1	44	7	**35**	2
MECHANIC FALLS									4	2							4	2	**0**	0
MINOT									2	1							2	1	**0**	0
SABATTUS									1	1			7	1	13	1	8	2	**13**	1
TURNER									9	3			3	1			12	4	**0**	0
AROOSTOOK	**0**	**0**	**82**	**3**	**502**	**9**	**129**	**4**	**133**	**21**	**119**	**4**	**266**	**9**	**69**	**5**	**901**	**39**	**399**	**16**
ASHLAND									6	1							6	1	**0**	0
CARIBOU					107	2	40	1									107	2	**40**	1
EAGLE LAKE					40	1			10	2							50	3	**0**	0
FORT KENT					45	1			45	1	54	1					90	2	**54**	1
FRENCHVILLE													40	1	15	1	40	1	**15**	1
HOULTON					99	1	49	1	26	5	25	1	60	2	10	1	185	8	**84**	3
ISLAND FALLS									9	2							9	2	**0**	0
LIMESTONE													36	1	9	1	36	1	**9**	1
MADAWASKA			27	1	51	1	20	1					90	3	20	1	141	4	**67**	3
MARS HILL					72	1											72	1	**0**	0
PRESQUE ISLE			28	1	61	1			14	4	15	1	10	1	15	1	85	6	**58**	3
VAN BUREN			27	1	27	1	20	1	23	6	25	1					50	7	**72**	3
WESTFIELD													30	1			30	1	**0**	0
CUMBERLAND	**813**	**17**	**332**	**11**	**1582**	**17**	**645**	**13**	**1019**	**275**	**416**	**15**	**1186**	**39**	**484**	**16**	**4600**	**348**	**1877**	**55**
BRIDGTON									9	2			105	2	60	2	114	4	**60**	2
BRUNSWICK	174	3	75	2	107	2	50	1	33	9	15	1	179	3	70	2	493	17	**210**	6
CAPE ELIZABETH	60	1	20	1									72	1	45	1	132	2	**65**	2
CASCO													69	2	40	1	69	2	**40**	1
CHEBEAGUE ISLAND													7	1			7	1	**0**	0
CUMBERLAND City									4	2							4	2	**0**	0
CUMBERLAND FORESIDE									37	2	16	1					37	2	**16**	1
EAST WATERBORO									2	1							2	1	**0**	0
FALMOUTH	77	2	25	1	91	1	60	1	14	7			84	1	54	2	266	11	**139**	4
FREEPORT					83	1	50	1	3	1			66	2	50	2	152	4	**100**	3
GORHAM	42	1			69	1	50	1	74	30	50	1	37	1	20	1	222	33	**120**	3
GRAY									45	22							45	22	**0**	0
HARPSWELL									10	1							10	1	**0**	0
NEW GLOUCESTER									25	7							25	7	**0**	0
PORTLAND	202	7	90	3	638	4	185	3	197	59	85	2	434	15	70	2	1471	85	**430**	10
RAYMOND									4	2							4	2	**0**	0
SCARBOROUGH					221	3	75	1	235	21	100	4	2	1			458	25	**175**	5
SEBAGO									22	3							22	3	**0**	0
SO PORTLAND					73	1	20	1									73	1	**20**	1
SOUTH PORTLAND	83	1	40	1					103	18	50	2	38	5	25	1	224	24	**115**	4
STANDISH									8	4							8	4	**0**	0
STEEP FALLS									3	1							3	1	**0**	0
WESTBROOK	115	1	57	2	123	1	100	2	105	46	50	2	81	3	50	2	424	51	**257**	8
WINDHAM					60	1	15	1	84	36	50	2	12	2			156	39	**65**	3
YARMOUTH	60	1	25	1	117	2	40	1	2	1							179	4	**65**	2

County / City	ALP Exist Beds	ALP Exist Num of Fac	ALP Add'l Beds	ALP Add'l Fac	NursH Exist Beds	NursH Exist Num of	NursH Add'l Beds	NursH Add'l Fac	RCF Exist Beds	RCF Exist Num of	RCF Add'l Beds	RCF Add'l Fac	RCF PNMI Exist Beds	RCF PNMI Exist Num of	RCF PNMI Add'l Beds	RCF PNMI Add'l Fac	Beds Tot Exist Beds	Facilities Tot Exist Fac	Beds Tot Add'l	Facilities Tot Add'l Facilities
WINDHAM					60	1	15	1	84	36	50	2	12	2			156	39	**65**	3
YARMOUTH	60	1	25	1	117	2	40	1	2	1							179	4	**65**	2
FRANKLIN	**34**	**2**	**32**	**1**	**153**	**3**	**37**	**1**	**32**	**11**	**70**	**2**	**162**	**4**	**39**	**1**	**381**	**20**	**178**	**5**
FARMINGTON	34	2	32	1	153	3	37	1	26	7	70	2	162	4	39	1	375	16	**178**	5
JAY									3	3							3	3	**0**	0
NEW SHARON									3	1							3	1	**0**	0
HANCOCK	**70**	**2**	**73**	**3**	**61**	**1**	**323**	**5**	**176**	**30**	**50**	**4**	**106**	**5**	**149**	**5**	**413**	**38**	**595**	**17**
BAR HARBOR	23	1	17	1			93	2	6	1			46	2	60	2	75	4	**170**	5
BLUE HILL	47	1	16	1			80	1									47	1	**96**	2
BUCKSPORT									21	3	10	1	6	1	19	1	27	4	**29**	2
DEDHAM									1	1							1	1	**0**	0
ELLSWORTH			40	1	61	1	150	2	36	9	20	1	54	2	70	2	151	12	**280**	6
FRANKLIN City									32	4	10	1					32	4	**10**	1
HANCOCK City									56	9	10	1					56	9	**10**	1
SULLIVAN									8	1							8	1	**0**	0
SURRY									16	2							16	2	**0**	0
KENNEBEC	**141**	**9**	**116**	**5**	**716**	**8**	**207**	**4**	**189**	**39**	**207**	**11**	**465**	**36**	**134**	**6**	**1511**	**92**	**664**	**26**
AUGUSTA	72	6	43	2	382	4	107	2	17	6	15	1	126	18	30	1	597	34	**195**	6
CHELSEA									9	3	15	1					9	3	**15**	1
CLINTON									3	1							3	1	**0**	0
FARMINGDALE									43	3	50	2	26	1	10	1	69	4	**60**	3
GARDINER									17	7	15	1	40	2	15	1	57	9	**30**	2
HALLOWELL	24	1	30	1					3	1			103	3	30	1	130	5	**60**	2
LITCHFIELD									13	2	15	1					13	2	**15**	1
MANCHESTER									2	1							2	1	**0**	0
OAKLAND									35	4	52	2					35	4	**52**	2
RANDOLPH									7	2	15	1					7	2	**15**	1
READFIELD									16	1	15	1					16	1	**15**	1
ROME									2	1							2	1	**0**	0
SIDNEY													22	1	19	1	22	1	**19**	1
SOUTH CHINA									3	1							3	1	**0**	0
WATERVILLE	45	2	43	2	306	3	90	1	9	3			139	7	30	1	499	15	**163**	4
WINDSOR													6	3			6	3	**0**	0
WINTHROP					28	1	10	1	13	4	15	1					41	5	**25**	2
KNOX	**107**	**4**	**40**	**2**	**169**	**2**	**142**	**2**	**133**	**16**	**50**	**4**	**174**	**12**	**66**	**4**	**583**	**35**	**298**	**12**
CAMDEN	67	2	20	1	73	1	80	1	86	2	20	1	47	1	20	1	273	7	**140**	4
NORTH HAVEN									6	1							6	1	**0**	0
OWLS HEAD									10	2	10	1	7	1			17	3	**10**	1
ROCKLAND	40	2	20	1	96	1	62	1	7	3			51	5	21	1	194	11	**103**	3
ROCKPORT									5	2	10	1					5	2	**10**	1
THOMASTON													23	2	10	1	23	2	**10**	1
UNION													34	1	15	1	34	1	**15**	1
VINALHAVEN													8	1			8	1	**0**	0
WARREN									19	6	10	1	4	1			23	7	**10**	1

County / City	ALP Exist Beds	ALP Exist Num of Fac	ALP Add'l Beds	ALP Add'l Fac	NursH Exist Beds	NursH Exist Num of	NursH Add'l Beds	NursH Add'l Fac	RCF Exist Beds	RCF Exist Num of	RCF Add'l Beds	RCF Add'l Fac	RCF PNMI Exist Beds	RCF PNMI Exist Num of	RCF PNMI Add'l Beds	RCF PNMI Add'l Fac	Tot Exist Beds	Tot Exist Fac	Tot Add'l Beds	Tot Add'l Facilities
LINCOLN	93	3	23	2	118	2	141	3	88	19	61	4	18	1	154	6	317	25	379	15
BOOTHBAY HARBOR	41	1			42	1	51	1	4	1					54	2	87	3	105	3
DAMARISCOTTA	24	1	13	1	76	1	90	2	15	3	15	1	18	1	50	2	133	6	168	6
EDGECOMB									6	1							6	1	0	0
JEFFERSON									6	1							6	1	0	0
NEWCASTLE	28	1	10	1					25	6	31	2			25	1	53	7	66	4
ROUND POND									6	1							6	1	0	0
WALDOBORO									6	1							6	1	0	0
WALPOLE									4	1							4	1	0	0
WISCASSET									16	4	15	1			25	1	16	4	40	2
OXFORD	19	2	128	4	259	5	135	4	75	13	151	7	100	10	161	10	453	30	575	25
ALBANY TWP									6	1	11	1			10	1	6	1	21	2
CANTON					47	1	25	1							15	1	47	1	40	2
FRYEBURG													60	1	35	1	60	1	35	1
HEBRON													3	1	11	1	3	1	11	1
MEXICO									7	2	20	1	4	1			11	3	20	1
NORWAY	3	1			42	1	25	1	10	3	45	2	8	2	15	1	63	7	85	4
OTISFIELD									4	1					10	1	4	1	10	1
OXFORD City									3	1			3	1	10	1	6	2	10	1
RUMFORD			58	2	32	1	20	1	3	1			16	3	25	1	51	5	103	4
SOUTH PARIS	16	1	70	2	138	2	65	1	7	2	45	2			15	1	161	5	195	6
STOW									32	1	30	1					32	1	30	1
WEST PARIS									3	1			6	1	15	1	9	2	15	1
PENOBSCOT	246	7	54	2	794	11	173	6	349	88	80	7	429	35	94	7	1818	141	401	22
BANGOR	153	5	30	1	480	6	50	1	123	36	20	1	131	16	20	1	887	63	120	4
BREWER					111	1	25	1	55	15	10	1	116	5	20	1	282	21	55	3
CARMEL									4	2							4	2	0	0
CORINTH													22	2	10	1	22	2	10	1
DEXTER					53	1	25	1	6	1			3	1			62	3	25	1
EAST MILLINOCKET													16	1	10	1	16	1	10	1
EDDINGTON									21	5	10	1					21	5	10	1
GLENBURN													12	1			12	1	0	0
HAMPDEN									21	6	10	1	8	1			29	7	10	1
HERMON									7	2							7	2	0	0
HOLDEN									3	1			10	2			13	3	0	0
HOWLAND					34	1	25	1									34	1	25	1
INDIAN ISLAND									6	1							6	1	0	0
LEE													10	1			10	1	0	0
LINCOLN City									11	2	10	1	75	2	10	1	86	4	20	2
MILFORD									8	4							8	4	0	0
MILLINOCKET	20	1			36	1	23	1									56	2	23	1
NEWBURGH									3	1							3	1	0	0
NEWPORT									3	1							3	1	0	0
OLD TOWN									17	7	10	1	16	1	10	1	33	8	20	2
ORONO	73	1	24	1	80	1	25	1	53	2	10	1	10	2			216	6	59	3
PATTEN									8	2					14	1	8	2	14	1

County / City	ALP Exist Beds	ALP Exist Num of Fac	ALP Add'l Beds	ALP Add'l Fac	NursH Exist Beds	NursH Exist Num of	NursH Add'l Beds	NursH Add'l Fac	RCF Exist Beds	RCF Exist Num of	RCF Add'l Beds	RCF Add'l Fac	RCF PNMI Exist Beds	RCF PNMI Exist Num of	RCF PNMI Add'l Beds	RCF PNMI Add'l Fac	Beds Tot Exist Beds	Facilities Tot Exist Fac	Beds Tot Add'l	Facilities Tot Add'l Facilities
PISCATAQUIS	18	2	25	1	93	1	22	1	8	1	58	1	66	4	14	1	185	8	119	4
DOVER FOXCROFT	18	2	25	1	93	1	22	1			58	1	66	4	14	1	177	7	119	4
MILO									8	1							8	1	0	0
SAGADAHOC	141	3	49	2	72	1	172	3	107	15	37	3	22	2	140	5	342	21	398	13
BATH	37	1	20	1	72	1	100	2	64	4	15	1			30	1	173	6	165	5
BOWDOIN									9	3					25	1	9	3	25	1
BOWDOINHAM											12	1	6	1			6	1	37	2
RICHMOND													16	1	20	1	16	1	20	1
TOPSHAM	104	2	29	1			72	1	28	6	10	1			40	1	132	8	151	4
WEST BATH									2	1							2	1	0	0
WOOLWICH									4	1							4	1	0	0
SOMERSET	13	3	93	2	202	4	83	3	113	20	51	4	105	10	84	6	433	37	311	15
ATHENS													28	3	10	1	28	3	10	1
EMBDEN									18	4					10	1	18	4	10	1
FAIRFIELD									2	1			3	1			5	2	0	0
HARTLAND					23	1	13	1	3	1							26	2	13	1
HINCKLEY									10	2	10	1					10	2	10	1
MADISON			45	1	58	1	30	1	22	5	15	1	42	1	20	1	122	7	110	4
NORRIDGEWOCK													8	1	14	1	8	1	14	1
PALMYRA									3	1							3	1	0	0
PITTSFIELD									19	3	10	1	6	1	10	1	25	4	20	2
SAINT ALBANS									2	1			6	1			8	2	0	0
SHAWMUT													6	1			6	1	0	0
SKOWHEGAN	13	3	48	1	121	2	40	1	31	1	16	1	6	1	20	1	171	7	124	4
SMITHFIELD									3	1							3	1	0	0
WALDO	12	1	86	2	40	1	222	3	64	10	87	5	60	3	114	3	176	15	509	13
BELFAST	12	1	56	1	40	1	150	2	31	5	40	2	30	2	84	2	113	9	330	7
FRANKFORT									16	2	20	1					16	2	20	1
ISLESBORO									8	1	15	1					8	1	15	1
SEARSPORT			30	1			72	1					30	1	30	1	30	1	132	3
WINTERPORT									9	2	12	1					9	2	12	1
WASHINGTON			36	2	125	3	67	3	124	20	22	2	129	7	23	3	378	30	148	10
ADDISON									7	2							7	2	0	0
CALAIS			16	1			25	1	41	6	11	1	36	2	10	1	77	8	62	4
DANFORTH									6	1							6	1	0	0
EASTPORT					26	1	17	1					14	1	8	1	40	2	25	2
HARRINGTON									30	5							30	5	0	0
JONESPORT									24	3	11	1					24	3	11	1
MACHIAS			20	1	64	1	25	1					73	3	5	1	137	4	50	3
MARSHFIELD									6	1							6	1	0	0
MILBRIDGE					35	1							6	1			41	2	0	0
ROBBINSTON									10	2							10	2	0	0

County / City	ALP Exist Beds	ALP Exist Num of Fac	ALP Add'l Beds	ALP Add'l Fac	NursH Exist Beds	NursH Exist Num of	NursH Add'l Beds	NursH Add'l Fac	RCF Exist Beds	RCF Exist Num of	RCF Add'l Beds	RCF Add'l Fac	RCF PNMI Exist Beds	RCF PNMI Exist Num of	RCF PNMI Add'l Beds	RCF PNMI Add'l Fac	Beds Tot Exist Beds	Facilities Tot Exist Fac	Beds Tot Add'l	Facilities Tot Add'l Facilities
YORK	**319**	**12**	**152**	**4**	**698**	**9**	**564**	**9**	**515**	**104**	**211**	**9**	**387**	**12**	**451**	**15**	**1919**	**137**	**1378**	**37**
ALFRED									2	1							2	1	0	0
ARUNDEL									6	2							6	2	0	0
BIDDEFORD	22	3	40	1	158	2	125	2	45	17	31	1	109	4	100	4	334	26	296	8
BUXTON									16	4							16	4	0	0
E WATERBORO									2	1							2	1	0	0
EAST WATERBORO									2	1							2	1	0	0
HOLLIS CENTER									4	2							4	2	0	0
KENNEBUNK	156	2	42	1	140	2	120	2	162	6	75	3					458	10	237	6
KITTERY					81	1	59	1									81	1	59	1
LIMERICK									8	3							8	3	0	0
LYMAN									2	1							2	1	0	0
NORTH BERWICK					64	1	50	1	4	1							68	2	50	1
NORTH WATERBORO									2	1							2	1	0	0
OCEAN PARK	20	2															20	2	0	0
OLD ORCHARD BEACH									32	8							32	8	0	0
SACO	90	4	40	1	105	1	80	1	159	34	75	3	38	2	60	2	392	41	255	7
SANFORD			30	1	150	2	130	2	50	15	30	2	10	1	10	1	210	18	200	6
SOUTH BERWICK													37	1	60	2	37	1	60	2
SPRINGVALE									7	3			57	1	70	2	64	4	70	2
WATERBORO									7	3							7	3	0	0
WELLS									5	1			75	1	76	2	80	2	76	2
YORK City	31	1											61	2	75	2	92	3	75	2
Grand Total	**2284**	**70**	**1392**	**48**	**6124**	**83**	**3211**	**66**	**3520**	**838**	**1779**	**85**	**4064**	**216**	**2284**	**99**	**15992**	**1208**	**8666**	**298**

Facility Capital Cost

The Maine RCF and RCF PNMI present facilities range from single bed apartments in multi-use buildings to large single purpose structures with up to 80 beds. For this analysis, all services' future beds will be in single purpose structures of various bed sizes.
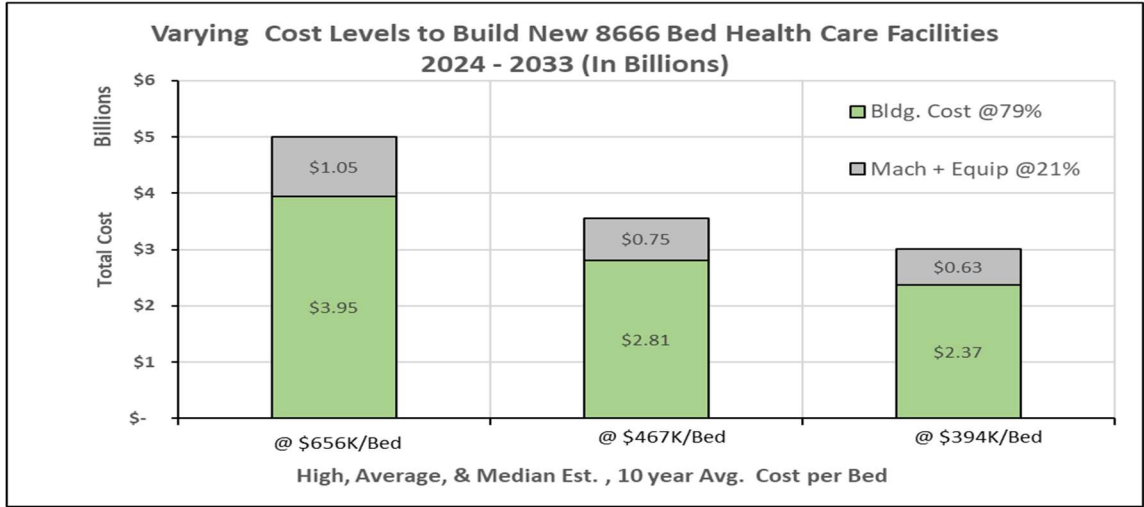
Chart 28: Various Cost per Bed to Build New LTC Facilities

Varying Cost Levels to Build New 8666 Bed Health Care Facilities 2024 - 2033 (In Billions)

The capital required to build the additional building space for the 8700+- Beds with associated equipment is forecasted to cost US $3.0B. Several costs from a 2017 Canadian report (Gibbard, 2017)[3] was collected then converted to US dollars at a 1.35 (2017) exchange rate then adjusted at an annual 4.4%[4] construction inflation rate. Costs were adjusted to reflect the type of construction and equipment used in the various facility Types and Levels.
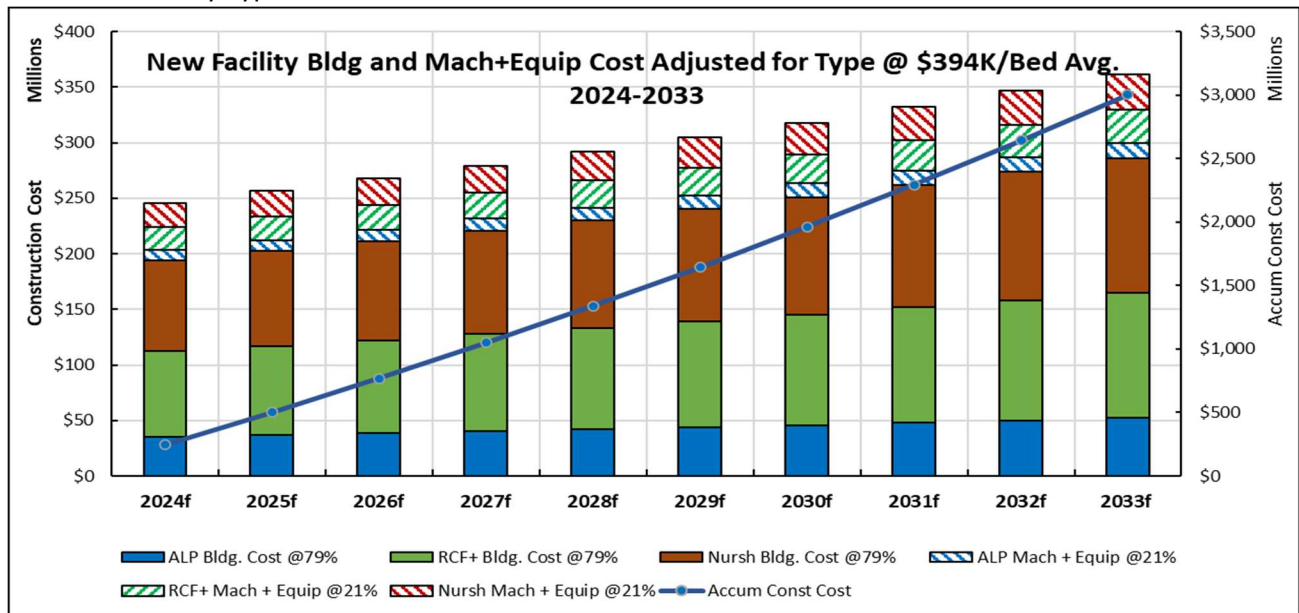
Chart 29: New LTC Total Facility Construction Cost 2024-2033

In the Chart above, the Bar Charts left axis represent the Median $394k/Bed cost and spreads the New Beds construction evenly over the10-year 2024-2033 construction period. The left axis is the yearly construction cost, and the right line axis represents a total accumulated cost of $3.0B over the 10-year period.

3 Conference Board of Canada 2017
4 Construction Analytics – Construction Inflation 2022 Update 5-3-22

Facility Operating Cost

The Additional Operating Cost (In Millions) for the forecasted 8700 added beds is indicated in the graph below. Current and historical operating expense data on a Cost per bed basis from several existing Long-Term Facilities was used and projected for the years 2024 to 2033 at a 3% inflation rate. The operating costs were adjusted to reflect the type and level of facility and health care personnel involvement at the facility. The total Add'l Beds were divided evenly over the 10-year forecast period.
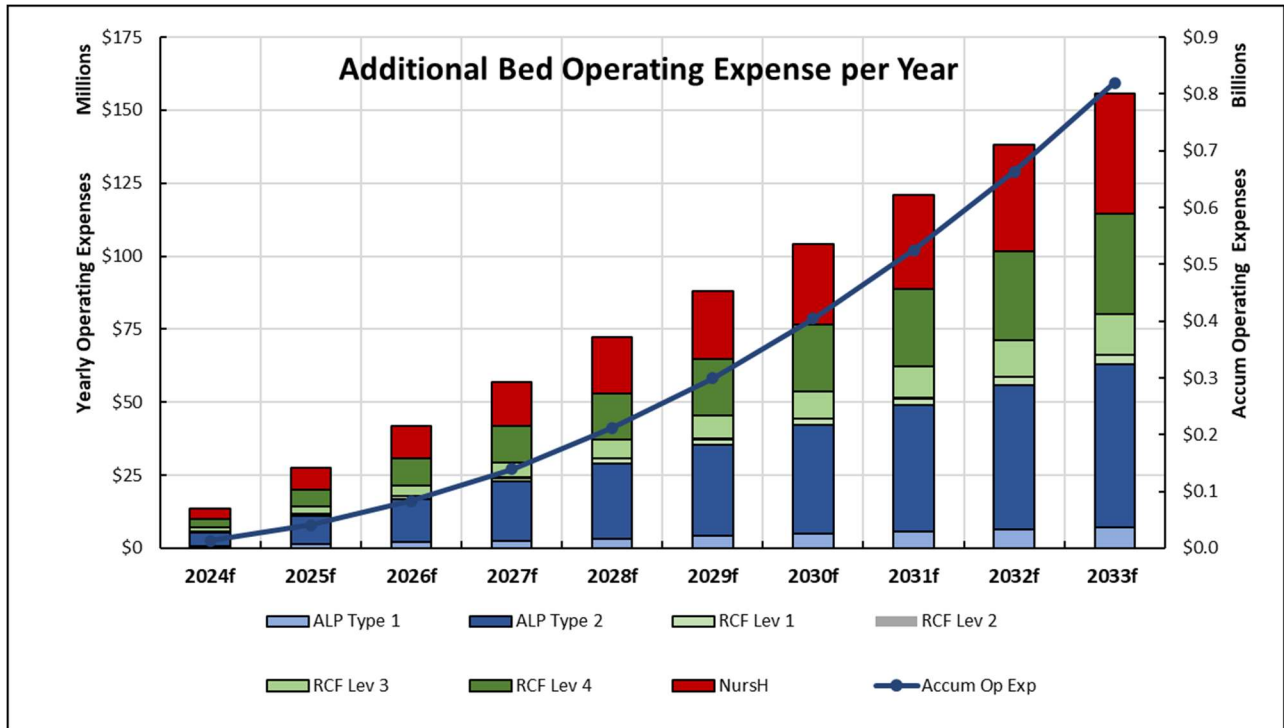
The Yearly Operating expense is expected to go from $13 Million in 2024 to near $156 Million in 2033. Total Accumulated Expenses are expected to be approx. $820 Million over the 10-year period.

Chart 30: New LTC Facility Operating Cost 2024-2033

Facility Personnel

Personnel are an essential element in the success of Long-Term Care Facilities. At the present time, it is a challenge to secure talented and certified nursing and management personnel, especially in this extremely competitive and limited marketplace. Personnel costs are the major component of LTC Operating Cost. Personnel mainly consist of Nursing, and Administrative (Admin, Dining, Maintenance).

> **Axios (May 24, 2022):** The Biden administration ramped up the urgency around America's health care workforce on Monday, releasing new recommendations for addressing burnout and other factors contributing to shortages.
>
> "If we fail to act to address health worker burnout, we will place our nation's health at increasing risk," U.S. Surgeon General Vivek Murthy said during prepared remarks on Monday.

With the addition of some 8700 new beds, the added personnel requirements are significant. Below is a chart showing the projected personnel required for the add'l forecasted beds in ME. These future numbers were developed using data from several existing Long-Term Facilities in VT.

The forecast indicates a total of 3800 added personnel will be required by 2033, consisting of about 2070 Administrative staff, and 1730 Nursing staff (RNs, LPNs, LNA, NA, CNA, Med Tech, etc.). These numbers will be affected by any future Federal or State requirements. In some cases, these positions may not be 40 hr. per week positions.

Chart Below distributes the 8700 added beds spread evenly over the 10 years of 2024 through 2033.

2024-2033 Additional Staff for Added Beds

	2024f	2025f	2026f	2027f	2028f	2029f	2030f	2031f	2032f	2033f
■ Add'l Admin Staff	207	413	620	827	1034	1240	1447	1654	1861	2067
■ Add'l Nursing Staff	173	347	520	694	867	1040	1214	1387	1561	1734
◆ Total Add'l Staff	380	760	1140	1521	1901	2281	2661	3041	3421	3801
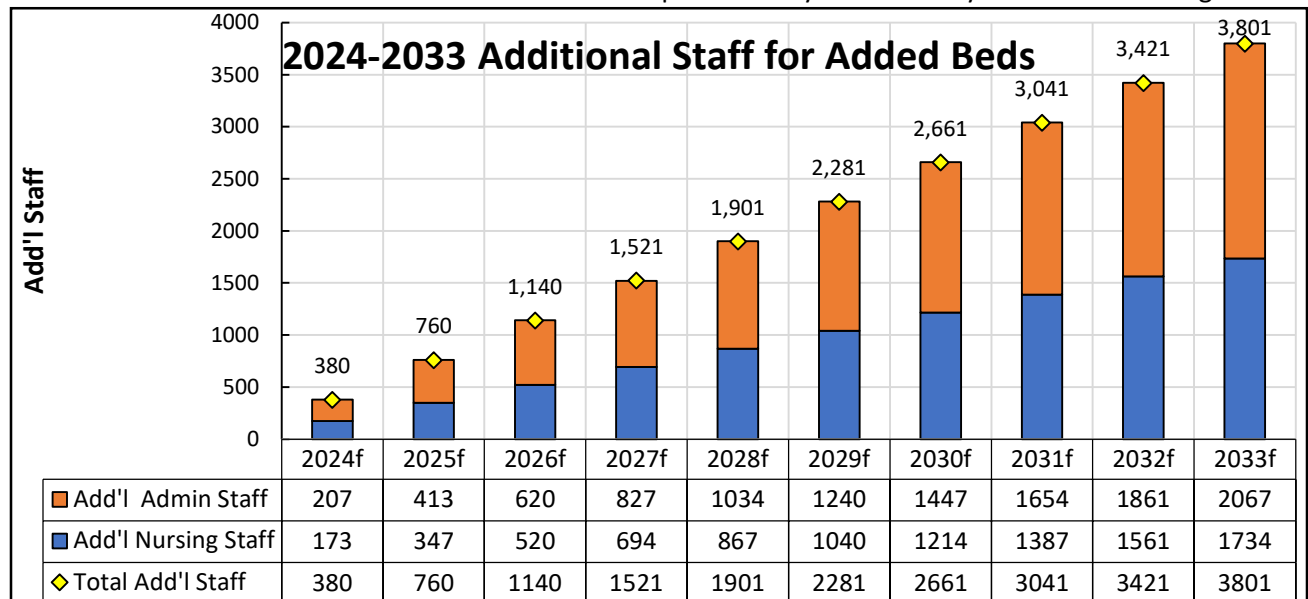
Chart 31: New LTC Facility Personnel Requirements 2042-2033

Facility Personnel Cont.

> - **"55% of primary care physicians caring for people living with Alzheimer's report[5] there are not enough dementia care specialists in their communities to meet patient demands."**
> - *Maine* **is the 12th highest State for % Increase in Alzheimer-Dementia in the USA 2020-2025 at 23.3% Increase.**

Potential actions to attract and keep LTC Personnel include:

Offer Student tuition reimbursement with an associated reciprocal guaranteed work time in the State. i.e., Four-year, two-year, certificate/ license, on the job type programs.

Consider a Partial Salary Tax exemption, i.e., no income tax on the first $50K of Salary.

Relocation expense reimbursement for moving to ME or within ME.

Provide the Living Wage (as defined by the County specific MIT Living Wage Tables Living Wage Calculator - Counties and Metropolitan Statistical Areas in Maine (mit.edu)) as their minimum wage.

Ensure State/ regional educational facilities/programs are available to meet the increased need for trained Long-Term Health Care Personnel.

Provide workforce housing – Build WFH close to the LTC facility, either directly or with Developers or State agencies. This is especially important in small towns where housing is not available or in larger cities where housing cost is high.

5-Alzheimer's Assoc 2022 Alzheimer's Disease Facts and Figures Special Report

alzheimers-facts-and-figures.pdf

(2023) Maine LTC Facility Inventory List:

The following Attachments is LTC data secured from the State of Maine web site.

These attachments show the Facilities by Type NursH, RCF & PNMI, and ALP, and were used as a basis for Geocoding their locations, calculations and forecast in this report.

Nursing Home List by County

Provider Name	County	Address1	City	Beds	Facility Type
MAINE	ANDROSCOGGIN	85 CARON LANE	AUBURN	26	Nursing Home
MONTELLO MANOR	ANDROSCOGGIN	540 COLLEGE ST	LEWISTON	37	Nursing Home
CENTER	ANDROSCOGGIN	158 RUSSELL ST	LEWISTON	50	Nursing Home
MARSHWOOD CENTER	ANDROSCOGGIN	33 ROGER STREET	LEWISTON	108	Nursing Home
CLOVER HEALTH CARE	ANDROSCOGGIN	440 MINOT AVE	AUBURN	109	Nursing Home
ST MARY'S D'YOUVILLE PAVILION	ANDROSCOGGIN	102 CAMPUS AVE	LEWISTON	210	Nursing Home
BORDERVIEW REHAB & LIVING CTR	AROOSTOOK	208 STATE STREET	VAN BUREN	27	Nursing Home
MAINE VETERANS HOME - CARIBOU	AROOSTOOK	163 VAN BUREN RD SUITE 2	CARIBOU	40	Nursing Home
MERCY HOME	AROOSTOOK	3402 AROOSTOOK ROAD	EAGLE LAKE	40	Nursing Home
FOREST HILL MANOR	AROOSTOOK	25 BOLDUC AVE	FORT KENT	45	Nursing Home
HIGH VIEW MANOR	AROOSTOOK	517 RIVERVIEW ST	MADAWASKA	51	Nursing Home
PRESQUE ISLE REHAB AND NURSING CENTER	AROOSTOOK	162 ACADEMY ST	PRESQUE ISLE	61	Nursing Home
CARIBOU REHAB AND NURSING CENTER	AROOSTOOK	10 BERNADETTE ST	CARIBOU	67	Nursing Home
AROOSTOOK HEALTH CENTER	AROOSTOOK	15 HIGHLAND AVE	MARS HILL	72	Nursing Home
MADIGAN ESTATES	AROOSTOOK	93 MILITARY STREET	HOULTON	99	Nursing Home
COASTAL MANOR	CUMBERLAND	20 WEST MAIN STREET	YARMOUTH	39	Nursing Home
PIPER SHORES	CUMBERLAND	15 PIPER ROAD	SCARBOROUGH	40	Nursing Home
MID COAST SENIOR HEALTH CENTER	CUMBERLAND	58 BARIBEAU DRIVE	BRUNSWICK	42	Nursing Home
LEDGEWOOD MANOR	CUMBERLAND	200 ROUTE 115	WINDHAM	60	Nursing Home
PINE POINT CENTER	CUMBERLAND	67 PINE POINT RD	SCARBOROUGH	61	Nursing Home
HORIZONS LIVING AND REHAB CENTER	CUMBERLAND	29 MAURICE DRIVE	BRUNSWICK	65	Nursing Home
GORHAM HOUSE	CUMBERLAND	50 NEW PORTLAND RD	GORHAM	69	Nursing Home
PINNACLE HEALTH & REHAB AT SOUTH PORTLAND	CUMBERLAND	42 ANTHOINE ST	SO PORTLAND	73	Nursing Home
REHABILITATION, LLC	CUMBERLAND	370 PORTLAND ST	YARMOUTH	78	Nursing Home
HAWTHORNE HOUSE	CUMBERLAND	6 OLD COUNTY RD	FREEPORT	83	Nursing Home
SEDGEWOOD COMMONS	CUMBERLAND	22 NORTHBROOK DR	FALMOUTH	91	Nursing Home
CEDARS NURSING CARE CENTER	CUMBERLAND	630 OCEAN AVENUE	PORTLAND	102	Nursing Home
MAINE VETERANS HOME - SCARBOROUGH	CUMBERLAND	290 US RT 1	SCARBOROUGH	120	Nursing Home
SPRINGBROOK CENTER	CUMBERLAND	300 SPRING ST	WESTBROOK	123	Nursing Home
SEASIDE REHAB & HEALTH CARE	CUMBERLAND	850 BAXTER BOULEVARD	PORTLAND	147	Nursing Home
RESIDENCE	CUMBERLAND	1133 WASHINGTON AVE	PORTLAND	170	Nursing Home
BARRON CENTER	CUMBERLAND	1145 BRIGHTON AVE	PORTLAND	219	Nursing Home
EDGEWOOD REHAB & LIVING CTR	FRANKLIN	221 Fairbanks Rd	FARMINGTON	33	Nursing Home
ORCHARD PARK REHAB & LIVING	FRANKLIN	107 ORCHARD ST	FARMINGTON	38	Nursing Home
SANDY RIVER CENTER	FRANKLIN	119 LIVERMORE FALLS RD	FARMINGTON	82	Nursing Home
SEAPORT VILLAGE HEALTHCARE	HANCOCK	19 GENERAL MOORE WAY	ELLSWORTH	61	Nursing Home
HERITAGE REHAB & LIVING CTR	KENNEBEC	457 OLD LEWISTON RD	WINTHROP	28	Nursing Home
REHABILITATION, LLC	KENNEBEC	188 EASTERN AVE	AUGUSTA	72	Nursing Home
CARE - GRAY BIRCH	KENNEBEC	37 GRAY BIRCH DRIVE	AUGUSTA	77	Nursing Home
OAK GROVE CENTER	KENNEBEC	27 COOL ST	WATERVILLE	90	Nursing Home
LAKEWOOD A CONTINUING CARE CENTER	KENNEBEC	DR	WATERVILLE	105	Nursing Home
MAINE VETERANS HOME - AUGUSTA	KENNEBEC	35 HEROES WAY	AUGUSTA	108	Nursing Home
REHAB	KENNEBEC	7 HIGHWOOD ST	WATERVILLE	111	Nursing Home

Provider Name	County	Address1	City	Beds	Facility Type
MAINEGENERAL REHAB & LONG TERM CARE - GLENRIDGE	KENNEBEC	40 GLENRIDGE DRIVE	AUGUSTA	125	Nursing Home
QUARRY HILL	KNOX	30 COMMUNITY DRIVE	CAMDEN	0	Not a NursH
WINDWARD GARDENS	KNOX	105 MECHANIC ST	CAMDEN	73	Nursing Home
KNOX CENTER FOR LONG TERM CARE	KNOX	6 WHITE STREET	ROCKLAND	96	Nursing Home
GREGORY WING OF ST ANDREWS VILLAGE	LINCOLN	145 EMERY LANE	BOOTHBAY HARBOR	42	Nursing Home
COVE'S EDGE	LINCOLN	26 SCHOONER STREET	DAMARISCOTTA	76	Nursing Home
RUMFORD COMMUNITY HOME	OXFORD	11 JOHN F KENNEDY LANE	RUMFORD	32	Nursing Home
NORWAY CENTER FOR HEALTH & REHABILITATION, LLC	OXFORD	29 MARION AVE	NORWAY	42	Nursing Home
PINNACLE HEALTH & REHAB CANTON	OXFORD	26 PLEASANT ST	CANTON	47	Nursing Home
MAINE VETERANS HOME - SO PARIS	OXFORD	477 HIGH ST	SOUTH PARIS	62	Nursing Home
MARKET SQUARE HEALTH CARE CENTER, LLC	OXFORD	3 MARKET SQUARE	SOUTH PARIS	76	Nursing Home
CUMMINGS HEALTH CARE FACILITY	PENOBSCOT	5 CROCKER STREET	HOWLAND	34	Nursing Home
KATAHDIN NURSING HOME	PENOBSCOT	22 WALNUT STREET	MILLINOCKET	36	Nursing Home
DEXTER HEALTH CARE	PENOBSCOT	64 PARK STREET	DEXTER	53	Nursing Home
CENTER	PENOBSCOT	103 TEXAS AVE	BANGOR	60	Nursing Home
STILLWATER HEALTH CARE	PENOBSCOT	335 STILLWATER AVE	BANGOR	63	Nursing Home
ALZHEIMERS CARE	PENOBSCOT	750 UNION ST	BANGOR	65	Nursing Home
REHABILITATION, LLC	PENOBSCOT	516 MT HOPE AVENUE	BANGOR	69	Nursing Home
ORONO COMMONS	PENOBSCOT	117 BENNOCH RD	ORONO	80	Nursing Home
ROSS MANOR	PENOBSCOT	758 BROADWAY	BANGOR	103	Nursing Home
BREWER CENTER FOR HEALTH & REHABILITATION, LLC	PENOBSCOT	74 PARKWAY SOUTH	BREWER	111	Nursing Home
MAINE VETERANS HOME - BANGOR	PENOBSCOT	44 HOGAN RD	BANGOR	120	Nursing Home
REHABILITATION CENTER	PISCATAQUIS	1037 WEST MAIN STREET	DOVER FOXCROFT	93	Nursing Home
REHAB, LLC	SAGADAHOC	51 WINSHIP ST	BATH	72	Nursing Home
SANFIELD REHAB & LIVING CENTER	SOMERSET	95 MAIN STREET	HARTLAND	23	Nursing Home
CENTER	SOMERSET	59 WEST FRONT ST	SKOWHEGAN	46	Nursing Home
MAPLECREST REHAB & LIVING CENTER	SOMERSET	174 MAIN ST	MADISON	58	Nursing Home
CEDAR RIDGE CENTER	SOMERSET	23 CEDAR RIDGE DRIVE	SKOWHEGAN	75	Nursing Home
HARBOR HILL CENTER	WALDO	2 FOOTBRIDGE RD	BELFAST	40	Nursing Home
EASTPORT MEMORIAL NURSING HOME	WASHINGTON	23 BOYNTON STREET	EASTPORT	26	Nursing Home
NARRAGUAGUS BAY HEALTH CARE FACILITY	WASHINGTON	3 MAIN STREET	MILBRIDGE	35	Nursing Home
MARSHALL HEALTH CARE AND REHAB	WASHINGTON	16 BEAL STREET	MACHIAS	64	Nursing Home
RIVER RIDGE CENTER	YORK	3 BRAZIER LANE	KENNEBUNK	62	Nursing Home
SOUTHRIDGE REHAB & LIVING CTR	YORK	10 MAY ST	BIDDEFORD	62	Nursing Home
BERWICK	YORK	47 ELM ST	NORTH BERWICK	64	Nursing Home
SUMMER COMMONS	YORK	21 JUNE STREET	SANFORD	64	Nursing Home
KENNEBUNK CENTER FOR HEALTH & REHABILITATION, LLC	YORK	158 ROSS RD	KENNEBUNK	78	Nursing Home

Provider Name	County	Address1	City	Beds	Facility Type
DURGIN PINES	YORK	9 LEWIS RD	KITTERY	81	Nursing Home
PINNACLE HEALTH & REHAB AT SANFORD	YORK	1142 MAIN ST	SANFORD	86	Nursing Home
ST ANDRE HEALTH CARE FACILITY	YORK	407 POOL ST	BIDDEFORD	96	Nursing Home
SEAL ROCK HEALTH CARE	YORK	88 HARBOR DRIVE	SACO	105	Nursing Home

Residence Care Facility (RCF & PNMI) List

There were 1054 active RCF and PNMI Facilities in late 2023. This extensive list can be seen on the ME DHHS web site at:

ALMS License Information: Search Result (maine.gov)

| Mailing Name	Profession	Address Line 1	City	County	Type	Service	Bed Count
CLOVER LIVING CENTER	ASSISTED LIVING PROGRAM	460 MINOT AVE # 480	AUBURN	ANDROSCOGGIN	Type II	Standard-M+N	34
MONTELLO HEIGHTS RETIREMENT COMMUNITY	ASSISTED LIVING PROGRAM	550 COLLEGE ST	LEWISTON	ANDROSCOGGIN	Type II	Standard-M+N	80
SCHOONER ASSISTED LIVING PROGRAM	ASSISTED LIVING PROGRAM	200 STETSON RD	AUBURN	ANDROSCOGGIN	Type II	Standard-M+N	144
BAY SQUARE AT YARMOUTH	ASSISTED LIVING PROGRAM	27 FOREST FALLS DR	YARMOUTH	CUMBERLAND	Type II	Dem/Alz-M+N	60
SAM L. COHEN HOUSEHOLDS	ASSISTED LIVING PROGRAM	650 OCEAN AVE	PORTLAND	CUMBERLAND	Type II	Dem/Alz-M+N	40
PSL SERVICES - WALL STREET PROGRAM	ASSISTED LIVING PROGRAM	25 WALL ST	PORTLAND	CUMBERLAND	Type II	Ment Ill-M+N	10
COASTAL LANDING LLC	ASSISTED LIVING PROGRAM	142 NEPTUNE DR	BRUNSWICK	CUMBERLAND	Type I	Standard-M	82
CONGRESS STREET WEST	ASSISTED LIVING PROGRAM	829 CONGRESS ST	PORTLAND	CUMBERLAND	Type I	Standard-M	10
IRIS PARK APARTMENTS	ASSISTED LIVING PROGRAM	201 PARK AVE	PORTLAND	CUMBERLAND	Type I	Standard-M	30
SHALOM-WOODFORD STREET ASSISTED LIVING	ASSISTED LIVING PROGRAM	503 WOODFORD ST	PORTLAND	CUMBERLAND	Type I	Standard-M	2
BIRCHWOODS AT CANCO SENIOR	ASSISTED LIVING PROGRAM	86 HOLIDAY DR	PORTLAND	CUMBERLAND	Type II	Standard-M+N	80
CAMBRIDGE COMMON CONGREGATE HOUSING	ASSISTED LIVING PROGRAM	50 NEW PORTLAND RD	GORHAM	CUMBERLAND	Type II	Standard-M+N	42
FALMOUTH HOUSE AT OCEANVIEW	ASSISTED LIVING PROGRAM	32 BLUEBERRY LN	FALMOUTH	CUMBERLAND	Type II	Standard-M+N	48
HARBORCHASE OF SOUTH PORTLAND ALP	ASSISTED LIVING PROGRAM	25 COUNTRY CLUB DR	SOUTH PORTLAND	CUMBERLAND	Type II	Standard-M+N	83
LANDING AT CAPE ELIZABETH, THE	ASSISTED LIVING PROGRAM	78 SCOTT DYER RD	CAPE ELIZABETH	CUMBERLAND	Type II	Standard-M+N	60
LEGACY MEMORY CARE	ASSISTED LIVING PROGRAM	4 SCHOOL HOUSE DR	FALMOUTH	CUMBERLAND	Type II	Standard-M+N	29
MID COAST SENIOR HEALTH CENTER-THORNTON HALL	ASSISTED LIVING PROGRAM	56 BARIBEAU DR	BRUNSWICK	CUMBERLAND	Type II	Standard-M+N	41
OSHER INN AT THE CEDARS	ASSISTED LIVING PROGRAM	650 OCEAN AVE	PORTLAND	CUMBERLAND	Type II	Standard-M+N	30
STROUDWATER LODGE	ASSISTED LIVING PROGRAM	116 LANDING RD	WESTBROOK	CUMBERLAND	Type II	Standard-M+N	115
SUNNYBROOK	ASSISTED LIVING PROGRAM	340 BATH RD	BRUNSWICK	CUMBERLAND	Type II	Standard-M+N	51
FARMINGTON CONGREGATE ASSOCIATES	ASSISTED LIVING PROGRAM	136 NORTH ST	FARMINGTON	FRANKLIN	Type II	Standard-M+N	12
PARK RESIDENCES OF FARMINGTON	ASSISTED LIVING PROGRAM	C/O WOODLANDS SENIOR LIVING OF FARMINGTON	FARMINGTON	FRANKLIN	Type II	Standard-M+N	22
BIRCH BAY RETIREMENT VILLAGE	ASSISTED LIVING PROGRAM	25 VILLAGE INN RD	BAR HARBOR	HANCOCK	Type II	Standard-M+N	23
PARKER RIDGE	ASSISTED LIVING PROGRAM	63 PARKER RIDGE LN	BLUE HILL	HANCOCK	Type II	Standard-M+N	47
STONE STREET APARTMENTS	ASSISTED LIVING PROGRAM	33 STONE ST	AUGUSTA	KENNEBEC	Type II	Ment Ill, Other,	8
AUGUSTA HOUSE	ASSISTED LIVING PROGRAM	64 WINTHROP ST	AUGUSTA	KENNEBEC	Type I	Ment Ill-M	8
COMMERCIAL STREET	ASSISTED LIVING PROGRAM	115 COMMERCIAL ST	AUGUSTA	KENNEBEC	Type I	Ment Ill-M	10
VALLEY VIEW	ASSISTED LIVING PROGRAM	23 WESTERN AVE	AUGUSTA	KENNEBEC	Type I	Ment Ill-M	10
WALNUT STREET	ASSISTED LIVING PROGRAM	9 WALNUT ST	WATERVILLE	KENNEBEC	Type I	Ment Ill-M	7
THE INN AT CITY HALL	ASSISTED LIVING PROGRAM	1 CONY ST	AUGUSTA	KENNEBEC	Type II	Standard-M+N	31
MARTHA BALLARD ASSISTED LIVING	ASSISTED LIVING PROGRAM	60 BALSAM DR	HALLOWELL	KENNEBEC	Type II	Standard-M+N	24
PARK RESIDENCES	ASSISTED LIVING PROGRAM	141 W RIVER RD	WATERVILLE	KENNEBEC	Type II	Standard-M+N	38
WARREN STREET	ASSISTED LIVING PROGRAM	28 WARREN ST	ROCKLAND	KNOX	Type I	Ment Ill-M	5
QUARRY HILL-ANDERSON INN	ASSISTED LIVING PROGRAM	30 COMMUNITY DR	CAMDEN	KNOX	Type I	Standard-M	37
CHASE POINT ASSISTED LIVING FACILITY	ASSISTED LIVING PROGRAM	51 SCHOONER ST	DAMARISCOTTA	LINCOLN	Type II	Standard-M+N	24
THE LINCOLN HOME	ASSISTED LIVING PROGRAM	22 RIVER RD	NEWCASTLE	LINCOLN	Type II	Standard-M+N	28
113 CENTER STREET	ASSISTED LIVING PROGRAM	113 CENTER ST	BANGOR	PENOBSCOT	Type I	Ment Ill-M	5
FREESE'S ASSISTED LIVING PROGRAM	ASSISTED LIVING PROGRAM	10 WATER ST STE 1	BANGOR	PENOBSCOT	Type II	Standard-M+N	39
CAPTAIN MILLER HOUSE APARTMENTS	ASSISTED LIVING PROGRAM	40 MECHANIC ST	DOVER FOXCROFT	PISCATAQUIS	Type I	Ment Ill-M	4
CADIGAN LODGE	ASSISTED LIVING PROGRAM	54 GOVERNORS WAY	TOPSHAM	SAGADAHOC	Type II	Dem/Alz-M+N	60
PLANT ASSISTED LIVING SERVICES	ASSISTED LIVING PROGRAM	1 WASHINGTON ST	BATH	SAGADAHOC	Type II	Standard-M+N	37
CARRIAGE HOUSE 1	ASSISTED LIVING PROGRAM	54 HIGH ST	SKOWHEGAN	SOMERSET	Type I	Standard-Wav-	2
MAGNOLIA ASSISTED LIVING TYPE II	ASSISTED LIVING PROGRAM	24 MARTIN LN	BELFAST	WALDO	Type II	Standard-M+N	12

Mailing Name	Profession	Address Line 1	City	County	Type	Service	Bed Count
SUNRISE OF HUNTINGTON COMMON	ASSISTED LIVING PROGRAM	1 HUNTINGTON COMMON DR	KENNEBUNK	YORK	Type II	Dem/Alz-M+N	82
5 VINE STREET	ASSISTED LIVING PROGRAM	5 VINE ST	BIDDEFORD	YORK	Type I	Standard-M	9
NORTH STREET ASSISTED LIVING	ASSISTED LIVING PROGRAM	81 NORTH ST	SACO	YORK	Type I	Standard-M	3
PINEWOOD MANOR	ASSISTED LIVING PROGRAM	20 MANOR ST	OCEAN PARK	YORK	Type I	Standard-M	14
THE INN AT ATLANTIC HEIGHTS	ASSISTED LIVING PROGRAM	100 HARBOR DR	SACO	YORK	Type II	Standard-M+N	46
WARDWELL GARDENS ASSISTED LIVING	ASSISTED LIVING PROGRAM	43 MIDDLE ST	SACO	YORK	Type II	Standard-M+N	34

Age Cohort Comparison – New England States 2022 In Order of Dependency Ratio. Maine being high and MA low
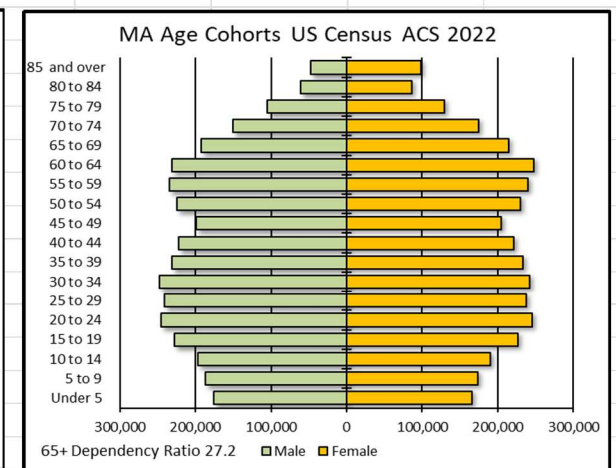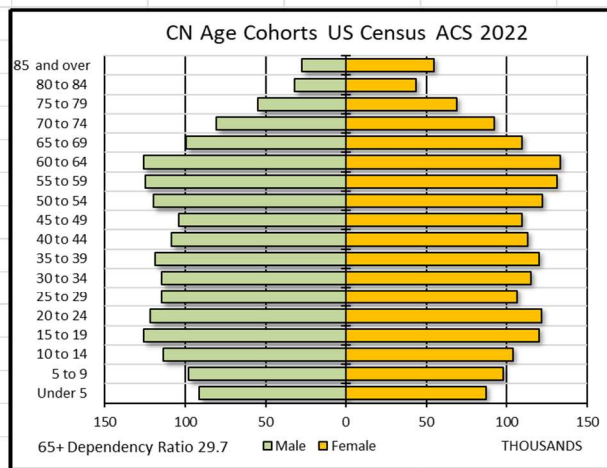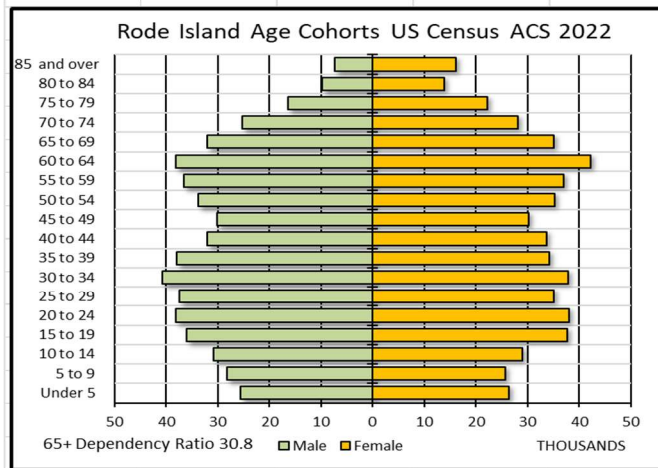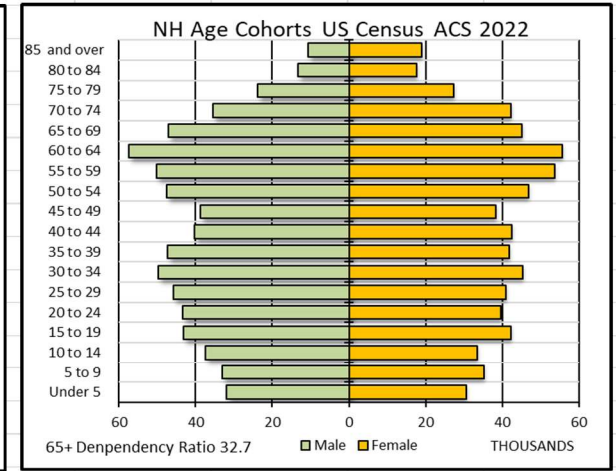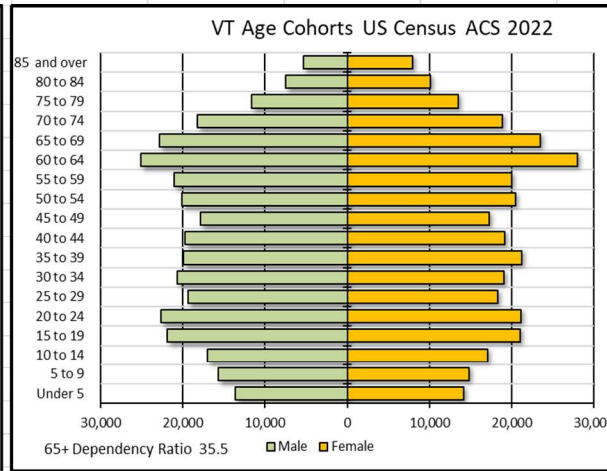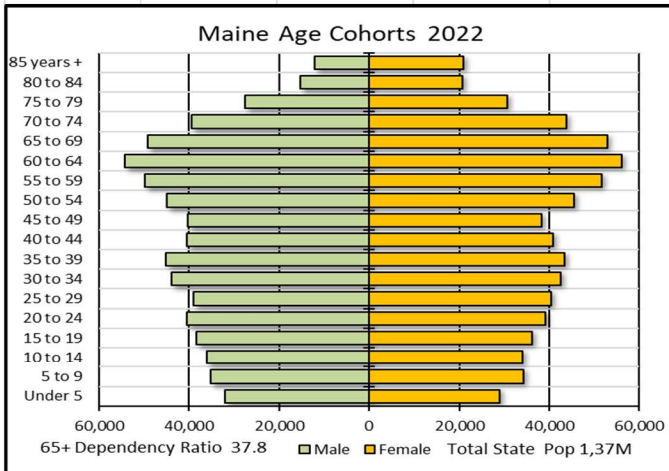
Maine's WWII Baby Growth is visually prevalent (dependency ratio of 37.8) and is followed by reduced population cohorts. This presents a future economic/ consumer spending/ employment and tax challenge in the coming years without immigration and increased birth rates to account for the loss of these senior citizens.

Age Cohorts US, WA and Georgia 2022.

US Age Cohorts US Census ACS 2022

Total US Pop 333,097,593
65+ Dependency Ratio 26.9
■ Male ■ Female — Millions

GA Age Cohorts US Census ACS 2022

65+ Dependency Ratio 24.3
□ Male □ Female — THOUSANDS

WA Age Cohorts US ACS 2022

65+ Dependency Ratio 25.6
□ Male □ Female — Thousands
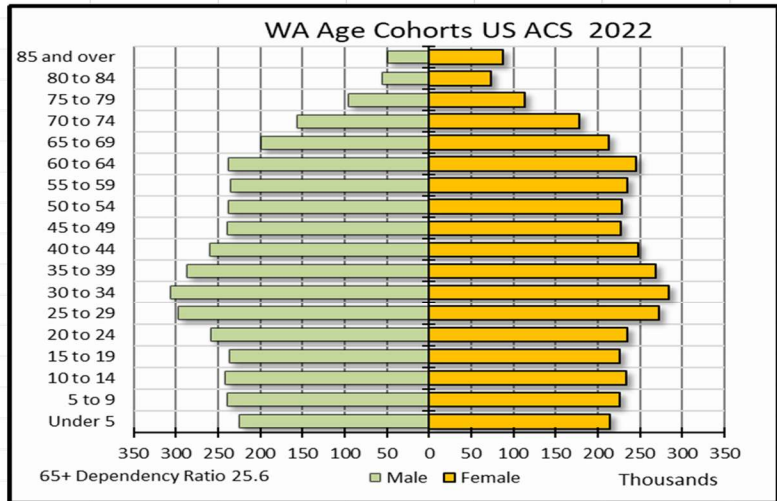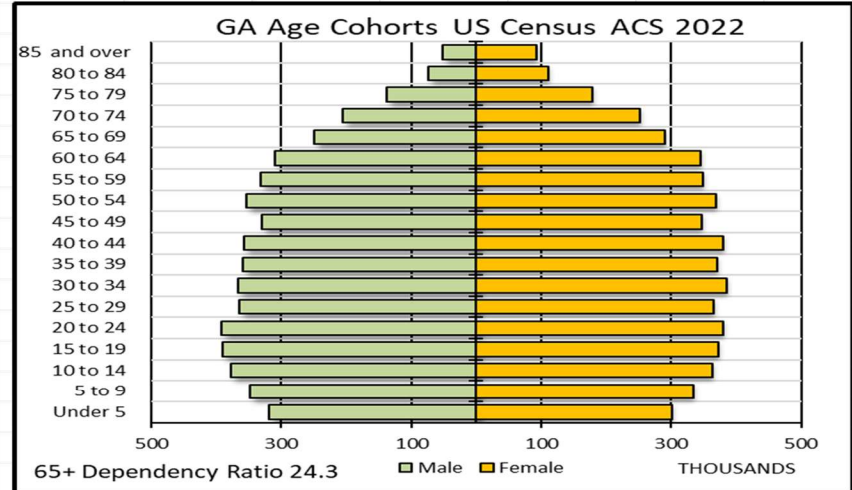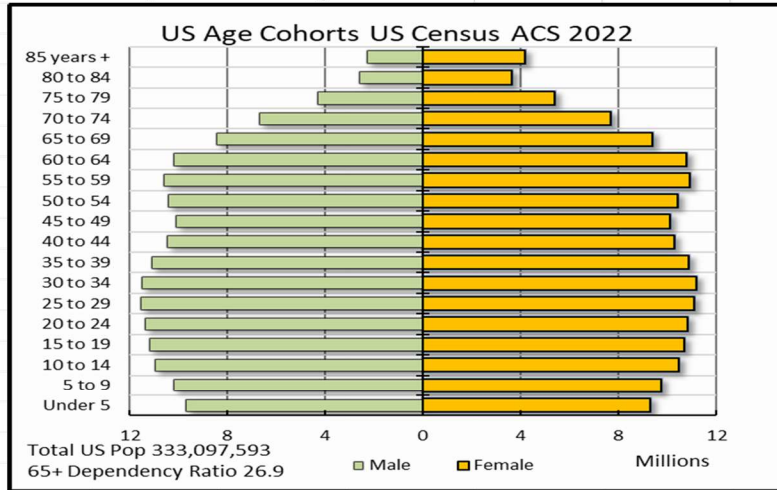
The United States on an average and many other states do not have a significant Baby Boomer delineation like the New England State and have substantial working age population to support senior and child services, and economic growth for the upcoming decades. A reduction in birth rates is evident in the under 10 age cohort, which may affect future labor forces unless immigration makes up for this contraction.

Dependency ratio - Wikipedia

Dependency ratio

Article   Talk

From Wikipedia, the free encyclopedia

The **dependency ratio** is an age-population ratio of those typically not in the labor force (the *dependent* part ages 0 to 14 and 65+) and those typically in the labor force (the *productive* part ages 15 to 64). It is used to measure the pressure on the productive population.

Formula [edit]

In published international statistics, the dependent part usually includes those under the age of 15 and over the age of 64. The productive part makes up the population in between, ages 15 – 64. It is normally expressed as a percentage:

$$\text{(Total) Dependency ratio} = \frac{(\text{number of people aged 0 to 14}) + (\text{number of people aged 65 and over})}{\text{number of people aged 15 to 64}} \times 100$$

As the ratio increases there may be an increased burden on the productive part of the population to maintain the upbringing and pensions of the economically dependent. This results in direct impacts on financial expenditures on things like social security, as well as many indirect consequences.

The (total) dependency ratio can be decomposed into the child dependency ratio and the aged dependency ratio:[3]

$$\text{Child dependency ratio} = \frac{\text{number of people aged 0 to 14}}{\text{number of people aged 15 to 64}} \times 100$$

$$\text{Aged dependency ratio} = \frac{\text{number of people aged 65 and over}}{\text{number of people aged 15 to 64}} \times 100^{[4]}$$

Charts:

Tables:

Table of Figures Cont.

Maps:

Bibliography, Distribution:

1-State of Maine DHHS Health Facilities Administration Licensing, Facilities Licensed Under RSA 151 in ME, Dated 5/2/2022.
https://www.dhhs.ME.gov/sites/g/files/ehbemt476/files/documents2/licensedfacilities.pdf
Assisted Housing | Department of Health and Human Services (maine.gov)

2-ESRI ArcGIS. Environmental Systems Research Institute, Geographic Information Systems, Redlands
California. https://www.esri.com/en-us/arcgis/about-arcgis/overview

3-Gibbard, R. (2017). Sizing Up the Challenge: Meeting the Demand for Long-Term Care in Canada. The Conference Board of Canada.
Sizing Up the Challenge: Meeting the Demand for Long-Term Care in Canada - The Conference Board of Canada

4-Construction Analytics. Construction Inflation 2022 –.
Construction Inflation 2022 « Construction Analytics (edzarenski.com)

5-Alzheimer's Association. Alzheimer's Disease Facts and Figures Special Report 2022.
https://www.alz.org/alzheimers-dementia/facts-figures

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)
Older Adults With Cost Burdens at All-Time High | Joint Center for Housing Studies (harvard.edu)

7-US Census data Tables S0101: Age and Sex - Census Bureau Table
https://data.census.gov/table/ACSST1Y2022.S0101?q=United%20States&t=Populations%20and%20People&g=010XX00US_040XX00US23

Publication:
Issue 1, April 5, 2024 – Original Analysis
Distribution:
CC:

US ME Senator Susan Collins	ME Office of Aging and Disability Services - Director
US ME Senator Angus S. King Jr.	Paul Saucier
US ME Representative Chellie Pingree	ME DOE
US ME Representative Jared F. Golden	ME Revenue Forecasting Committee
ME Governor Janet Mills	Dr. Dan Myer, Chief of Hospital Medicine, Maine
The US Senate Special Committee on Aging	Medical Center
ME President of the Senate Troy Jackson	ME Health Care Association, ME AARP
ME Committee on Health and Human Services	Affinity Care of Maine
ME Committee on Education and Cultural Affairs	American Health Care Assoc.-Long-Term Care
ME Committee on Appropriations and Financial Affairs	50 Largest LTC Facility Managers
	Joint Center for Housing Studies – Harvard
ME DHHS Commissioner Jeanne M. Lambrew, Ph.D.	University Samara Scheckler

Other LTHC Analysis:
Vermont – LTHC Facilities, Location Demand Analysis, June 2022
New Hampshire – LTHC Facilities, Location Demand Analysis, January, 2024

Kieslich Analytics is a Research and Analytical group that assists public officials, legislators, and private or public organizations to address many of our nations and global humanitarian challenges such as Elder Health Care and Living Wages.

Its founder, Allen Kieslich, has over 50 years of research, data analysis and forecasting experience starting with his position in Corporate Planning at New England Tel/Verizon, has taught at several international market analysis - forecasting conferences, and has presented to many domestic and foreign telecom companies on market demand analysis and forecasting processes utilizing advance IT systems and software such as Big Data and GIS.

After his Civil Eng. AAS at VTC Allen expanded his knowledge with a BS in IT at Northeastern University, and continued education in Finance, Urban Planning, and Project Mgmt. at Boston University, Harvard, and MIT. He has lived in MA, NH, FL, and VT, and has visited 49 States.

Allen volunteers at charities in Vermont and Florida, is an avid traveler, sailor and pickle ball player, enjoys traveling, summers on Lake Champlain in his native VT and winters in FL.

Kieslich Analytics VT
150 Beach Road
Colchester, Vermont USA 05446
Email: Akieslich@aol.com
Cell: 617-593-9807
Web: Kieslichanalytics.com

Kieslich Analytics FL
12242 Championship Circle
Fort Myers, Florida USA 33913
Email: Akieslich@aol.com
Cell: 617-593-9807
Web: Kieslichanalytics.com