
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

**CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): August 14, 2013

ADDUS HOMECARE CORPORATION

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-34504
(Commission
File Number)

20-5340172
(IRS Employer
Identification Number)

2401 South Plum Grove Road, Palatine, Illinois
(Address of principal executive offices)

60067
(Zip Code)

(847) 303-5300
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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Item 7.01. Regulation FD Disclosure

On August 14, 2013, Mark Heaney, President and Chief Executive Officer, and Dennis Meulemans, Chief Financial Officer, of Addus HomeCare Corporation, are scheduled to meet with investors. A copy of the slides used in their investor presentation is attached hereto as Exhibit 99.1 and is incorporated by reference herein.

In accordance with General Instruction B.2 of Form 8-K, the information in this Current Report on Form 8-K, including the exhibit, shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and shall not be incorporated by reference into any registration statement or other document filed under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits

(d) Exhibits:

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation of Addus HomeCare Corporation dated August 14, 2013

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ADDUS HOMECARE CORPORATION

Dated: August 14, 2013

By: _____ /s/ Dennis B. Meulemans
Name: **Dennis B. Meulemans**
Title: **Chief Financial Officer**

Exhibit Index

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation of Addus HomeCare Corporation dated August 14, 2013



Coordinated Personal Home Care
A pre-acute solution to the post-acute problemSM

AvondalePartners

August 14, 2013



Nancy Since 2009		Lizabeth Since 2006	Thomas Since 2010		Cathy Since 1999
		Eva Since 1993			
				Pam Since 2002	
Blanca Since 2001	Duwan Since 2008			Pedro Since 2009	Demetrius Since 2010

Forward-Looking Statements

The following information contains, or may be deemed to contain, forward-looking statements. By their nature, forward-looking statements involve risks and uncertainties because they relate to events and depend on circumstances that may or may not occur in the future. The future results of Addus may vary from the results expressed in, or implied by, the following forward-looking statements, possibly to a material degree, and historical results may not be an indication of future performance. For a discussion of some of the important factors that could cause Addus' results to differ from those expressed in, or implied by, the following forward-looking statements, please refer to Addus' most recent Annual Report on Form 10-K, and its Quarterly Reports on Form 10-Q, each of which is available at www.SEC.gov, particularly the Sections entitled "Risk Factors". Addus undertakes no obligation to update or revise any forward-looking statements, except as may be required by law.

Mission

It is the primary mission of Addus HealthCare to improve the health and well being of our consumers through the provision of quality, cost-effective home and community based services.

We will accomplish our goals by fostering an environment in which our employees enthusiastically support and advance our mission.

Reward for accomplishing our mission includes pride in our organization, contribution to the community and a reasonable profit.



Investment Highlights

Large & Growing Market

Broad Range of Services and Payors

Differentiated, Coordinated Care Model

Positioned to Excel under Healthcare Reform

Significant Operational Scale Across
National Footprint

History of Growth through Acquisition

Multiple Organic Growth Opportunities

Experienced Management Team

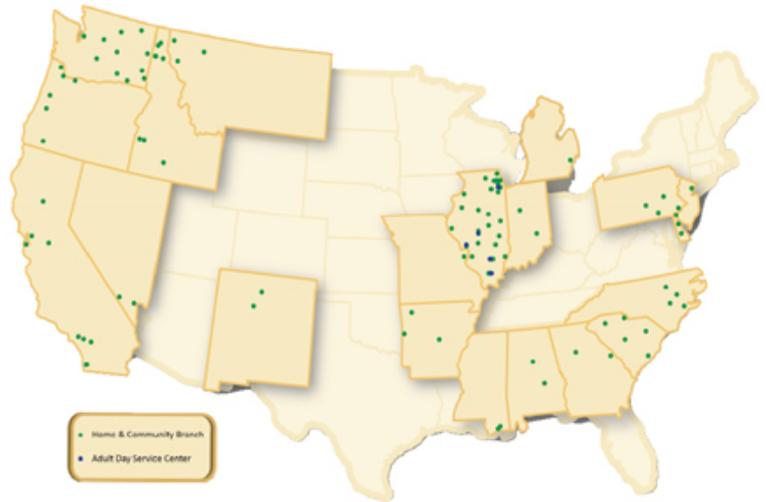
About Addus

Who is Addus?

- Comprehensive provider of home and community based services, which are primarily social in nature, focused primarily on the Dual Eligible population:
 - Personal Care
 - Private Duty
 - Adult Day Service

Key Facts:

- Founded in 1979
- 14,000+ employees
- 26,000+ consumers (many dual eligible)
- 2012 Revenues of \$244.3 million
- Diversified payor base (200+ payors)
 - Largest payor - 64% of 2012 total revenues

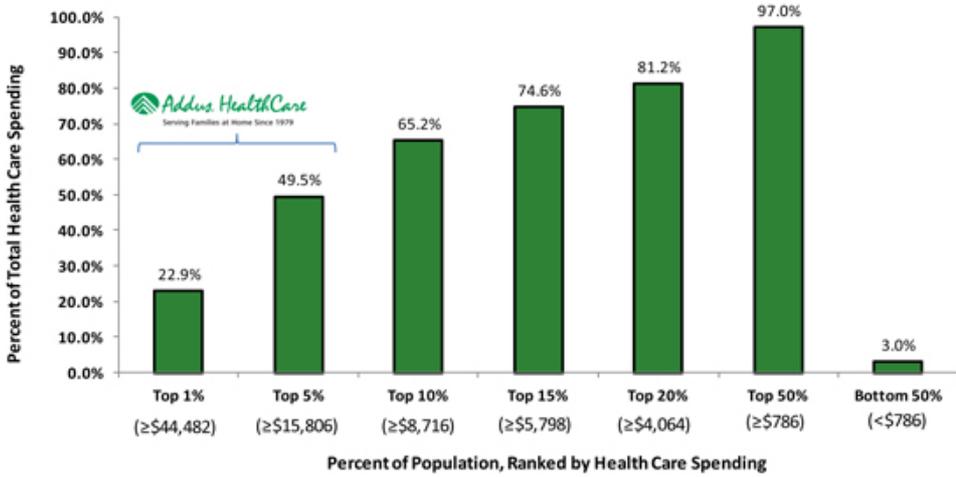


98 Locations Across 20 States

Who We Serve

Focusing on the Dual Eligible Population

Concentration of Health Care Spending in the U.S. Population, 2007



Addus focuses on the top 5% who utilize 50% of resources and expenditures!

Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), 2007

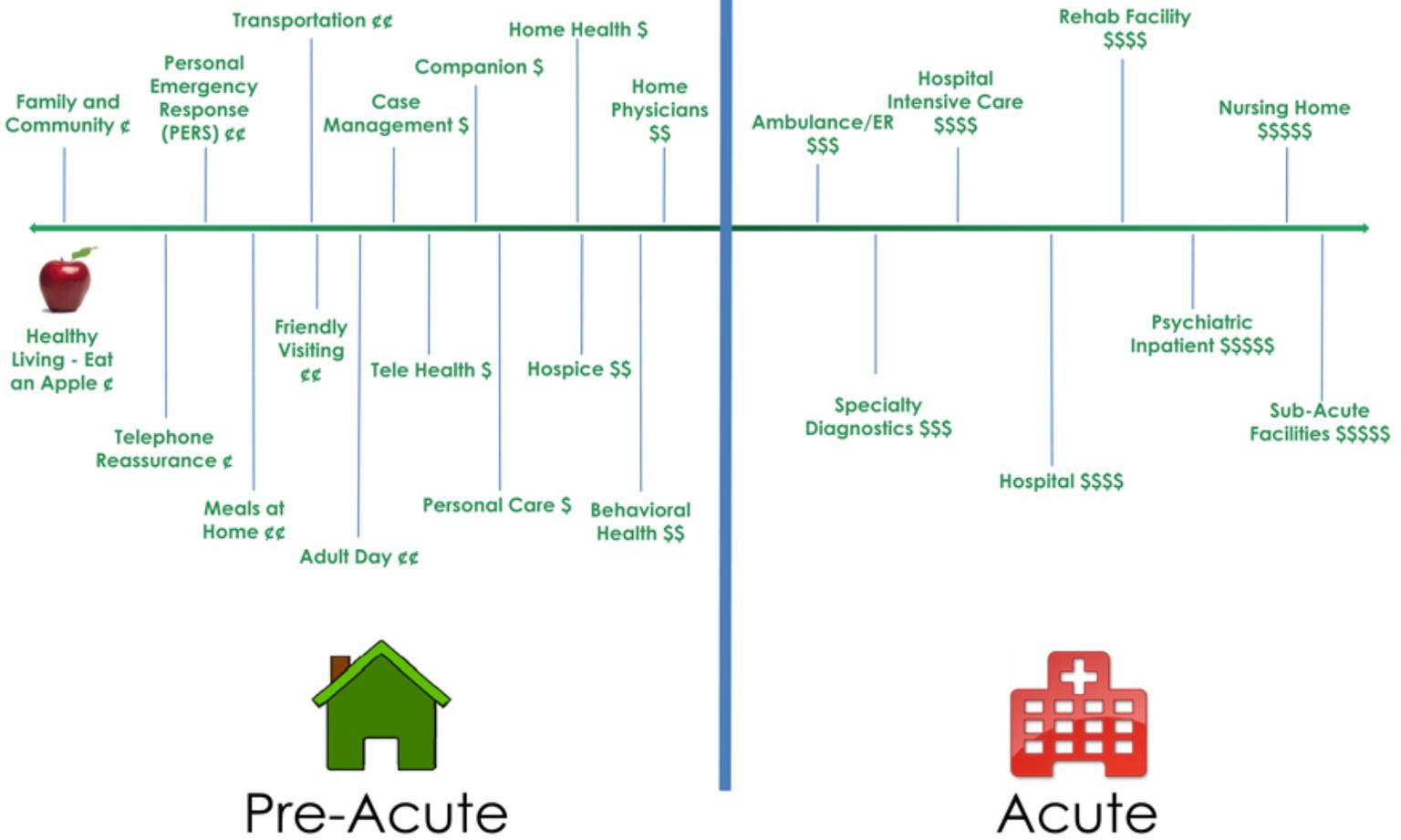
Addus Dual Advantage™

The New Paradigm

Long-term care risk makes it essential that health plan dual eligible members live safely and healthfully at home as long as possible...

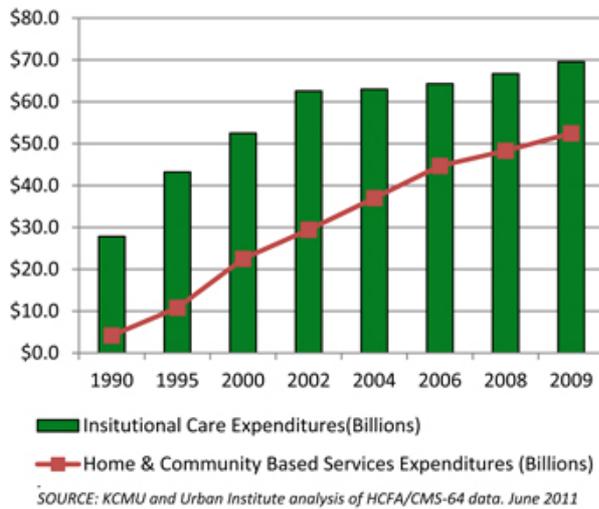


Where are we in the Continuum of Care?

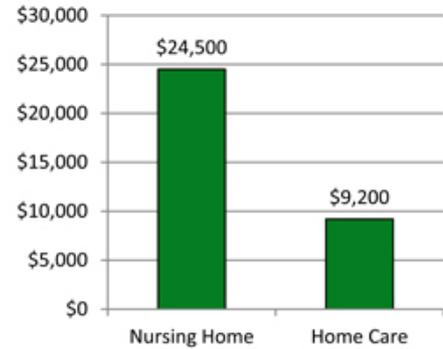


Long-Term Care Expenditures

Growth in Medicaid Long Term Care Expenditures



Medicaid Spending Per Beneficiary



Source: Kassner, Reinhard, Fox-Grage, Houser, Acclius, Coleman and Milne. AARP Public Policy Institute: "A Balancing Act: State Long-Term Care Reform," July 2008

THE LANDSCAPE IS SHIFTING

*States are shifting responsibility for care to health plans and managed care
 Focus on managing and coordinating care for the costly dual eligible population*

Dual Eligible

What is the Opportunity?

Medicare Program

- **Populations 65+ years**
- **Hospital Services (Part A)**
 - Post Acute Care SNF / Rehab
- **Professional Services (Part B)**
 - Post acute Home Care Services
- **Prescription Services (Part D)**
- **Duals Represent 36% of Total Medicare Spending**

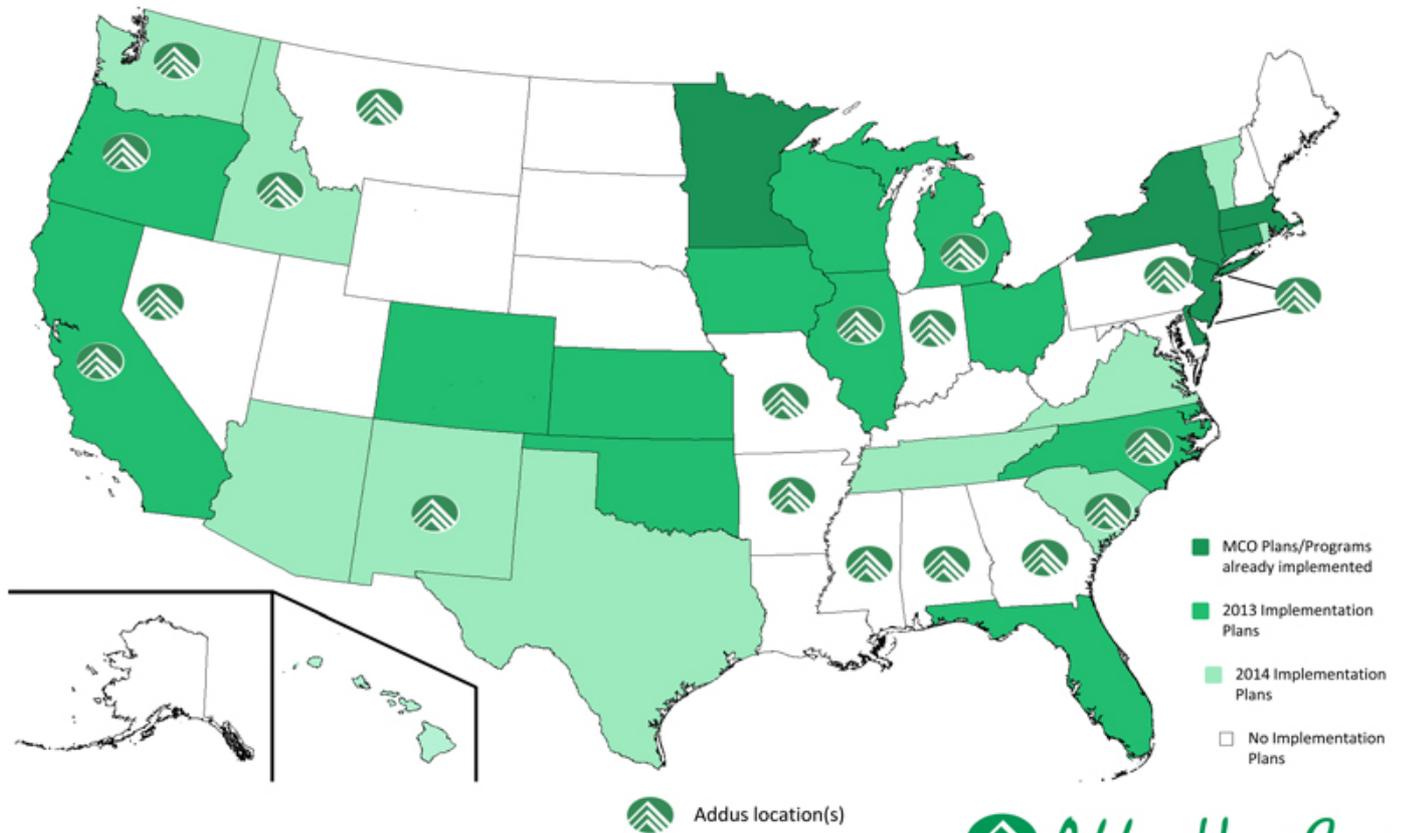
Medicaid Programs

- **Generally populations 65+ years w Income limits**
- **Home Based Personal Care**
- **Long term Nursing Home Care**
- **Duals Represent 39% of Total Medicaid Spending**
- **69% of Medicaid Spending is for Long Term Care**

Pilot Program Features / Objectives

- **Total \$300 Billion in annual spending for dual eligible enrollees in 2007**
- **Funding for both programs administered through the States**
- **26 States have indicated they will participate over the next 3 years**
- **Each State will decide on the size, nature and timing of the pilots**
- **Approximately 9 million are "Duals"**
- **Bids are being solicited from multiple "Managed Care Companies"**
- **Stated Objectives:**
 - **Eliminate service duplication / streamline administration**
 - **Keep member functioning in the home environment**
 - **Avoid / lower the cost for Acute Care services**

States Pursuing a Dual Program



Source: Kaiser Commission on Medicaid and the Uninsured, May 2012



Health Plan's Worst Nightmare

The Choice is Obvious!



Home Personal Care
\$9,200/year

Sources: Consumer Health Ratings.com
CMS.gov

Vs.



Ambulance
\$1,000/ride



Emergency Room
\$1,700/visit

Total Episodic Cost &
one-year of Nursing
Home
\$75,620



Acute Care Hospital
\$12,320/stay



Nursing Home
\$42,000/year



Rehab Facility
\$18,600/stay

Addus Dual Advantage™

The Addus Homecare Aid - A Powerful Resource

No one knows more about the member...

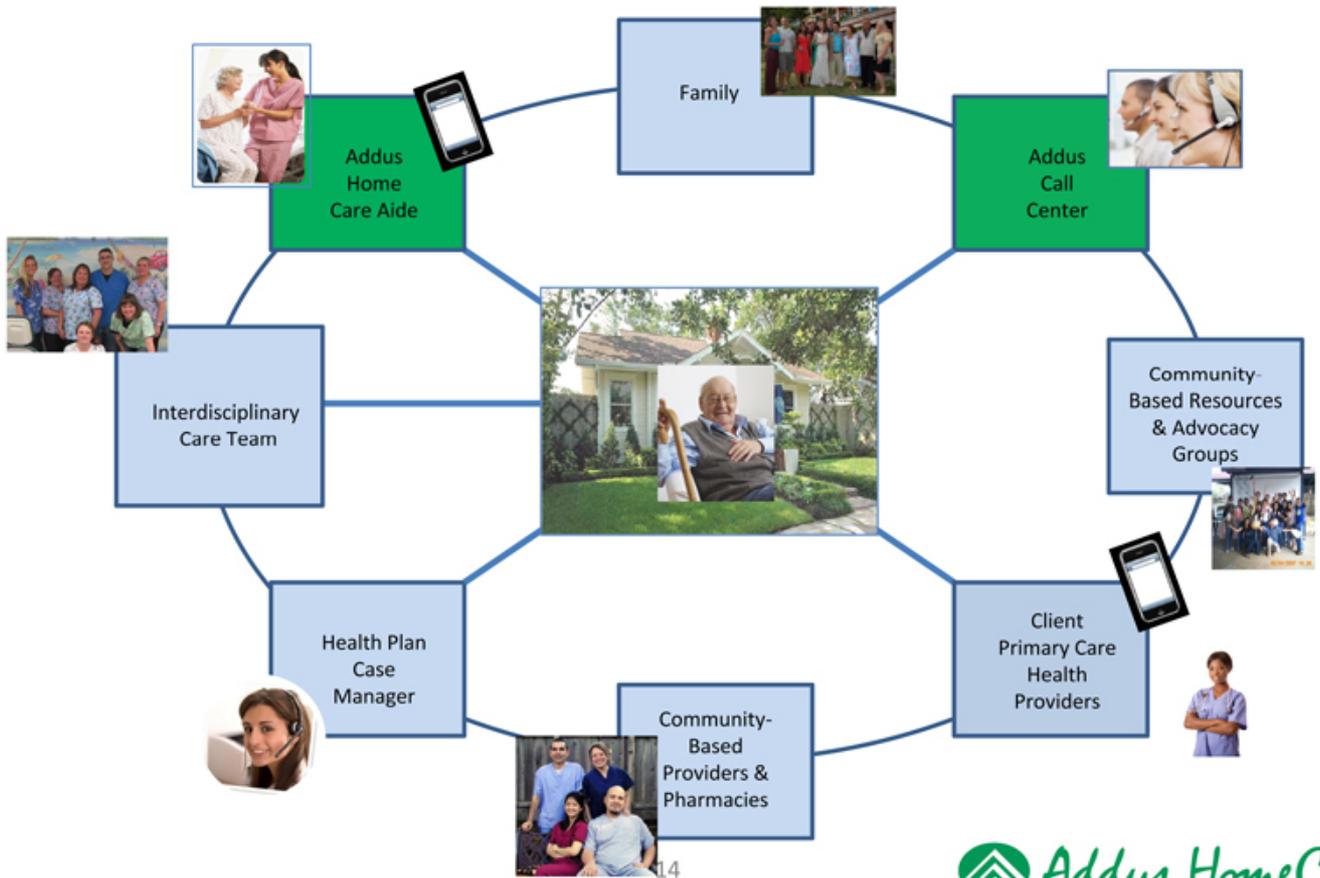
***No one is in a better position to positively
effect health outcomes...***

...Than the Addus Home Care Aide



Home Care

Integrated Clinical Strategy Begins In The Home



A System Connecting the Aid to the Health Plan

Service Excellence

- Connect Aide to Health System
- Touch Member based on Acuity
- Bring Aide into Addus Culture
- Empower Aide through Self-Service



Centralize Transactions by Areas of Excellence

- Drive Health Outcomes
- Continuous Training
- Increase Employee Interaction
- Eliminate Paper

Use Technology to Touch Members

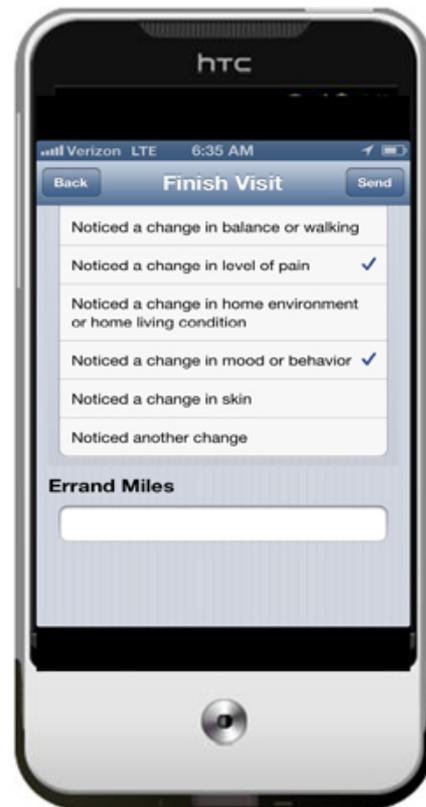
- Operating Platform
- Application Software
- Central Data Repository
- Interoperability
- Mobile Tools
 - iPads & Smart Phones
 - Smart Messaging
 - Picture & Videos



Addus Dual Advantage™

Utilizing Technology to Link the Homecare Aid to the Healthcare Team

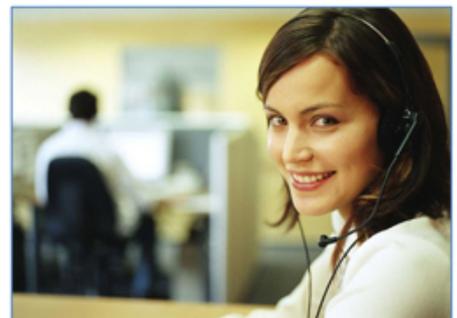
- ✓ **Changes in Condition** – Real time reports through the device, triggering an alert to appropriate personnel.
- ✓ **Additional Information** – Pictures and short videos.
- ✓ **Monitoring per Diagnosis** – Customized to primary diagnosis.
- ✓ **Reporting** – Reports directly from the Aide to Health Plan.



Addus Contact Center

Supporting High Touch In Home Care-giver Strategy

- **Case Intake**
- **Support inbound & outbound traffic**
- **Integrates with payor strategy & needs**
- **Processes customized to support payor**
- **Serves as an additional connection point to the consumer**
 - Support the medical plan of care
 - Support field team's activities, integrating with in-home visits
 - Provides additional resource for screening, check-ins and follow-up
- **Taking transactions out of the Clinician's work day.**



Addus Dual Advantage™

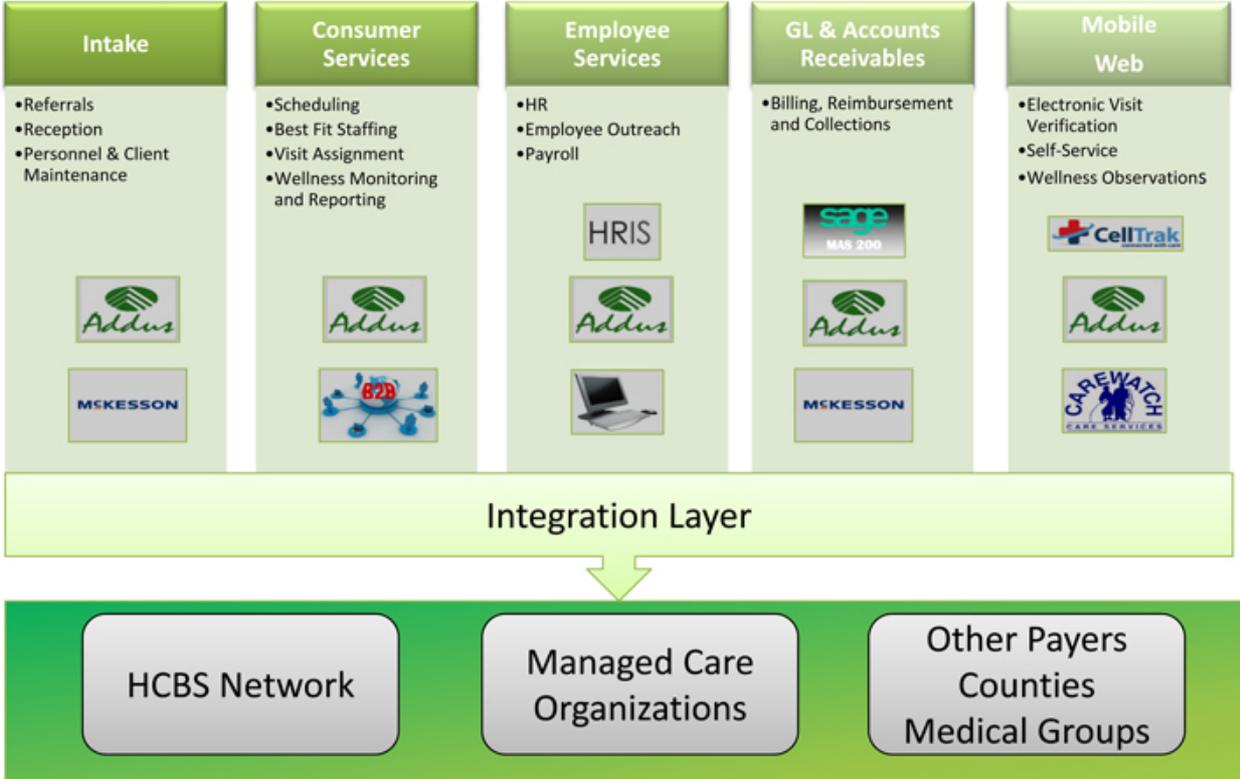
Outstanding Outcomes Begin With Good Communication

Addus Employees Represent A Diverse Group With A Multitude of Language Skills

- American Sign
- Bosnian
- Cambodian
- Cantonese
- English
- Farsi
- French
- Greek
- Hindi
- Japanese
- Navajo
- Nigerian
- Polish
- Russian
- Spanish
- Swahili
- Tagalog
- Ukrainian
- Vietnamese
- Yugoslav



Addus Care System Framework



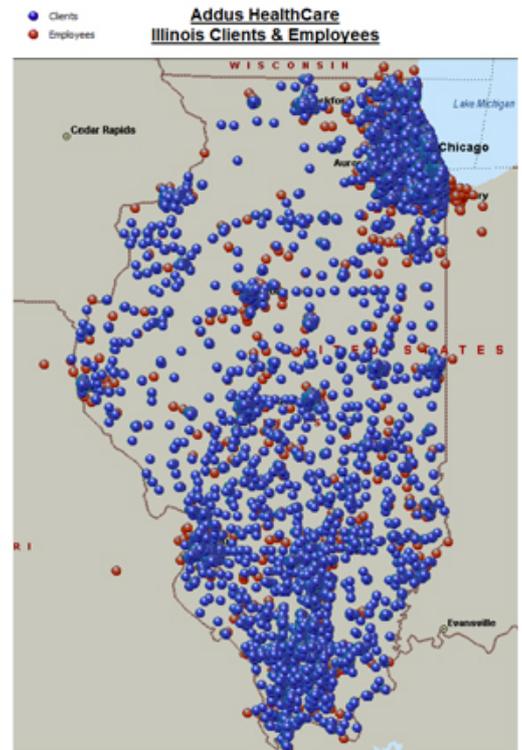
Addus Dual Advantage™

A Model for Extending the Reach of Health Plan Case Managers

Serving the dual eligible population at home:

- Complicated
- Logistics intense
- Highly transactional
- Requires disciplined processes

Provides tremendous opportunity for case management extension!



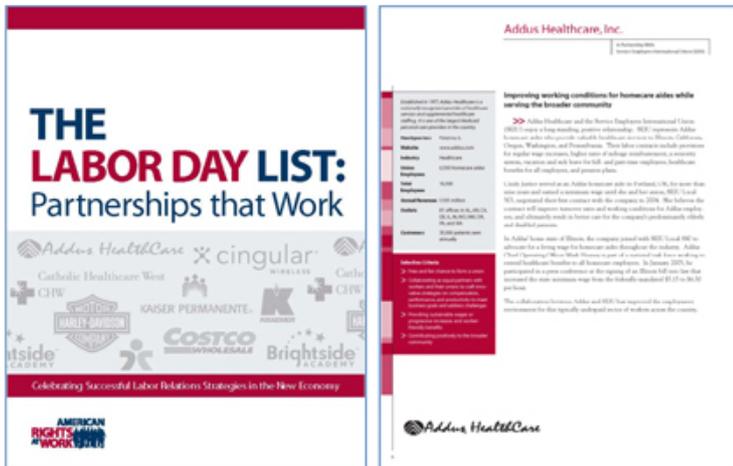
Addus Dual Advantage™

Strong Union Relationships Drive Addus Success

Addus Named to American Rights at Work, a leading labor policy and advocacy organization, inaugural “Labor Day List: Partnerships that Work”

SEIU.ORG

SERVICE EMPLOYEES INTERNATIONAL UNION, CTW, CLC



- **Organized since 1985**
- **More than 11,000 Addus Home Care Aides are members of SEIU Nationally**
- **National Collective Bargaining & Neutrality Agreement**
- **13 Local Collective Bargaining Economic Agreements**
- **Serve as Taft–Hartley Trustee for Health Care in Illinois & Washington**
- **Serve as Trustee on Training Trust in Illinois & Washington**

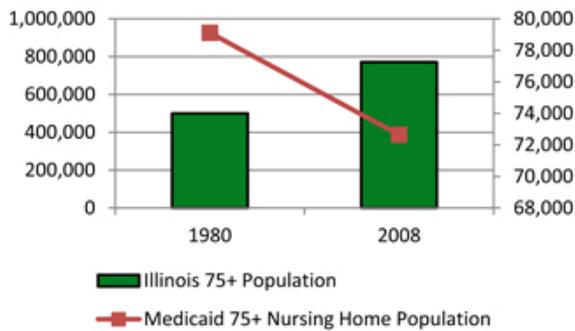
Home Care Programs Improve Outcomes

Nursing home admissions fell, in spite of rising populations; substantial savings

HCBS Strategies Study

Illinois Residents Age 75+

Total Population vs. Nursing Home Residents

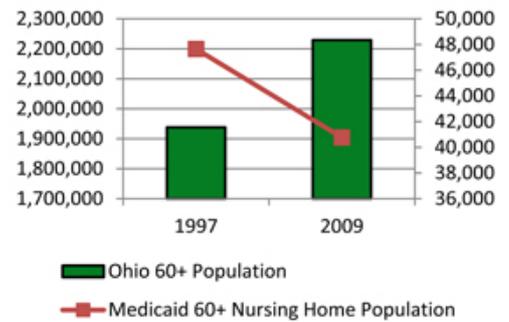


Source: CCP Cost Effectiveness: Comparison of CCP growth with Nursing Facility Prevalence Reductions
HCBS Strategies Inc. February 10, 2010

Scripps Gerontology Center Study

Ohio Residents Age 60+

Total Population vs. Nursing Home Residents



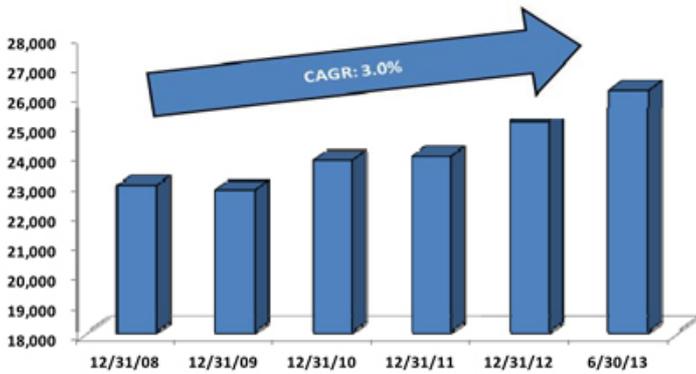
Source: Coming of Age: Tracking the Progress and Challenges of Delivering Long-Term Services and Supports in Ohio
Scripps Gerontology Center, Miami University of Ohio, June 2011

The home is the lowest cost setting in which to provide care, and is preferred by consumers and families

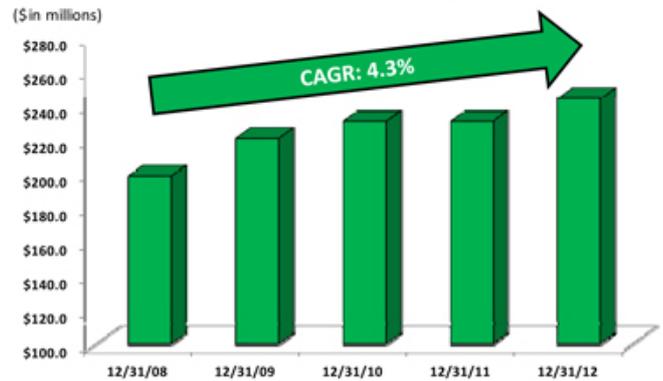


Census - Revenue - EBITDA Trends

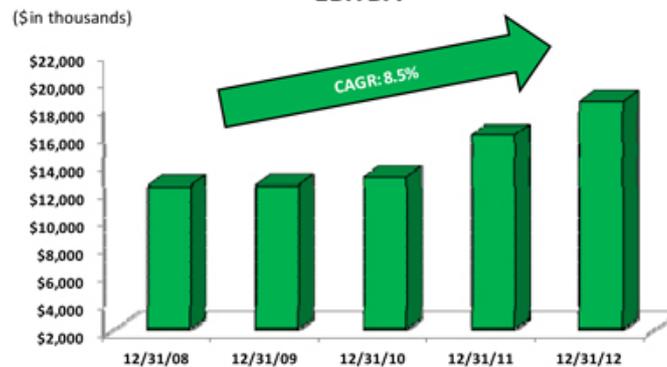
Census from Continuing Operations



Revenue from Continuing Operations



EBITDA



We define Adjusted EBITDA as earnings before discontinued operations, preferred stock dividends, reevaluation of contingent consideration, interest expense, taxes, depreciation, amortization, and stock-based compensation expense. Adjusted EBITDA is a performance measure used by management that is not calculated in accordance with generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP.

Condensed Consolidated Statements of Income

Continuing Operations

(\$ in millions)	Year Ended					Six Months Ended	
	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	6/30/2012	6/30/2013
Net Service Revenues	\$ 197.9	\$ 219.9	\$ 230.1	\$ 230.1	\$ 244.3	\$ 119.3	\$ 128.8
Cost of Service Revenues	(147.3)	(162.7)	(170.4)	(168.6)	(180.2)	(88.5)	(96.3)
General Administrative	(38.6)	(45.1)	(47.0)	(45.4)	(45.9)	(23.0)	(23.6)
Operating Margin	\$ 12.0	\$ 12.1	\$ 12.7	\$ 16.1	\$ 18.2	\$ 7.8	\$ 8.9
Gross Margin Percentage	25.6%	26.0%	25.9%	26.7%	26.2%	25.8%	25.2%
Operating Margin Percentage	6.1%	5.5%	5.5%	7.0%	7.4%	6.5%	6.9%

Note: Operating Margin is defined as Net Service Revenues less Cost of Service Revenues and General Administrative expenses and does not include depreciation and amortization. Operating Margin is a performance measure used by management that is not calculated under generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any other measure of financial performance calculated in accordance with GAAP. Six month data for periods ended 6/30/2013 and 6/30/2012 amounts are unaudited.

Select Balance Sheet Information

(\$ in millions)

Key Balances	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	6/30/2013
Cash	\$ 6.1	\$ 0.5	\$ 0.8	\$ 2.0	\$ 1.7	\$ 38.8
Accounts receivable, net	49.2	70.5	71.0	72.4	71.3	43.6
Total Assets	135.7	161.3	166.9	154.7	149.9	155.2
Debt, including current maturities	63.2	49.2	45.2	31.5	16.5	-
Stock holders' equity	\$ 34.6	\$ 80.6	\$ 88.1	\$ 86.4	\$ 94.4	\$ 110.3
Debt to capital ratio	64.6%	37.9%	33.9%	26.7%	14.8%	0.0%

Balances for 6/30/2013 are unaudited.

Investment Highlights

Large & Growing Market

Broad Range of Services and Payors

Differentiated, Coordinated Care Model

Positioned to Excel under Healthcare Reform

Significant Operational Scale Across
National Footprint

History of Growth through Acquisition

Multiple Organic Growth Opportunities

Experienced Management Team

EBITDA Reconciliation

Continuing Operations

(\$ in millions)	Year Ended					Six Months Ended	
	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	6/30/2012	6/30/2013
Net Income	\$ (0.2)	\$ (1.8)	\$ 6.0	\$ (2.0)	\$ 7.6	\$ 2.1	\$ 15.7
Less: (Earnings) loss from discontinued ops	(2.5)	(2.4)	(1.7)	10.4	1.7	1.5	(10.4)
Net Income from continuing operations	(2.7)	(4.2)	4.3	8.4	9.3	3.6	5.3
Preferred stock dividends	4.3	5.4	-	-	-	-	-
Revaluation of contingent consideration	-	-	-	(0.5)	-	-	-
Interest Income	-	-	(0.2)	(2.3)	(0.2)	-	-
Interest Expense	5.7	6.8	3.2	2.5	1.7	0.8	0.3
Income Tax Expense	(0.5)	(0.1)	1.9	4.3	4.8	2.1	2.1
Depreciation and amortization	5.2	4.1	3.4	3.2	2.5	1.3	1.1
Stock based compensation expense	0.3	0.3	0.3	0.3	0.3	0.1	0.2
Adjusted EBITDA (1)	\$ 12.3	\$ 12.3	\$ 12.9	\$ 15.9	\$ 18.4	\$ 7.9	\$ 9.0

(1) We define Adjusted EBITDA as earnings before discontinued operations, preferred stock dividends, revaluation of contingent consideration, interest expense, taxes, depreciation, amortization, severance costs related to former chairman and stock-based compensation expense. Adjusted EBITDA is a performance measure used by management that is not calculated in accordance with generally accepted accounting principles in the United States (GAAP). It should not be considered in isolation or as a substitute for net income, operating income or any

(2) Six months ended 6/30/2013 and 6/30/2012 amounts are unaudited