
**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): May 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 May 14, 2013, Mark Heaney, President and Chief Executive Officer, and Dennis Meulemans, Chief Financial Officer, of Addus HomeCare Corporation, are scheduled to make a presentation to investors at the JMP Securities Research Conference. A copy of the slides used in this 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 May 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: May 14, 2013

By: /s/ Dennis Meulemans

Name: Dennis B. Meulemans

Title: Chief Financial Officer

Exhibit Index

Exhibit
No.

Description

99.1 Investor Presentation of Addus HomeCare Corporation dated May 14, 2013



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

JMP Securities Research Conference

May 14, 2013



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

AddusDualAdvantage™

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...



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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:

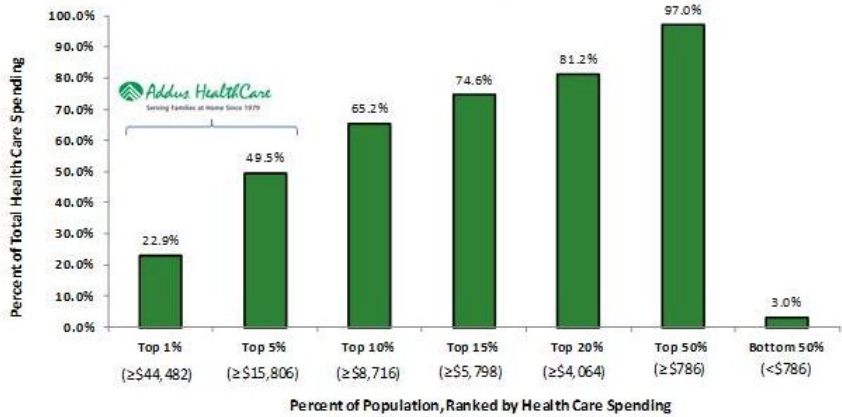
- Founded in 1979
- 14,000+ employees
- 26,000+ consumers (many dual eligible)
- 2012 Revenues of \$244.3 million
- Diversified payor base (200+ payors)
 - Largest payor 64% of 2012 total revenues

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

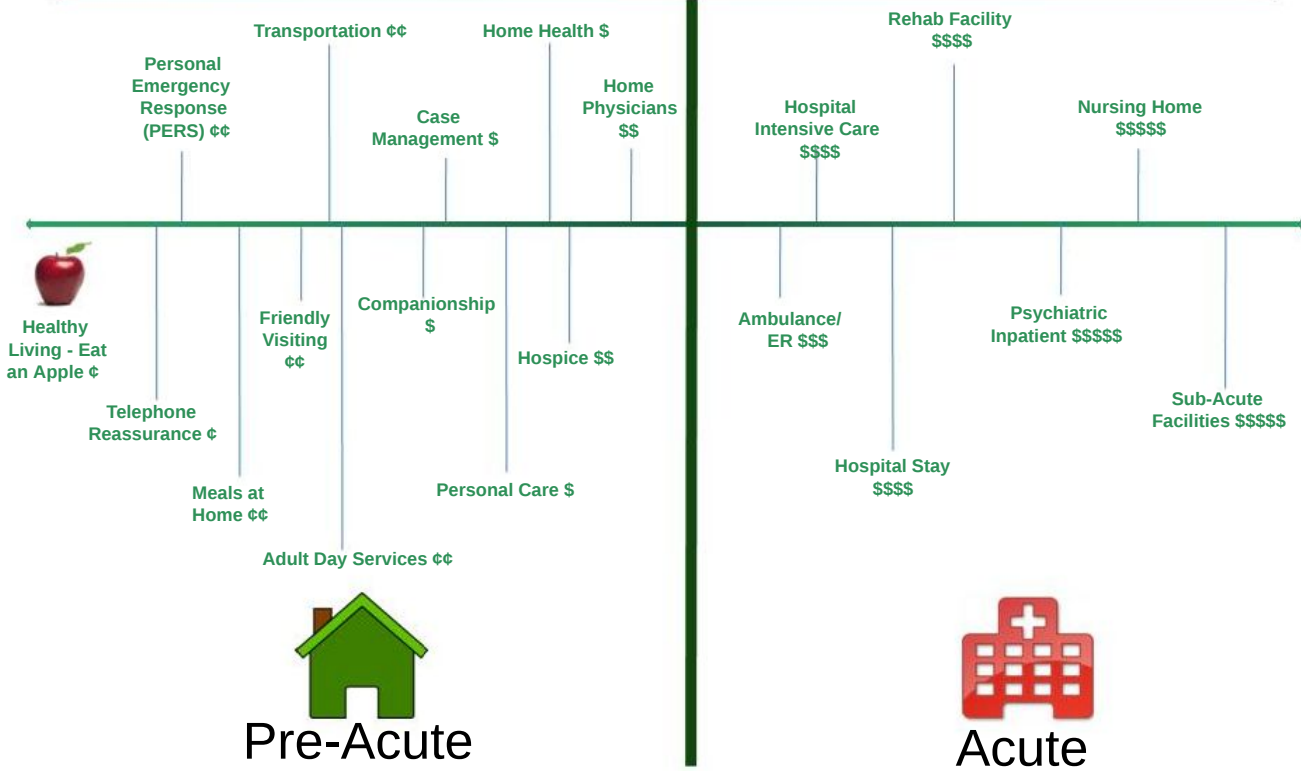


Addus focuses on the top 5% in terms of resource needs and expenditures!

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

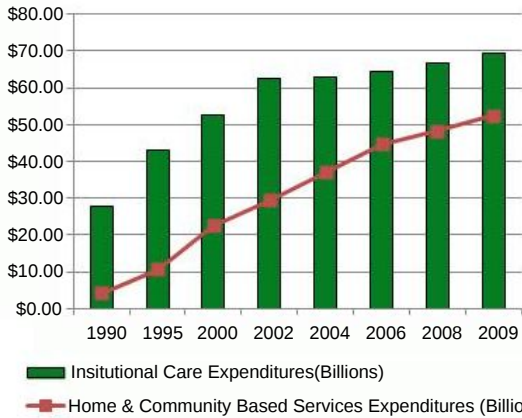


Where are we in the Continuum of Care?



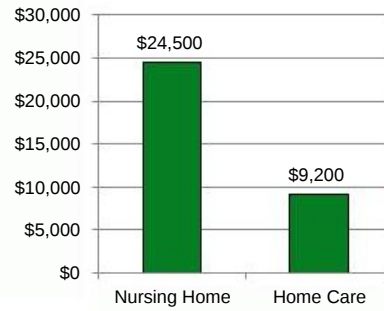
Long-Term Care Expenditures

Growth in Medicaid Long Term Care Expenditures



SOURCE: KCMU and Urban Institute analysis of HCFA/CMS-64 data. June 2011

Medicaid Spending Per Beneficiary



Source: Kassner, Reinhard, Fox-Grage, Houser, Accius, 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**

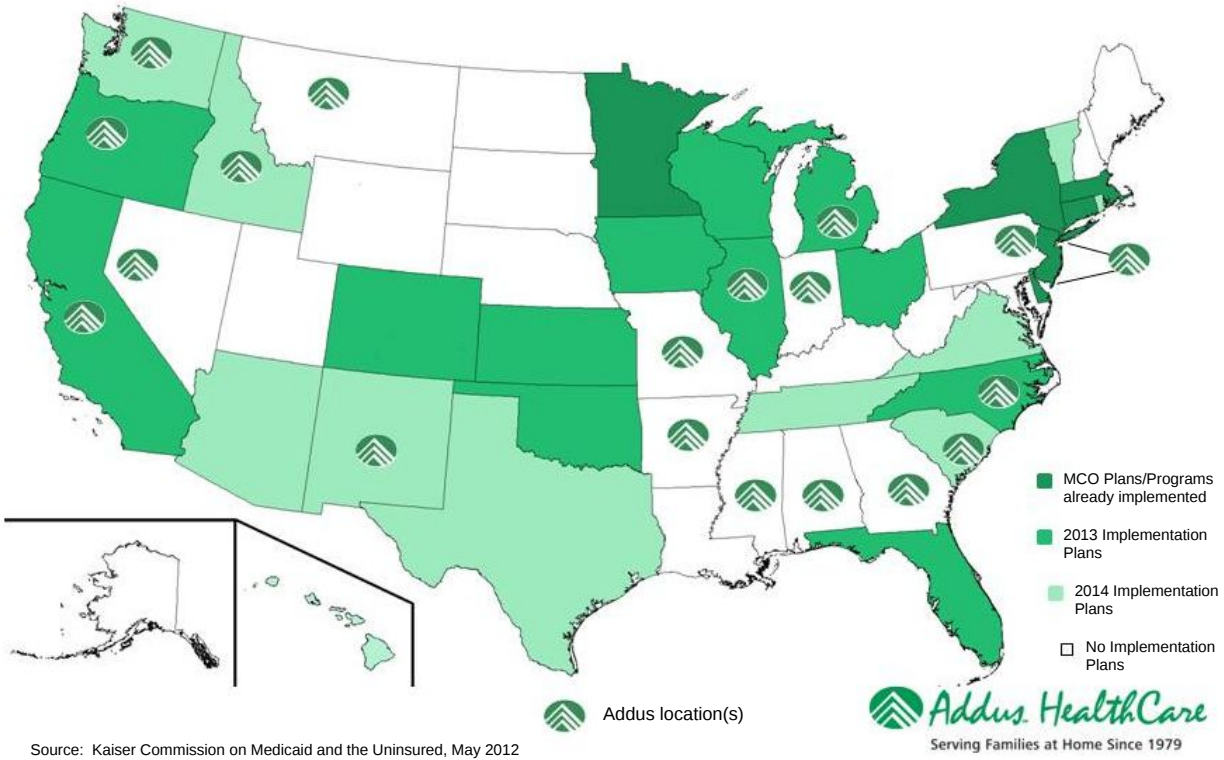
Pilot Program Features / Objectives

- **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**



Serving Families at Home Since 1979

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



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

Vs.



Nursing Home
\$42,000/year



Rehab Facility
\$18,600/stay

Sources: Consumer Health Ratings.com
CMS.gov



Addus Dual Advantage

A Powerful Resource

No one knows more about the member...

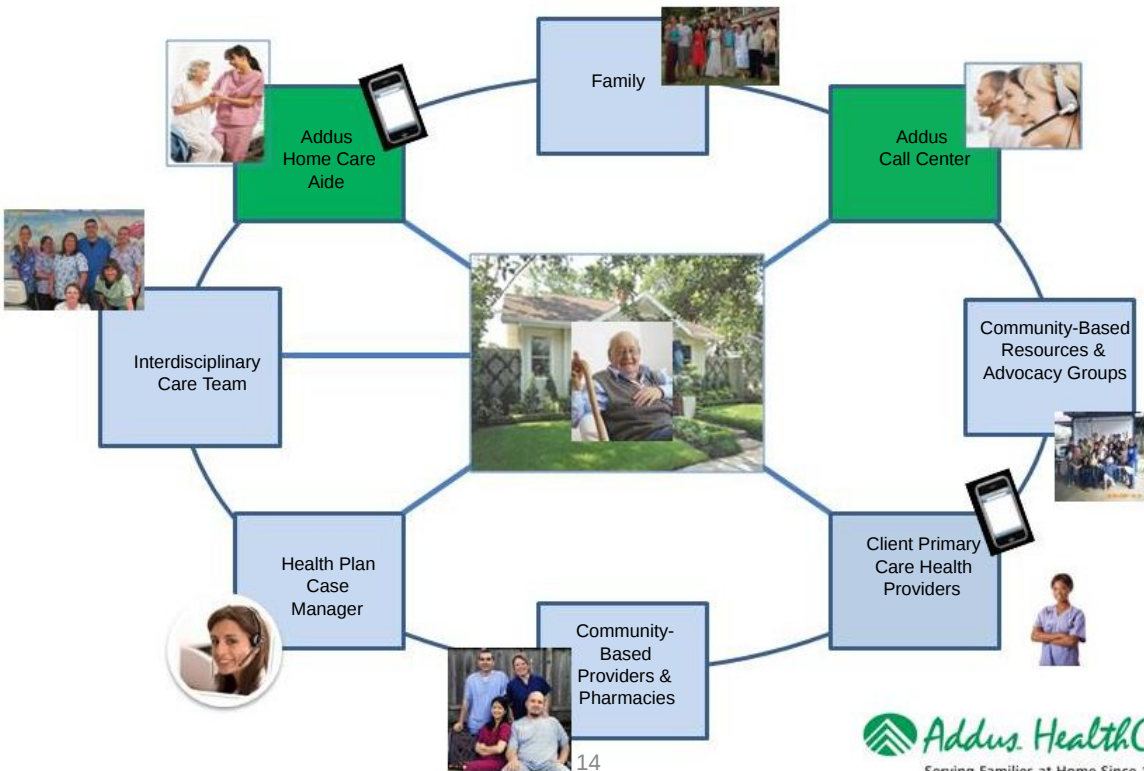
No one is in a better position to positively effect health outcomes...

...Than the Addus Home Care Aide



Home Care

Integrated Clinical Strategy Begins In The Home



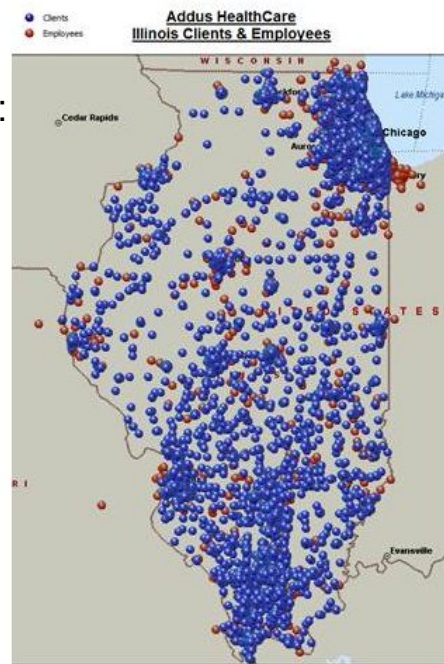
AddusDualAdvantage

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!

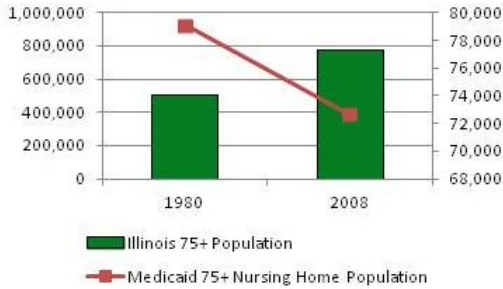


Home Care Programs Improve Outcomes

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

HCBS Strategies Study

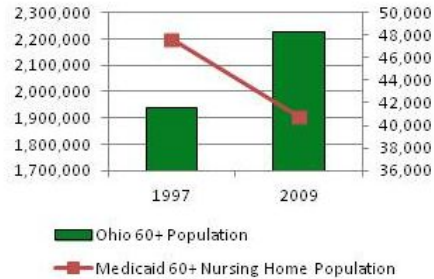
Illinois Residents Age 75+
Total Population vs. Nursing Home Residents



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

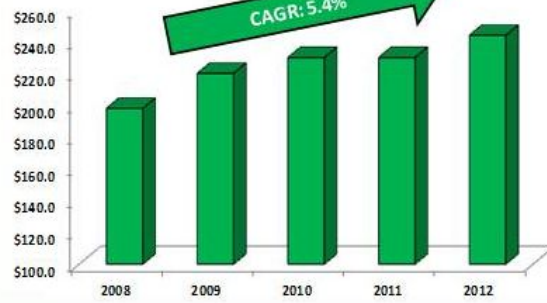


Census Revenue EBITDA Trends

Census

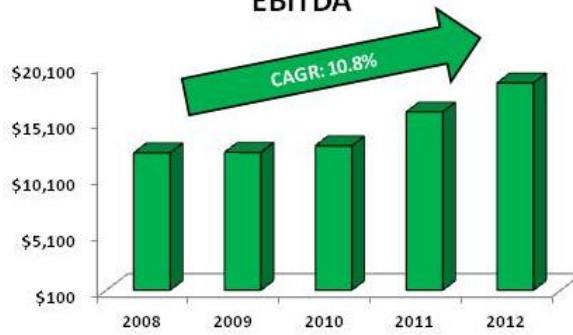
(\$ in millions)

Revenue



(\$ in thousands)

EBITDA



We define Adjusted EBITDA as earnings before discontinued operations, preferred stock dividends, revaluation 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					Three Months Ended	
	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	3/31/2012	3/31/2013
						Unaudited	Unaudited
Net Service Revenues	\$ 197.9	\$ 219.9	\$ 230.1	\$ 230.1	\$ 244.3	\$ 58.9	\$ 63.0
Cost of Service Revenues	(147.3)	(162.7)	(170.4)	(168.6)	(180.2)	(43.9)	(47.2)
General Administrative	(38.6)	(45.1)	(47.0)	(45.4)	(45.9)	(11.6)	(11.5)
Adjusted EBITDA	\$ 12.3	\$ 12.3	\$ 12.9	\$ 15.9	\$ 18.4	\$ 4.0	\$ 4.4
Gross Margin Percentage	25.6%	26.0%	25.9%	26.7%	26.2%	25.5%	25.1%
Adjusted EBITDA Percentage	6.2%	5.6%	5.6%	6.9%	7.5%	6.8%	7.0%

Notes: We define Adjusted EBITDA as earnings before discontinued operations, preferred stock dividends, revaluation 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.

Gross Margin percentage is defined as Net Service Revenues less Cost of Service Revenues divided by Net Service Revenues.
Adjusted EBITDA Percentage is defined as Adjusted EBITDA divided by Net Service Revenues

Select Balance Sheet Information

(\$ in millions)

Key Balances	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	3/31/2013
Cash	\$ 6.1	\$ 0.5	\$ 0.8	\$ 2.0	\$ 1.7	\$ 17.8
Accounts receivable, net	49.2	70.5	71.0	72.4	71.3	60.6
Total Assets	135.7	161.3	166.9	154.7	149.9	151.4
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	\$ 107.8
Debt to capital ratio	64.6%	37.9%	33.9%	26.7%	14.8%	0.0%

Balances for 3/31/2013 are unaudited.

Investment Highlights

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Broad Range of Services and Payors

Differentiated, Coordinated Care Model

Positioned to Excel under Healthcare Reform

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National Footprint

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Experienced Management Team

EBITDA Reconciliation

Continuing Operations

(\$ in millions)	Year Ended					Three Months Ended	
	12/31/2008	12/31/2009	12/31/2010	12/31/2011	12/31/2012	3/31/2012	3/31/2013 (2)
Net Income	\$ (0.2)	\$ (1.8)	\$ 6.0	\$ (2.0)	\$ 7.6	\$ 0.6	\$ 13.3
Less: (Earnings) loss from discontinued operations	(2.5)	(2.4)	(1.7)	10.4	1.7	1.1	(10.6)
Net Income from continuing operations	(2.7)	(4.2)	4.3	8.4	9.3	1.7	2.7
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	0.4	0.2
Income Tax Expense	(0.5)	(0.1)	1.9	4.3	4.8	1.2	0.8
Depreciation and amortization	5.2	4.1	3.4	3.2	2.5	0.6	0.6
Stock based compensation expense	0.3	0.3	0.3	0.3	0.3	0.1	0.1
Adjusted EBITDA (1)	\$ 12.3	\$ 12.3	\$ 12.9	\$ 15.9	\$ 18.4	\$ 4.0	\$ 4.4

(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 other measure of financial performance calculated in accordance with GAAP.

(2) 3/31/13 and 3/31/12 amounts are unaudited