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

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**FORM 8-K**

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

**Date of Report (Date of earliest event reported): January 12, 2015**

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**ADDUS HOMECARE CORPORATION**

(Exact name of registrant as specified in its charter)

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**Delaware**  
(State or other jurisdiction  
of incorporation)

**001-34504**  
(Commission  
File Number)

**20-5340172**  
(IRS Employer  
Identification Number)

**2300 Warrenville Rd.**  
**Downers Grove, IL**  
(Address of principal executive offices)

**60515**  
(Zip Code)

**630-296-3400**  
(Registrant's telephone number, including area code)

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

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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**

From January 12, 2015 to January 15, 2015, Mark Heaney, President and Chief Executive Officer, Inna Berkovich, Chief Information Officer, and Darby Anderson, Chief Business Development and Strategy Officer, of Addus HomeCare Corporation, are scheduled to make presentations to investors at the JP Morgan Conference. A copy of the slides used in these investor presentations 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 January 12–15, 2015

**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: January 12, 2015

By: /s/ Dennis Meulemans

**Name: Dennis B. Meulemans**

**Title: Chief Financial Officer**

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## Exhibit Index

<u>Exhibit No.</u>	<u>Description</u>
99.1	Investor Presentation of Addus HomeCare Corporation dated January 12–15, 2015



**The Pre-Acute Solution to the Post-Acute Problem.**

## **JP Morgan Conference**

January 12-15, 2015

**Mark Heaney** President and CEO

**Inna Berkovich** Chief Information Officer

**Darby Anderson** Chief Business Development and Strategy Officer

## 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](http://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 HomeCare 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.*

# Addus Profile



## Who is Addus?

Comprehensive provider of home and community based services, which are predominantly social in nature, focused primarily on the Dual Eligible population:

## Key Facts:

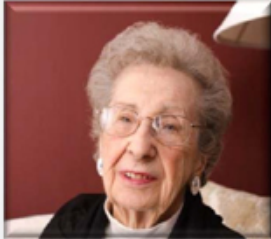
- Founded in 1979
- 17,500+ employees
- 32,000+ consumers (mostly dual eligible)
- Operate 132 Locations in 22 States
- 21 Languages
- TTM\* revenues: \$300.2 million
- TTM\* adjusted EBITDA: \$20.8 million
- Diversified payor base (200+ payors)

## We Provide

- ▶ Personal Care
- ▶ Adult Day Service
- ▶ Private Duty



## Who We Serve....



...The **5%**  
who consume **50%**  
of the Healthcare  
dollars



- 10,000 people a day turn 65 years old
- Those baby boomers that live to 75 can expect to live at least 10 more years
- In just 14 years, life expectancy has increased 2.4 years, meaning.....more elderly are living longer and, as they do, they become increasingly poor

**We serve high volume consumers of healthcare in their homes at the lowest price point for hands-on care**

- We serve over 32,000 consumers - typically elderly, chronically ill or disabled, at risk of hospitalization or institutionalization
- Our Homecare Aides assist with essential activities of daily living – without this help, consumers will go to a nursing home
- Average duration of services is approximately 17 months per consumer
- We see our consumers on average 45 hours per month
- Addus average revenue per billable hour is \$17.05
- Substantial opportunity to integrate technology to leverage our low-cost care

## The Very Front Line

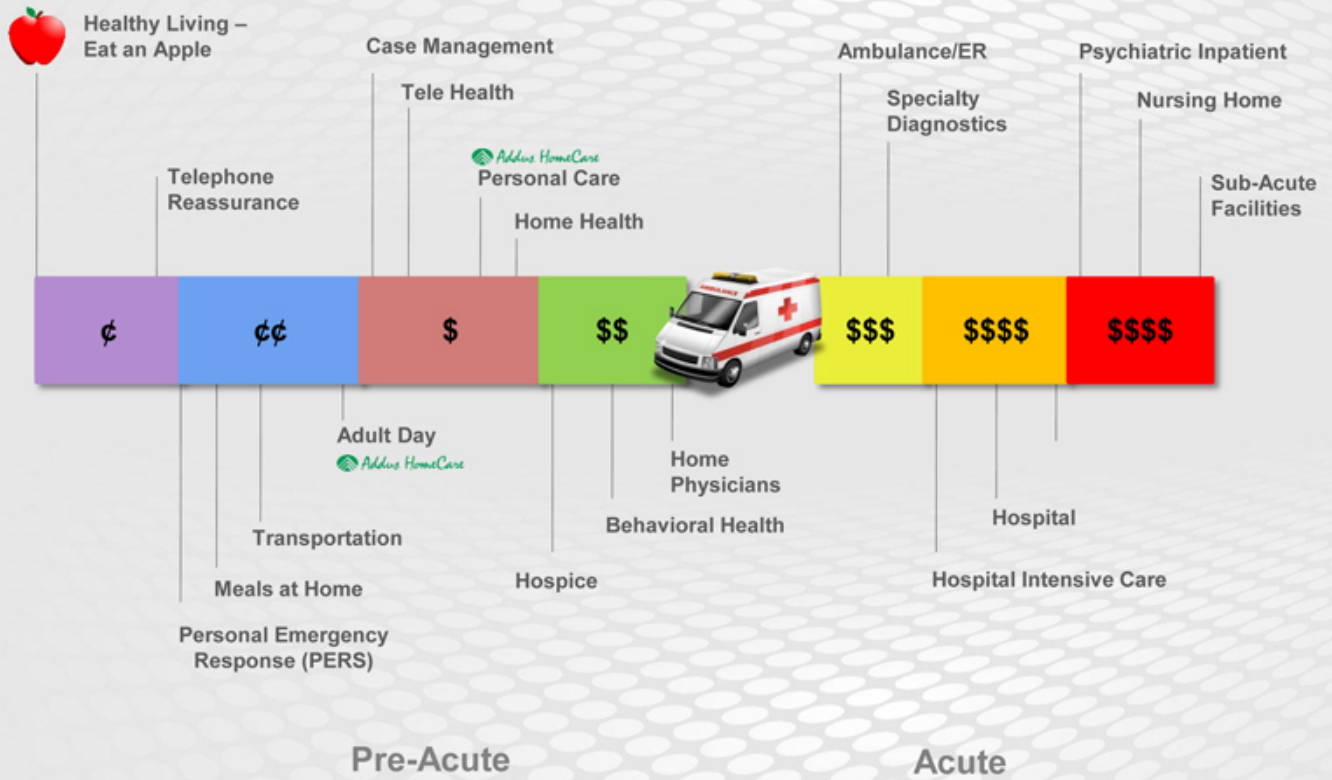
No one knows more about the member...

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

Than the Addus HomeCare Aide.



# The Care Continuum



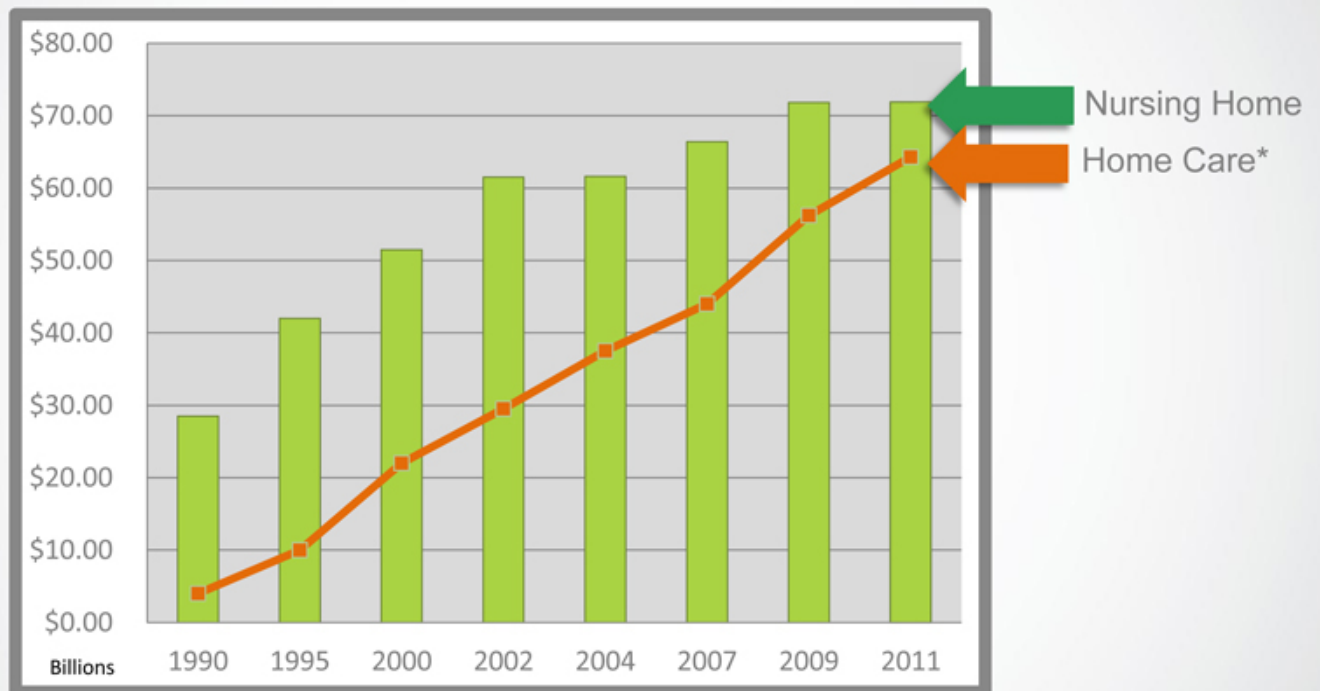


## The Leader in Large, Highly Fragmented Industry

- Only public pure-play home care provider
- Approximately 20,000 home care agencies
- Personal care market in excess of \$60 billion
- Home care proven effective in enabling consumers to remain safely and healthfully at home for as long as possible
- Public policy shift to consolidate Medicare and Medicaid programs for 9 million dual-eligibles driving expansion of MCOs

# Historic Payors - \$60 Billion Market & Growing

- State Agencies
- County Agencies
- Area Agencies on Aging



Growth in the Home Care spending has offset Nursing Home spending despite the growing aging population.

# Strategies for Growth



# Expectations for Providers are Changing

## Traditional Payors

### Industry Structure

- Few large providers
- 20,000 + small individual providers
- Limited geographic distribution
- No outcomes requirements / reporting

### Economic Model

- Paper driven
- Payments based on hours worked
- Overutilization
- Care not modulated



## Managed Care Plans

### Industry Structure

- Favor larger providers with sophisticated technology and access to data
- Electronic visit verification
- Outcomes driven

### Economic Model

- Technology driven
- Capitation
- Risk sharing
- Gain sharing

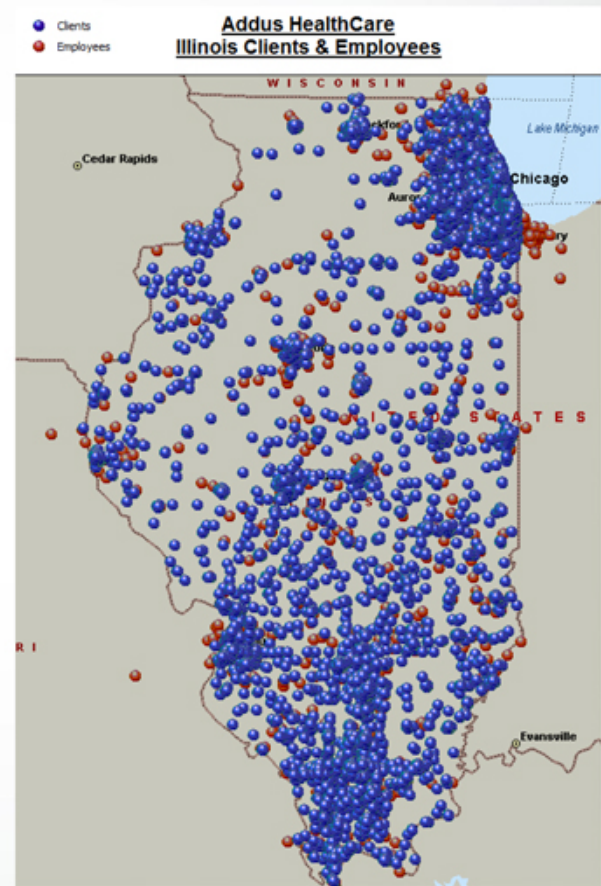


# Case Management Extension Model

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™ - The New Paradigm

## The Addus Advantage coordinated care model

By Enabling members to live safely and healthfully at home as long as possible we add value for any provider/payer at financial risk



# The Addus Care System

*Shift transactional activities from Agency to centralized areas of excellence*



*Technology connects the Aide/Member to the Health System/Plan*

*Case Manager*



*Addus Technology*



*Continuous interaction with Health Plan case managers*



*Free agency staff to focus on the member (visit the consumer on an acuity basis)*

# Driving Outcomes

## Services We Provide

### Activities of Daily Living Needs



Personal Hygiene



Nutrition/Meal Prep



Errands/Shopping



Home Safety Assessment

## Member Engagement

### Because we're always there



Observe & Report



Photo Documentation



Real-time Patient  
Condition Monitoring  
and Early Intervention

## Outcomes

### Early Intervention and Compliance



Stay At Home



Reduced  
Hospitalizations/Nursing  
Homes



Fall Prevention

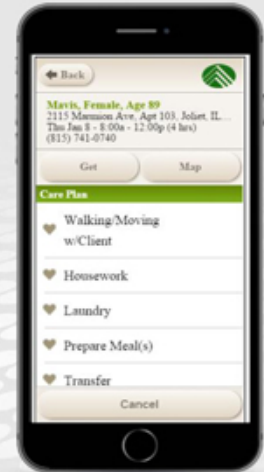
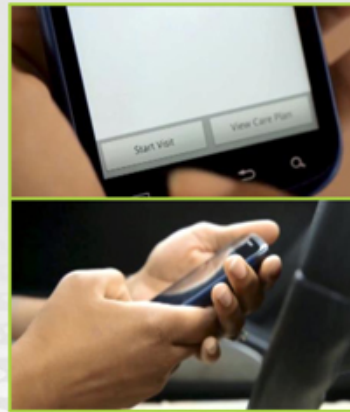
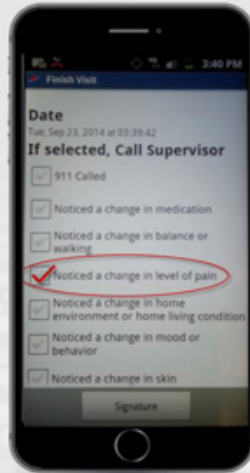


# Connecting the Member to the Care Team

## Real-time reporting to the MCO

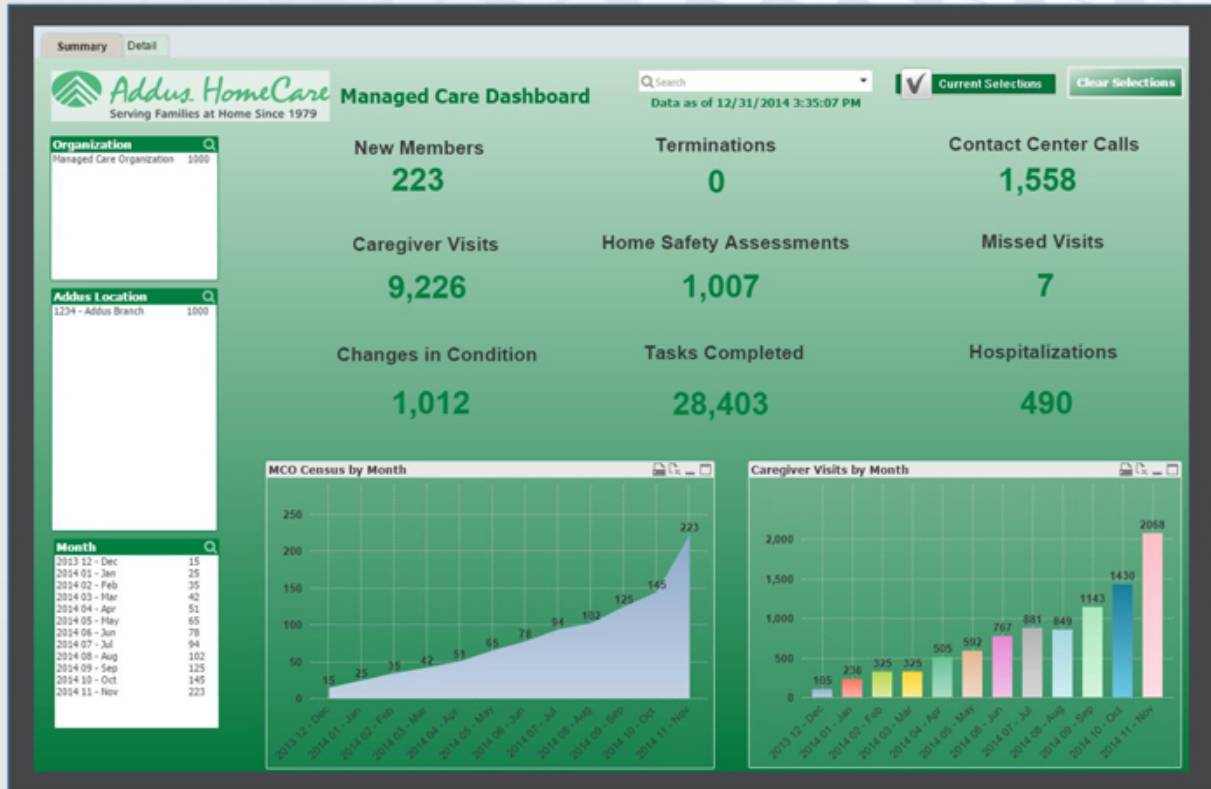
### Early identification = early intervention

- Changes in Condition
- Pictures & Video
- Diagnosis Based Observations
- Weather, Emergencies, 911
- Care Plan Task Recording
- ALERTS!!



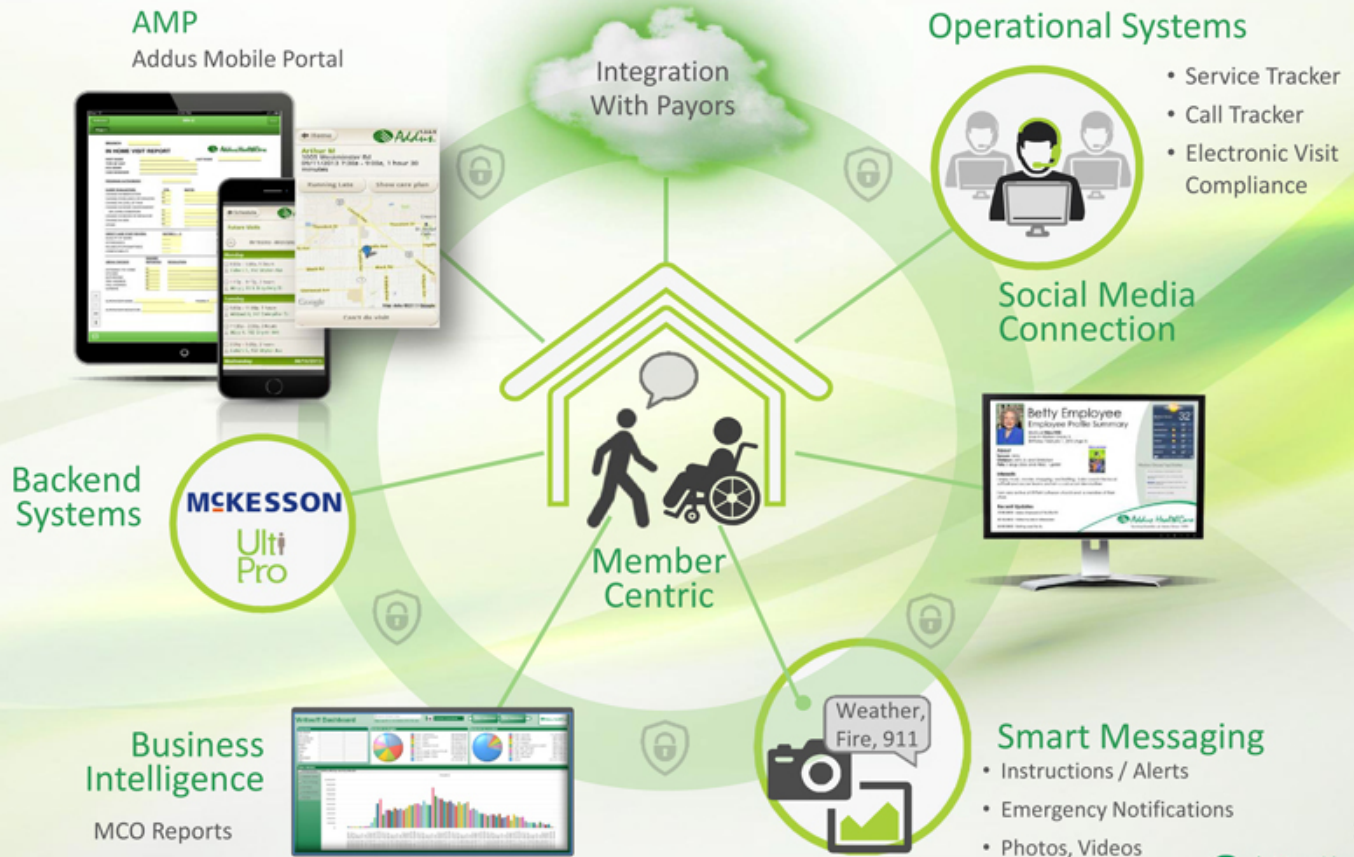
# Managed Care Dashboard Example

Interactive dashboards provide Managed Care with ability to drill down into Key Data, Trends and Issues for their member population.



# Addus Technology Capabilities

Continuing to build, expand and leverage technology to best position ourselves with Managed Care



# Compelling Investment Considerations

- Favorable demographic trends for growth
- We serve a high utilization/high risk population (the 5% who use 50%)
- Health care is moving to home based care...away from acute based care
- To manage this population we have to treat the consumer, at home, with people and technology
- Managed care is assuming management of this population and will favor larger, more sophisticated, technology and outcome driven, risk taking organizations
- Largest public, pure play, home care company with significant geographic footprint
- Our model is easily replicable and scalable
- We have made significant technology investments and are an operating laboratory for future development
- We have a solid record and reputation

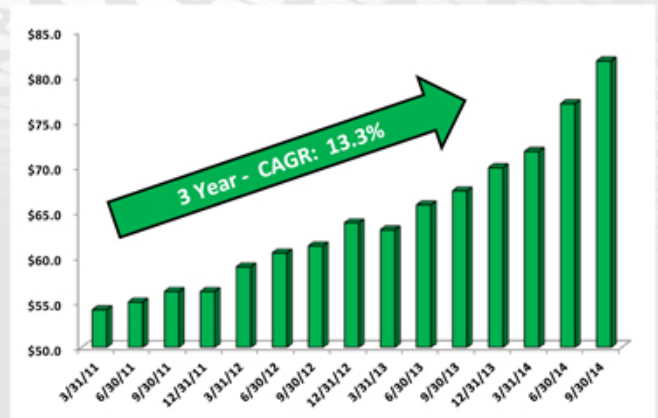


# Census - Revenue - EBITDA Trends

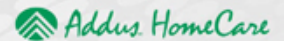
## Census



## Revenue



## Adjusted 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.

## Select Balance Sheet Information

Balance sheet stability has improved providing flexibility to fund acquisitions and new initiatives

Key Balances	12/31/2009	12/31/2010	12/31/2011	12/31/2012	12/31/2013	9/30/2014
Cash	\$ 0.5	\$ 0.8	\$ 2.0	\$ 1.7	\$ 15.6	\$ 14.1
Accounts receivable, net	70.5	71.0	72.4	71.3	61.4	62.1
Total Assets	161.3	166.9	154.7	149.9	163.9	175.3
Debt, including current maturities	49.2	45.2	31.5	16.5	-	-
Stockholders' equity	\$ 80.6	\$ 88.1	\$ 86.4	\$ 94.4	\$ 113.9	\$ 123.0
Debt to capital ratio	37.9%	33.9%	26.7%	14.8%	0.0%	0.0%

Balances for 9/30/2014 are unaudited.