



The Leading Provider of In-Home Addiction Treatment



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Brian Holzer MD, MBA
CEO, Aware Recovery Care

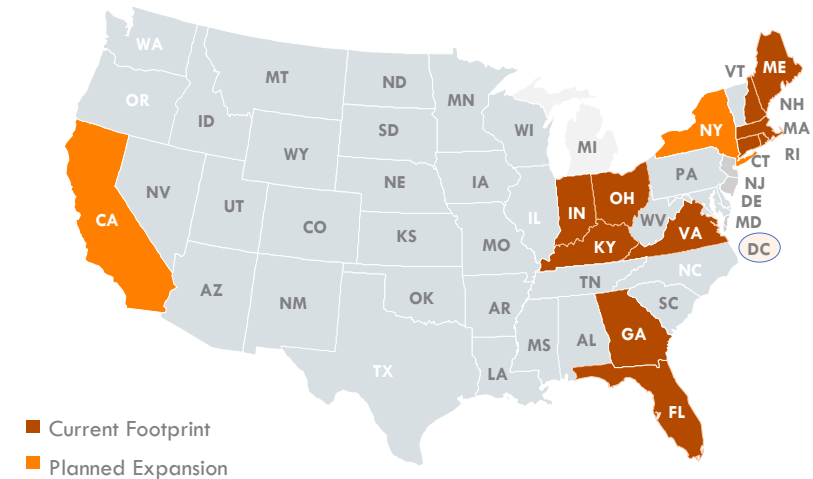
Only scaled provider of **in-home addiction treatment** services

Differentiated In-Home Care Model

- **52-week, high-touch, longitudinal** model that transforms the **home** into a treatment center
- Minimizes disruptions to **work / school / childcare**; eliminates extended **leaves / absences**, reduces employee **turnover** and increases **productivity**
- Treats **addiction** as a **chronic disease** through an **ASAM-based** program; customized **Medical, Behavioral** and **Peer Support** care model
- Uniquely **broad inclusion criteria** across individuals with **primary SUD**, including those often not a fit for residential or community settings
- **24 / 7 admissions** with bespoke, white glove client engagement model

Note: ASAM refers to the American Society of American Medicine

Geographic Roadmap



Aware Recovery Care – By the Numbers

~7,300

Total Admissions Since Jan-20

~1,800

Current Active Census

16

Payor Contracts

~900

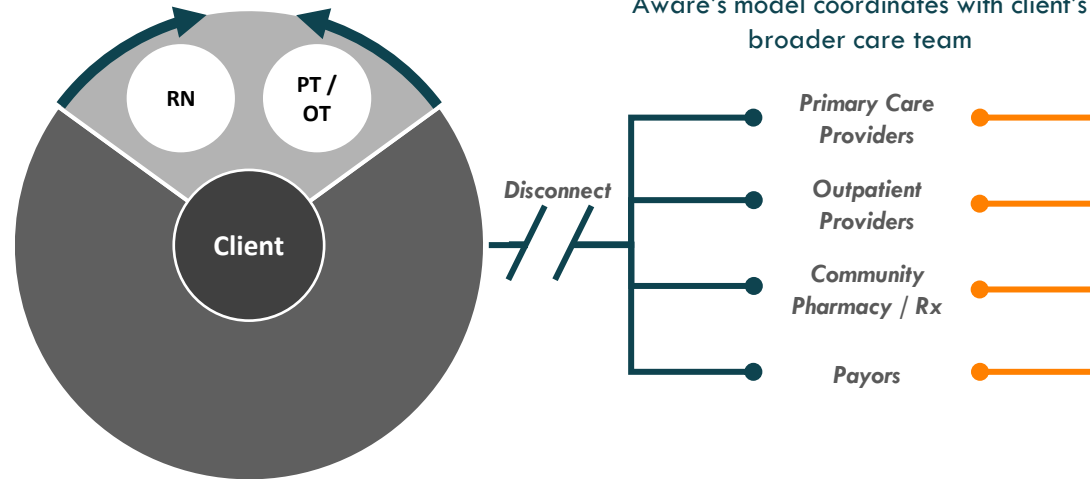
Employees

11

Current States

Aware's care model is distinct from traditional home health

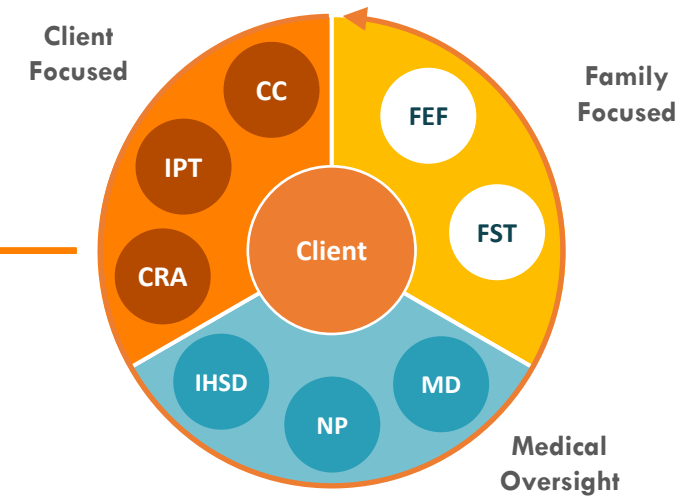
Traditional Approach in Home Health



Home Health Model

- Narrow scope of care providers; can lead to disintegrated care
- Episodic and short-term; limited by reimbursement landscape
- Impact measured by short-term treatment for complex, long-term medical issues
- Emphasis on reducing visits can overshadow need to deliver holistic treatment

Connected Staff Enable Longitudinal Care



- Broad scope of team skills ensures continuous delivery of whole-person care
- Routine touchpoints over 52-weeks focused on proactive behavior change
- Impact measured by engagement in long-term recovery support systems
- True alignment across stakeholders, supported by validated payor claims that demonstrate quantitative, long-term and sustained cost and quality outcomes

Care Legend

CRA = Certified Recovery Advisor
CC = Care Coordinators

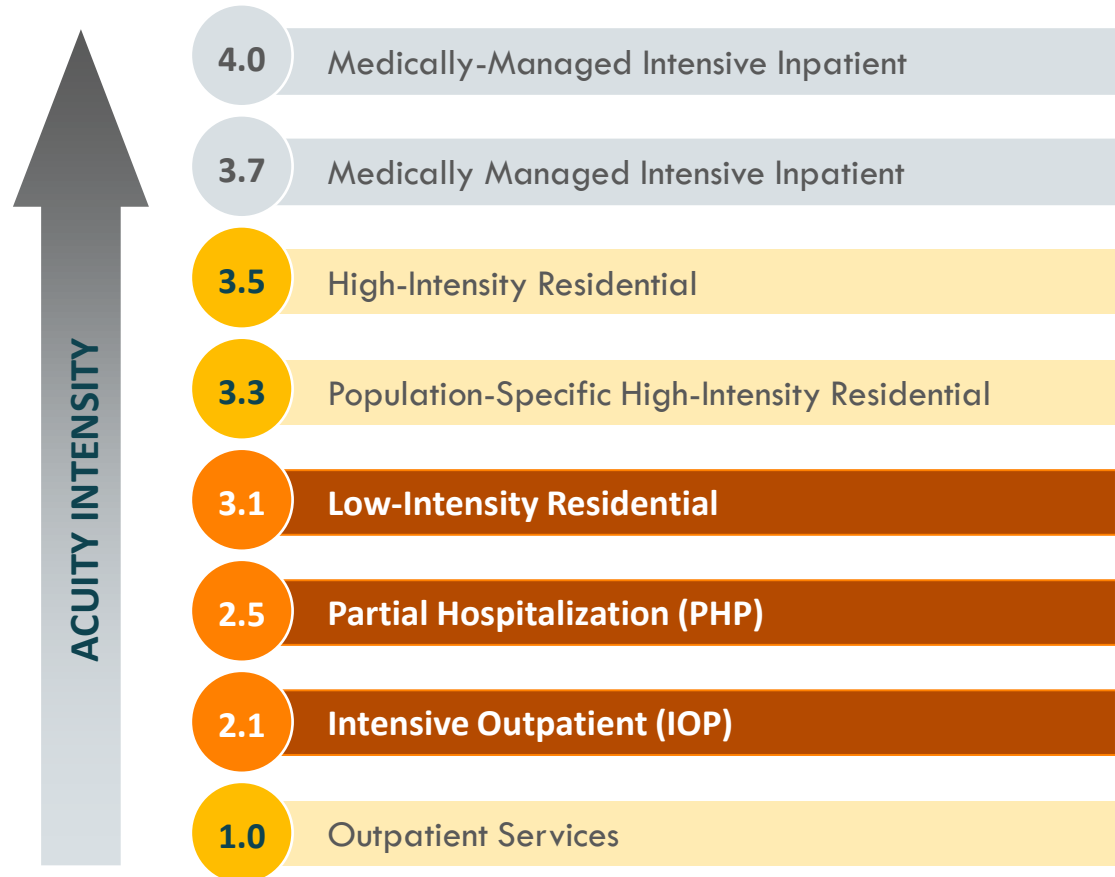
FEF = Family Education Facilitators
IHSD = Integrated Health Service Director

IPT = Psychotherapist
NP = Nurse Practitioner

FST = Family Systems Therapist
MD = Medical Director

Current client focus on 2.1-3.1 ASAM levels

American Society of Addiction Medicine (ASAM) Levels of Care



Aware's Client Focus

- Most clients enter Aware's 52-week program between ASAM 2.1 and 3.1 levels (IOP, PHP and low-intensity residential)
- Aware's intake process identifies clients that should (1) enroll directly into the flagship 52-week program or (2) first require detox treatment prior to enrollment, and initiate a ~1 to 2 week In-Home Withdrawal Management (IHW) program for detox, prior to initiating into the 52-week program
- Aware seeks to discharge clients once they reach the 1.0 level, at program completion
- There are opportunities to build internal capabilities to serve adjacent levels of care, pending clinical delivery capacity

Current Service Footprint

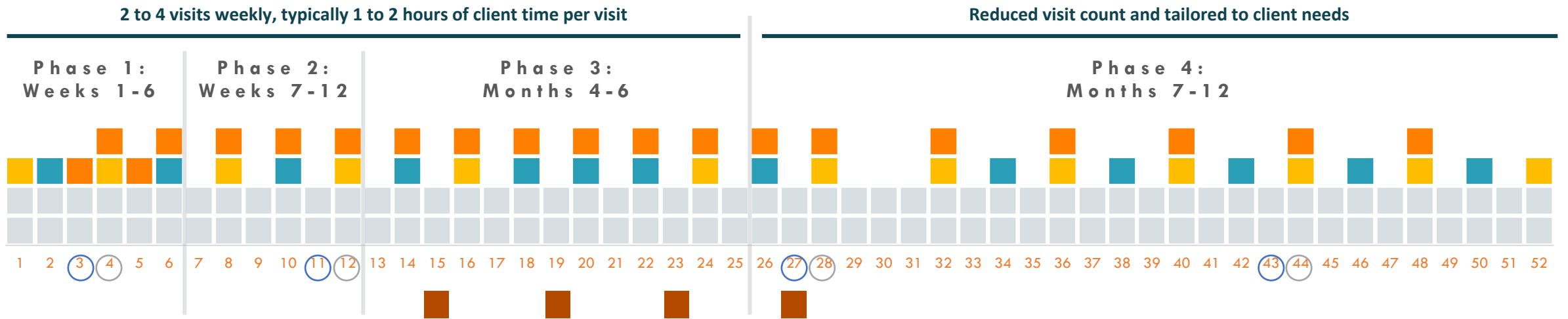
Longer-Term
Expansion Opportunity

Out of Scope

Coordinated treatment through standardized four-phase cadence



~150 Total Visits Over 52-week Program



	Client Focused			Family Focused		
Staff	Certified Recovery Advisor (CRA)	Care Coordinator (CC)	Psychotherapist (IPT)	Family Education Facilitators (FEF)	Family Systems Therapy (FST)	
Visits	~100	~15	~20	~10	<5	○ Care Collaboration Meeting ○ Family Meeting

Medical Oversight Team Provides Incremental Care as Needed for Selected, Higher Needs Clients

Differentiated high-touch medical, behavioral & peer model



High-touch	
Longitudinal	
Fully Integrated	
Proven & Sustained Outcomes	
Broad Inclusion	
Client & Family Engagement	

Peer Group Lacks Aware’s High-touch Longitudinal Model

	Selected Peers	Commentary
Residential		<ul style="list-style-type: none"> Mature universe largely sustained by inertia from established “traditional treatment” options Highly disruptive to family, work, school commitments Treats high acuity target population but for limited duration often without follow-up
Outpatient		<ul style="list-style-type: none"> Wide array of outpatient providers delivering services with little standardization or integration over a limited duration Relative to home-based models, limited clinical capabilities and client flexibility Some individuals do not qualify for these settings
Virtual		<ul style="list-style-type: none"> Over 15k apps for telehealth, virtual MAT clinics and digital therapeutics Significant variability among models – many simply e-prescribe Virtual touch-points result in reach and frequency; but low-touch human engagement limits impact for clients and family

We know **home**: payor contracting framework

Value based – bundled payments

- ✓ Structured monthly **case rate** with a transition after first year to **value-based** contract
- ✓ Higher case rate in **first 3 months** (compared to last 9 months) reflects highest intensity of services provided

Sharing risk/reward

- ✓ If a member doesn't stay **post 14 days** – no billing for services
- ✓ Program cost spread over 12-month period – **monthly billing**
- ✓ Upside reward is **shared savings** in year 2

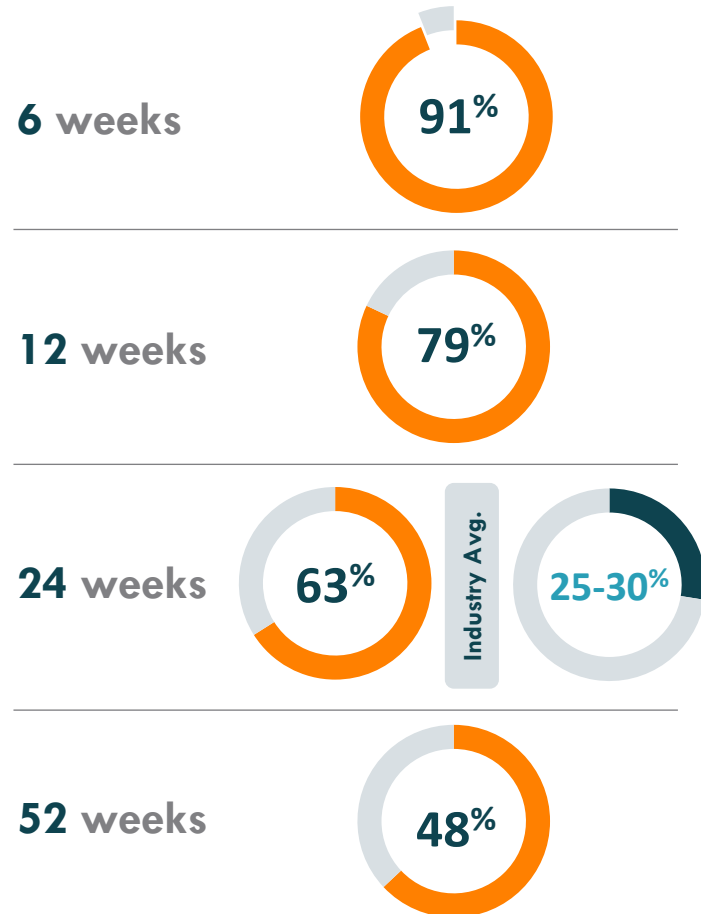
In network payors

15 Value Based Agreement Contracts | 2 National Contracts Pending



Unparalleled outcomes from longitudinal care model

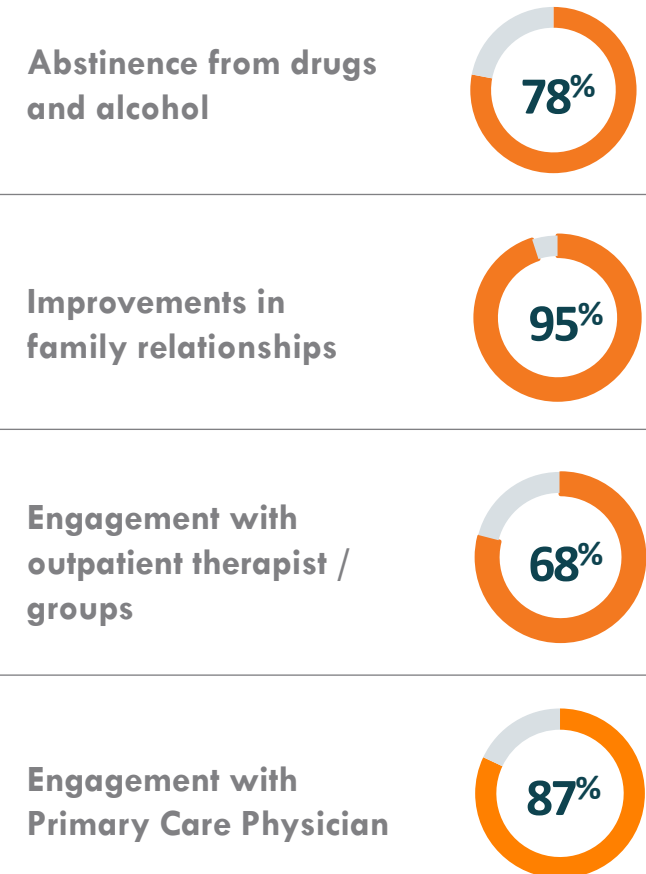
Retention Rates⁽¹⁾



Average length of stay:



Post-Treatment Outcomes⁽²⁾



1) Internal data through Q4 '22; excludes clients not able to complete program due to financial issues, loss of insurance, death, incarceration and moving out of the state as these discharges are unavoidable. Retention rates without exclusions represent 91% after 6 weeks, 78% after 12 weeks, 59% after 24 weeks and 41% after 52 weeks; ALOS without exclusions is 236 days.

2) Client self-reported data 6 months post-treatment; based on internal '17-'19 study

Unparalleled outcomes from **third-party commercial payor claims**

Utilization Reductions of Higher Levels of Care

DURING

ONE-YEAR POST



**61% avg
reduction**



**50% avg
reduction**

IP Admits

66%

54%

ED Admits

48%

35%

PHP Days

71%

64%

IOP Days

59%

45%

**Elevation
Health**

PMPM Total Care Cost Reductions

During

One-year post

Behavioral

2%

(62%)

Medical

(49%)

(8%)

Total

(14%)

(45%)

Note: Data source from 3rd-party claims data from Elevation (CT, NH, ME); IP is defined as inpatient program; ED is defined as emergency department. Represents 3rd-party claims data (including spend on Aware's program) tracked by Elevation for members thru 2021; n=385.

Proven outcomes in managing diverse populations

Utilization of Higher Levels of Care



Commercial – reductions one year post treatment

73% reduction of IP admissions

59% reduction of ER admissions

82% reduction of PHP days

69% reduction of IOP days



Medicaid – reductions one year post treatment

76% reduction of IP admissions

64% reduction of ER admissions

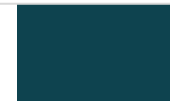
81% reduction of PHP days

56% reduction of IOP days

PMPM Total Care Cost Reductions

Medicaid one-year post

Behavioral



(73%)

Medical



(50%)

Total



(60%)

Aware Historically Managed ~100 NH Medicaid Members with Significant TCOC Reductions and Outcomes Improvements

Note: Data source from 3rd-party claims data from Elevance (CT, NH, ME); IP is defined as inpatient program; ED is defined as emergency department. Represents 3rd-party claims data (including spend on Aware's program) tracked by Elevance for members 2016-2018; commercial lives represents NH clients; Medicaid represents ~100 NH clients

Home IS WHERE
recovery LIVES™

