



Conscious Care Systems

Engineering Eldercare



CCS Overview

1. Market Analysis & Forecast
2. CCS Product & Marketing
 - a. Programs/Objectives/Barriers
 - b. Strategy & Certification
 - c. Technology & Product
 - d. Roll-out & Marketing
 - e. Legislative Initiatives
 - f. Future of LTSS/LTC
 - g. CCS Benefits



Market Size / Forecast

Approximate Figures-

- ❑ **50 Million** Americans receive long-term services and supports (**LTSS**) through nursing homes, assisted living, homecare, adult day services, independent living venues and CCRCs (Continuing Care Retirement Communities).
- ❑ **\$4.3T** 2021 U.S. healthcare costs Exponential growth in long-term care (LTC) 2012-2040, i.e. **“boomer tsunami”**
- ❑ 2021 **\$734B U.S. Medicaid** budget – 2020 LTSS =54%, i.e., \$400B (2024 NY State Medicaid \$34B)
- ❑ **18+%** (31% by 2035! *CBO*) of annual GDP is healthcare spending. Medicaid plus Medicare is **35%** (**\$1.25T**) of all annual healthcare spending and expanding rapidly.



Healthcare Industry Segments

Segment	Description	Population/# Facilities	\$ Annual Revenues
Hospitals	Acute care, Sub-Acute/Rehab	34M Admissions/6K	\$1Trillion
Skilled Nursing Facilities/SNFs	Frail, high ADLs (Activities of Daily Living), &/or dementia	1.4M/1K (\$92K per person) (70% for profit)	\$150B
Assisted Living/AL, Residential Care Facilities (RCFs) or Board & Care/ Adult/Personal Care Homes	Moderate ADLs &/or dementia	AL: 800K/33K (licensed) RCF: 1M/ 30+K (licensed) RCF: (unlicensed - no estimate from HHS, etc.)	AL: \$34B RCF:\$40B TBD
CCRCs / Continuing Care Retirement Communities	Tiered campus, i.e. Independent, Assisted, Memory Care, Skilled Nursing (SNF)	600K /1.9K (25% for profit)	\$10B
Home & Community-based Health Services (HCBS)	In-home health (HHA) & companion services	15M / 35K	\$97B
Adult Day Services	Adult day services	300K / 5K (45% for profit)	\$6.5B
Mental Health Facilities	Inpatient, outpatient, residential, psychiatric	26M / 13K	\$12B - (\$200B - Mental Disorders)
Mentally Ill in Prison	Group homes State & federal prisons	Group Homes - unlicensed 250K est. (See EE II PPT) 1.8M/Male-55% 220K Fem-73%	TBD



The Conscious Care System

- Conscious Care Delivery/LTSS Operations
- Wellness/Prevention/Integrative Medicine
- Life Enrichment/Lifestyle Optimization
- Living Environment/Green Technology
- Sociocratic “Dynamic Governance” System

CCS Programs Provide:

- Wellness & psycho-social, contemplative experiences
- Fiscal stability and profitability for providers
- Enhanced caregiver performance/loyalty/experience
- Highest quality for higher profits

CCS Programs & Protocols See: EEII



CCS Vision

Whole-Life Protocols, Infrastructure, Certification

- Wellness and prevention protocols improve client function and lifestyle, and reduce expenditures
- Dynamic management system results in creative and effective management and *genuine* team spirit
- Life enrichment protocols, green/sustainable living environments, and enhanced psycho-social and cultural experience increase market demand
- Incentivized local community involvement reduces costs and improves health and lifestyle
- Community business hub and CCS revenue strategies/funding streams create new financial opportunities



CCS Wellness & Lifestyle

- In a competitive marketplace, visibly superior Quality of Care/Life services for residents is the *only* effective marketing tool
- Dramatic visual proof of the efficacy of the Conscious Care methodology apparent *in first weeks* of implementation
- Individually tailored lifestyles and delivery of care
- Enriched and dynamic common environments continuously available *and* accessible to residents

See: EEII



CCS Strategy

- ❑ CCS protocols and certification
 - ❑ Ramp up/Market rapidly
 - ❑ Establish industry standard
- ❑ Progressive, full service management
- ❑ Standardized, web-based software

Barriers to Entry

- ❑ Stressed industry & conservatism
- ❑ Up front investment for further software development and company rollout



CCS Certification

New industry standard -

- Guarantees:
 - Optimal care delivery/resident experience
 - Compliance with tougher MDS 3.0* regulations
- Streamlines/codifies care
- Empowers/enriches/engages personnel
- Provides regulatory guarantee for governments
- Increases profits/reduces costs
- Advances LTC investment strategies
(e.g. priority positioning in aging boomer markets)

** Minimum Data Set – Federal Tracking, Regulatory and Reimbursement System*






CCS Software Libraries & Associated Services

 CCS Management, Wellness, & Lifestyle Software Libraries uniformly formatted for licensing to:

-  Multi-Segment Healthcare Companies (See EEII)
-  In Home Health Agencies
-  LTC Software Providers (See EEII)

 CCS Programs & Content

-  Libraries designed for diverse end users/platforms
-  High demand expected via CCS launch
-  No similar or comparable product available



CCS Product Description






- CCS Certification & Quality Assurance Programs
 - Bronze through Platinum Certification levels
 - Extensive, pro-active support and accountability
- Software libraries transportable to all platforms, e.g. handheld/point-of-service terminals
 - Supports training in CCS groundbreaking protocols for LTC management and staff
 - Guides and tracks service performance
 - Provides easy and accurate reporting (MDS, OASIS*)

**OASIS –Home Health Agency Assessment/Compliance Form (Similar to MDS/Minimum Data Set)*



CCS Fiscal Benefits

New CCS Models reduce operational costs in addition to:

-  Increasing or maintaining full *census*
-  Reducing staff *turnover*, absences, injuries and disciplinary action
-  Achieving regulatory *compliance* related to care delivery and quality of life
-  Maintaining or achieving full *staffing quotas*
-  Creation of new *funding streams* (e.g. Cottage industries, Integrative Medicine (IM) modalities as fee for service)

(For more complete list see "CCS Benefits" - Residents, Facility Administration, Direct Service Staff and Local Community)










Cloud Healthcare AI

- Cloud AI hosting of LTC software clients
 - Lower pricing, uniformity of programs/services
 - High value, low-cost security and compliance
 - Enables CCS to provide Module 1-B services, i.e. software deployment, to many clients in year 1 (post 6 month pilot) with emphasis on CCS initial program implementation by in-house personnel
- Cloud AI essential to LTC vendor services
 - software speeds change / Reduces resistance / Provides turn-key operation



CCS & Technology

Eldercare Engineering leverages IT

-  **“CCS Cloud AI”** - Sophisticated, intuitive software embeds CCS protocols, expedites program distribution, improves compliance, reduces costs/increases revenues.
 -  Software as a Service (SaaS) global hosting
 -  LTSS data capture and utilization
-  **CCS Alliance with LTC application software company**
 -  Leading edge product development and distribution
 -  CCS Cloud AI implementation in affiliate’s client facilities
-  **CCS Opportunity** - advanced use of valuable software technology in LTC and other institutional market segments, i.e. beyond nursing facilities (SNFs) and In-Home Health



Market Penetration

- Target U.S. & Canadian LTSS market segments
- Expand abroad & to additional markets
- Establish branding in diverse healthcare sectors
- Market in collaboration with affiliates
- Cloud Ai reduces costs, supports customization
 - Adaptable portal to client's existing system
 - Prescriptive training packages
 - Valuable Bronze-Platinum certification systems



IT Systems Overview




CCS Care Delivery System





Branding

Engineering Eldercare:

-  Pioneering approach to quality care
-  CCS Village/Neighborhood Models
-  Egalitarian values that appeal to baby boomers and elders



Sales Strategy / Revenue Traction

- ❑ Rollout to promote CCS as the only system that satisfies federal Quality of Life & Care mandates
- ❑ CCS outcomes (MDS/OASIS) influence legislation
- ❑ Incentives and high profile for facility/execs
- ❑ LTC industry media advertising / PR campaign
- ❑ Software affiliates provide existing client base

Use of affiliate ISV* sales agents for market penetration across LTSS sectors

* ISV – Independent Software Vendor







CCS Revenue Sources

 LTSS and other market sectors

- **CCS Certification Programs**
- **CCS Management Services**
- **New funding streams,**
(e.g. IM, community/cottage industries)

Payors

-  LTC owners, non-profit institutions
-  Federal and state governments
-  Philanthropies and NGOs
-  Grants and loans



Influence *Quality of Care & Quality of Life* Legislative Initiatives

Investment groups buying large LTC chains often means:

- ❑ Quality declining:
 - ❑ Staff often reduced *below* legal limits
 - ❑ Care delivery budgets slashed
 - ❑ Hidden Ownership and Accountability
- ❑ Additional *government oversight* anticipated
- ❑ CCS Opportunity and Revenue Drivers
 - ❑ Certification process ideal to guarantee compliance, *Quality of Life & Care Delivery*

See: EEII - "CCS's Perfect Storm"



“Conscious Care Systems” Long-Term Care as it *Must* Be

Book by CCS President, Marie Eisele, to be published concurrently with company launch. Serves as blueprint and philosophical vadaation for holistic, codified and easily replicable care delivery systems that guarantee enriched and purposeful lives to residents and their caregivers, and fiscal stability for the LTC industry.



The Future

- The very health of our society depends on how we manage our aging cultures
- Heading off generational war requires out of the box innovation
- Progressive & common sense system
 - Improves client profitability
 - Supports sustainable social infrastructure



Benefits to Clients

Current Situation	New Strategy
Fragmented care delivery systems	CCS systems improve care and efficiency, reduce costs
Complex, burdensome regulations (SNFs & nuclear are the most regulated industries in the world)	Improved care delivery equals compliance, and self-documenting software reduces staffing requirements and manual errors
Invites abuse	Easier to monitor staff <u>and</u> staff empowered to maintain best practices and behavior standards, reduces risk of citations and lawsuits
Oppressive management approach	Management and staff work as one team. Greater innovation and quality increase client demand, including private pay customers
Staff turnover, payment caps, limited opportunity to improve profit	Reduced turnover, incentives to improve payments, other financial growth options through adjunct programs, e.g. upward mobility, new modalities



Additional Benefits

Current	New	Benefit
LTC payment structure incentive is for people to degenerate further	CCS system/ LTC insurance companies etc. create incentives for healthy lifestyles: residents, staff, others	Lower insurance pay-outs, healthy/productive residents & workforce. Lower staff turnover
Federal and state regulations create admin/staff burden	CCS system ensures optimal quality of care & life beyond regulation	Efficient care delivery and less costly care system. Creative solutions including empowerment of workers
Clients unable to advocate for themselves, families often uneducated/ineffective re LTC	CCS system is advocacy-oriented. Staff and others as client advocates	Self-correcting system w/whole life orientation. Improved market reputation & referrals
Resistance to change in rapidly changing environment	CCS empowerment and motivational programs shift admin and staff attitudes	Adaptability and creativity foster innovation, productivity, and solutions
Focus on clinical needs but w/ poor results. Poor quality of life is ubiquitous	Focus on quality of care delivery <u>and</u> quality of life with paradigm-wide protocols	Content, comfortable, and inspired residents and staff. Increased profits, improved reputation and census



Engineering Eldercare II Follow-Up Presentation

Contents:

CCS Programs
Dynamic Governance
CCS Opportunity “The Perfect Storm”
Healthcare Costs
Competition
CCS Administration/Management
IT/Software Development
CCS Book, TedMed, “19, 20, 21” etc.
Partners and Affiliates
Personal Transformation Programs
Mental Health Facilities
CCS Cartoons