

The State of My25

Mainstay's My25 Programs & How You Compare

Many of you have asked for benchmarking—comparing your My25 progress to outcomes across the U.S. among other leading providers. Requests for the following information have increased of late as a result of the value-based reimbursement/health outcomes drumbeat; the greater presence of MCOs intent on driving quality up and costs down; and attractive grant awards other providers and their Development efforts are securing as a result of My25 and associated, improving health and expenses. We're pleased to start supplying this beneficial information and are happy to talk further at any time, one-on-one, about what we share on the following pages.

Included in this report are the following sections, which contain a summary of outcomes we facilitate and you have indicated as priorities for your organization.

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Mainstay's My25 programs facilitate health, quality and financial outcomes regarding people with disabilities supported in waiver, ICF, independent living and home-based settings. Our resources and efforts elevate choice and education/training surrounding preventive health for individuals served, staff, and family members. My25 streamlines menu planning, grocery shopping and recipe prep while reducing expenses related to acute care, medication usage, food, labor, and PRNs.



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Brief Overview

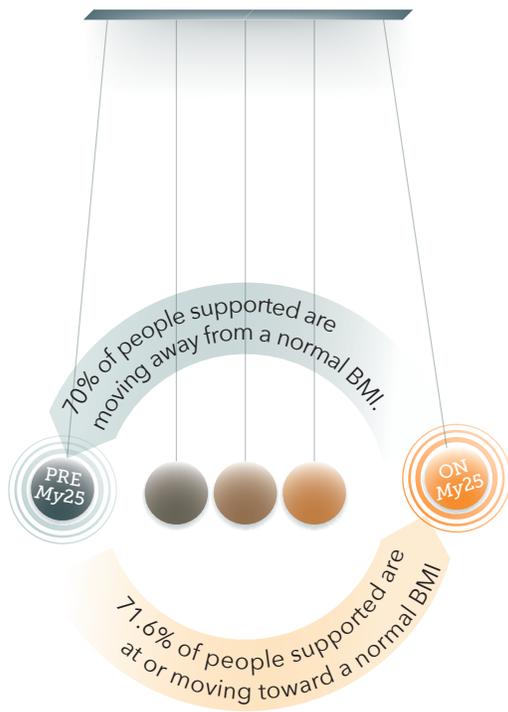
We've recently formalized our quarterly review process with all Mainstay/My25 customers. As you may know, we now partner with providers and state disabilities services in 30 states—from Alaska to Connecticut—serving people with IDD, TBI, SPMI, and behavioral challenges.

At least every three months, we proactively check in with—depending on the type of setting—house managers, DSPs, people supported and family members to make customized adjustments to each set of My25 resources we are supplying (no two settings have similar menus, as an example) and to learn the status of the improvements we're facilitating together—what we call “the big 5” around here: choice, health, quality, expenses, and ease of use. Inbetween these quarterly indepth calls, we are also continually engaged in conversations with settings regarding requested menu changes, so that we are persistently addressing choice and evolving health needs at no additional charge.

The State of My25 shows our recent round of data and information collection on an average basis (unless noted otherwise) throughout the nation. As we continue to elevate our efforts, and our partners (you!) enhance the robustness of information flow in to us, you will see even more useful data and tracking. Internally, we use the specifics to finetune supports for each setting we work with to keep maximizing outcomes.

The data in this report reflects our My25 Choice program that includes:

- Choice-based menu plans delivered weekly and cycling new every 35 days that are customized for the individual routines of each setting and for each individual—their food likes/dislikes/dietary needs, no matter how complicated, such as for GERD, lactose intolerance, diabetes, dysphagia, ESRD, allergies, etc.
- Daily Prep Instructions to streamline mealtime and assist those less experienced in the kitchen
- Corresponding, weekly grocery shopping list with estimated expense
- Corresponding, weekly Therapeutic Report outlining appropriate portions for each consumer
- Corresponding, weekly Nutrition By Daypart Report for the setting



Health

Pre My25

70% of people supported are moving away from a normal BMI.

8 months on My25

71.6% of people supported are at or moving toward a normal BMI.

Substantial improvement is being reported regarding A1C levels, blood pressure readings and waist/hips ratios. We look forward to providing enhanced, specific trends in future reports regarding these additional health parameters.

Along with our astute partners, we are dedicated to stemming the unnecessary and highly elevated incidence of costly overweight conditions and chronic illnesses such as diabetes.

Expenses



- Grocery bills, post My25, have reduced an average of 11.7%.
- The average per person per day grocery store expenditure for all meals, snacks, and beverages among providers most intent on lowering food cost is \$3.69. Further, due to the accountability in place as a result of the My25 grocery shopping list, providers note a marked reduction in backdoor shrinkage of food items.

My25 menus are created by our nutrition experts long experienced at tailoring budget-wise mealtime resources for people with disabilities/inexperienced staff and our full-time chef, a graduate of one of the top culinary schools in the country.

- PRNs for insulin, prune juice/stool softeners, and analgesics show decreases that range between 10 to 85%. The variation is largely due to the level of pre-My25 health status.
- Labor. We are increasingly being informed by providers that labor cost reductions alone are paying for their My25 program. Labor expenditures are coming down as a result of My25's streamlined menu planning, mealtime preparation, and grocery shopping system. Further, the improved health and reduced acute care needs for people supported are playing a material role in labor hour reductions. Healthier individuals need to stay home during the day less often and require fewer trips to the doctor and emergency room. As ED's often share with us: "Healthier consumers always means lower expense."
- While we're working with states and MCOs to pinpoint acute care and medication savings, we do not yet have enough data to provide statistically significant averages at this time. We do know, however, that based on national statistics regarding improvement to health status as a result of diminished obesity and diabetes, savings are tremendously significant and, as a result, funders are hard driving improvements, like My25, in these areas.

80% of the most expensive chronic conditions (such as diabetes) are preventable. Medical expenditures for people with diabetes are approximately 2.3 times higher than for those without diabetes. The risk of developing comorbid disease is often as much as 12 times greater for an overweight person.

Licensure

Time and again we are told by providers that for the first time ever, Licensure is favorably impressed and complimentary regarding their mealtime system and process as a result of My25. Most often praised by Licensure regarding My25:

- Menus, specifically: choice-based robustness; healthy options; variety; and cycling new every 35 days
- Associated resources such as the Daily Prep Instructions, Therapeutic Report (portioning recommendations by consumer), Nutrition By Daypart Report, and grocery shopping list
- Helpful guidelines regarding safe mechanical soft preparation, including enhanced variety of foods/suggestions for individuals with dysphagia
- A veteran Licensure overseer recently noted, and this is the direct quotation shared with us,

“My25’s Bump-Up-Veggie-Flavor Chart is the best mealtime resource I’ve ever seen in any group home setting.”



Choice

Assigning a numeric outcome tally to choice is challenging (but we’re working on it!). At this time, however, we would like to share direct comments regarding choice provided to us by house managers and DSPs utilizing the My25 program.

“Choice used to mean what staff decided to make or not make. I mean really.”

“Responsible choice does work when consumers get involved and get to choose from tasty, healthy options.”

“Milks. Just look at how you guys [My25] point out who gets skim, whole, and 2% each and every day for each and every meal. Beautiful.”

“Our consumers are making choices about how to flavor vegetables with your Bump-Up-Veggie-Flavor Chart, so broccoli tastes good and isn’t getting thrown into the garbage anymore.”

Dietitians

We work collaboratively with many dietitians. Post My25, these professionals are more fully focusing on those most medically compromised, staff training, and fulfilling reporting necessities.

There is less time being dedicated by dietitians to menu creation and associated mealtime supports that, in a majority of cases, haven’t been effective for a long time. (People with disabilities currently experience 2 to 3 times the mainstream rates of overweight conditions and diabetes.)

My25 and its tailored arsenal of resources are able to accomplish what dietitians, despite much dedication and many earnest efforts, are not able to achieve effectively on their own:

1. Tailoring of menus for individuals and individual settings to promote choice and address dietary/health/budget needs/preferred routines
2. Cycling new menus every 35 days to reflect evolving food choices/needs, the season, and celebrations on the calendar
3. Providing grocery shopping lists (associated with choice-based menus) with estimated costs to streamline the mealtime process, control expense and embed accountability, and expedite shopping trips
4. Supplying individual portioning guidelines associated with the menus
5. Outlining nutrition by daypart which is useful for a variety of purposes including for Licensure and other regulatory overseers

What We Know & Certify Daily



- Improved health is at the crux of value-based reimbursement, overall enhancement of life, and reduction of expenses for the vital population of people with disabilities.
- Involving people supported in menu planning and meal prep is central to getting on board with eating better. “When you make it, you own it.”

This is a key reason My25 provides a number of multi-media resources to facilitate independent living skills development, confidence in the kitchen, and socialization/community engagement surrounding nutritious foods and a healthy lifestyle.

- The poor, current health status for a majority of people supported, along with associated costly care, is not related to the disability, but is simply a result of eating the wrong foods in the wrong amounts.
- Funders are tapped out and the slippery slope they have been on is unsustainable: funding non-nutritious foods and then the resulting, poor health of people supported. (The disconnect is a primary catalyst behind value-based reimbursement.)
- Choice is increasingly and squarely moving in the direction of “responsible choice.” More and more often, it is unacceptable to use choice as an excuse that allows people to eat themselves into life-threatening, highly expensive illness.
- Food is the key driver behind preventive health for most anyone.
- Nutritious food doesn’t have to cost more than less nutritious options.
- Physical activity is more likely to be engaged in once a healthy weight status has been achieved. Given that it takes an hour of vigorous walking to burn off a can of soda pop, physical activity is most realistically beneficial for optimizing cardio, flexibility and balance needs rather than critical weight loss.

Eat Better ➡ Healthy Weight Status ➡ Physical Activity



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