

# Extraordinary Health, Financial & Quality Outcomes for Providers and People with I/DD in Waivers & ICFs



Based on USDA-backed trials and nationwide commercialization over the past several years, the following outcomes typically result from an easy-to-implement My25 activation . . .

**My25 improves the health and choice of people supported and streamlines the day for busy DSPs and provider managers while reducing food, labor, PRN/prescription medication, and medical care costs.**

Watch a brief story about My25 outcomes by clicking [here](#).

**My25 current provider clients:**  
national, regional, for-profit and non-profit

**My25 team:** I/DD industry, preventive health, nutrition, culinary & technology professionals



## HEALTH

There is a substantial reduction in underweight and overweight status and associated chronic conditions, such as diabetes, for a majority of people supported.

- Within 6 months of My25 start, 50% of people supported are at or moving toward a normal BMI.
- Within 18 months of My25 start, 70% of people supported are at or moving toward a normal BMI.

Medication usage and medical/critical care needs & ER visits decrease significantly.

## PRN & PRESCRIPTION MEDICATIONS

As nutrition and health improve, a majority of people supported reduce—or completely eliminate—their reliance on PRNs such as Colace and prescription medications for diabetes and hypertension. These positive changes start to occur within the first three to six months of a My25 implementation.

## FOOD

Food expense reduces by approximately 15 to 20% per residential setting—typically starting within the first two months of a My25 implementation. My25 achieves such impact in two ways: 1) By helping DSPs and managers streamline and improve menu planning, grocery shopping, recipe prep, associated education/skill building, and oversight. 2) By customizing menus to individual consumer needs/likes/dislikes and individual residential settings—no matter how unique or complicated, such as for GERD, lactose intolerance, diabetic and mechanical soft needs. All while choice, taste, variety, seasonality and filling, healthy meals elevate.

## LABOR

Labor efficiencies occur as a result of My25's streamlined mealtime system. Further, due to improved health, consumers stay home during the day less often and require far fewer critical care visits; extra-care supervision, frequently clocked in as overtime pay, is reduced.

## ADDITIONAL FOR THE PROVIDER & PEOPLE SUPPORTED

- Quality & length of life, mealtime involvement, and independent living skills escalate for consumers.
- Mealtime consistency, ongoing beneficial nutrition, and accountability are established as the norm—no matter how much staff inexperience or turnover.
- Outside surveyors are not only satisfied, but impressed.
- Staff starts to improve their own health, as well.
- Provider dietician and nurse are utilized more effectively.
- Organizational image and culture elevate as health leadership and increased operational and financial robustness take hold.



"My25 is foolproof; such innovation is unusual—but vital—in the I/DD provider space."



**My25 fills longstanding, costly support gaps by delivering health, quality and financial upside that materially benefits the provider, people supported, managed care, CMS and state I/DD services.**

## Longstanding, Costly Support Gaps and Compelling Information . . .

- While making some earnest attempts over the years, a majority of providers still do not have a system in place to ensure ongoing, beneficial nutrition and preventive health for a majority of people supported in waivers and ICFs. Similarly, there is a persistent void regarding staff experience, training, and accountability as far as mealtime and nutrition-related responsibilities.
- People with I/DD constitute 1% of the Medicaid caseload and 11% of Medicaid's expenses—a significant percentage of spending is due to unnecessary poor health. Funders are on a slippery slope of bankrolling non-nutritious food and then resulting illness.
- People with I/DD experience 2 to 3 times the mainstream rates of diabetes & obesity. Pre-My25, 70% of people supported are at or moving toward an unhealthy status. (Healthy status is defined by normal: weight, A1C level, blood pressure reading, and/or waist-hips ratio.) For a majority of these individuals, the root cause is simply related to eating the wrong foods in the wrong amounts.
- Medical expenditures for people with diabetes are approximately 2.3 times higher than for those without diabetes.
- The risk of developing comorbid disease—such as diabetes, cardiovascular conditions, osteoarthritis, cancer, gastrointestinal complications, and depression—is often as much as 12 times greater for an overweight or obese person.
- The most significant, and economically-feasible, factor contributing to healthy weight status is eating the right foods in the right amounts. 80% of the most expensive chronic diseases (such as diabetes) are preventable, largely as a result of healthy weight status.
- Food expense is at least 15 to 20% elevated in a majority of waivers & ICFs due to poor menu planning; staff inexperience and turnover; the use of old, recycled menus; catered meal delivery services; habitual processed-food purchases; waste; and/or backdoor shrinkage.
- Routine physical activity is more likely to be pursued when an individual is at or moving toward a healthy weight status.



My25 is powered by Mainstay, Inc.

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