

# Executive Summary

## Opportunity

### Problem

Modelled on Government funding

- the level of Care supervision is typically inadequate to satisfy the expectations of clients in the High Net Worth market and the
- care is too narrow in focus for this market.

### Solution

We will deliver a better health outcome and in-home experience because of our expert supervision/clinical care and superior care staff.

Efficient low-cost technology will minimise our overheads allowing us to deliver the high levels of clinical care that will distinguish us from our competitors.

### Market

#### Our Clients

- Are self-funded and therefore more affluent but also could be recipients of “lump sum” disability insurance payouts.
- They are not just the “rich and famous” but scattered across the Sydney basin
- The growing market requires wider and often more complex health solutions in-home.
- Largely ageing related care but also other “high touch” health and life related services

#### Our Market Segments

**Care for Life**      Debilitating Diseases and Disabilities (eg acquired Brain and Spinal Injury)

**Aged Care**      Diseases - Dementia, Strokes, Parkinson's and all that that ageing entails

**End of Life**      Palliative - Disease, Ageing or injury related

### Competition

There is significant competition in the market but we believe our professional approach and reputation and the size of the market will allow us to find a niche that delivers adequate returns.

We have an existing set of clients and channels that fully understand our abilities and our offering and its level of professionalism and care which distinguishes us from other providers.

We wish to compete in the boutique end of the market not seeking to take on the volume and larger faith-based providers even though it is fashionable for them to have a Private arm to their business. By being boutique, we believe we will establish a loyal following.

While we will not be a lower priced operator nor seeking to play in that space our commitment to efficient systems and lower cost technologies consistent with our size will allow us to provide the highest levels of service and remain competitive while still delivering satisfactory profit to the owners and stakeholders.

## Why Us?

Home Wise Health is not just another care worker "body shop". There are "carer" hire platforms available for those that wish to select and supervise their own carers and manage the issue of leave and sickness etc themselves.

We provide a total health management service with oversight by our trained nurses that have a strictly limited groups of clients to manage.

We are not seeking to be the lowest cost provider in the market but the most professional and caring, delivering the best health outcomes for our clients.

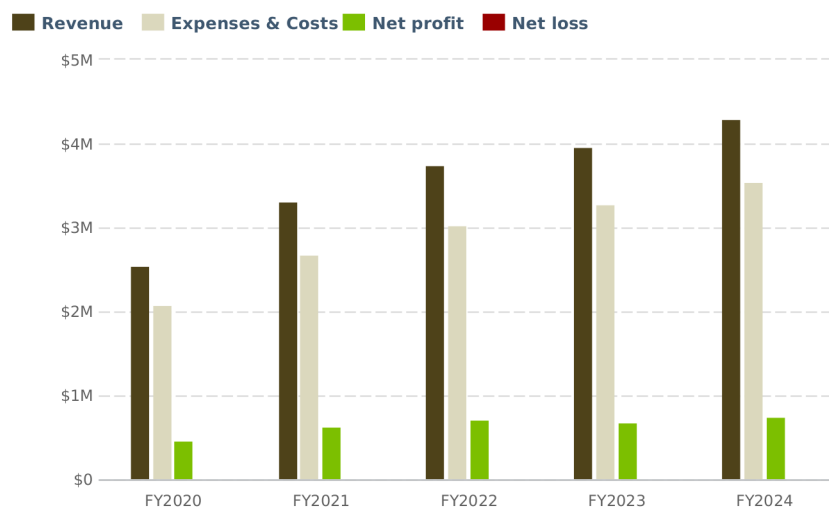
Having many years' experience delivering these services we know health management is not easy and the dynamics surrounding aging, the unwell and dying and the attendant emotions of all concerned with their various conflicting interests makes for an often challenging environment. It is more of a vocation or even calling than a job and we select Staff for whom this is their story.

This is why our nurses, the "Clinical Care Managers" are of the highest order. These technology savvy Florence Nightingales become the cornerstone of our client's care, constantly aware of life's changing circumstance and their client's condition.

## Expectations

### Forecast

#### Financial Highlights by Year



### Financing Needed

It is anticipated that it will take as much as 60 days prior to collecting cash from invoices delivered in the first week on the second month of service.

On this basis the planned cash requirements will be sufficient to cover 90 days of expenses.

# Opportunity

## Problem & Solution

### Problem Worth Solving

There is a large and growing market for service providers of in-home care which has attracted large corporate and faith based organisations. This care is largely funded or supplemented by the government.

The nature of this funding, given it is taxpayer money, means that it only fund people's care at home for up to 15 hours per week at which time they need to move to an aged care facility failing any other support.

Studies have shown they people do live and feel better living in their homes and so for those that have the financial capacity being cared for at home is desirable.

HomeWise Health has been founded to address the market of those, either they or their families, that can afford to stay in their homes and to build a reputation as the most respected provider in this market.

### Market Size & Segments

There is a large and growing market for the provision of in-Home care.

HWH will target the traditional High Net Worth clients that live primarily, but not exclusively, in the North Shore and the Eastern Suburbs.

We will target.

<b>Care for Life</b>	Debilitating Diseases and Disabilities (acquired Brain and Spinal Injury)
<b>Aged Care</b>	Diseases - Dementia, Strokes, Parkinson's and all that that ageing entails.
<b>End of Life</b>	Palliative - Disease, Ageing or injury related.

### Our solution

We will attract the best of in-home carers and case managers/clinical coordinators so that we can deliver the highest level of quality service.

To attract the best care givers and managers we will be recognised as paying for performance and providing a superior working environment.

Where possible we would like our staff to share in our success.

We will operate a highly efficient back-office to ensure we maintain pleasing margins such that we never prejudice the quality of care.

We will work in a limited geography and demographic restricted initially to the North Shore, the Eastern Suburbs and perhaps The Hills.

### Pricing

We will be priced nearer the top of the market selecting the High Net Worth or Compensatory clients.

It may be determined based on a standard uplift on Government gazetted rates. Perhaps we will look at taking the NDIS High Intensity care rates and adding a suitable uplift, say 20%.

A review of the latest Level 3 NDIS Rates for FY19 shows that a 12.5% premium would probably work as a proxy for building a rate table.

## Target Market

Customers will initially come from the existing disaffected clients as it seems that there are sadly a number of clients as disaffected as the staff that are leaving their previous employer.

These consist of those that will leave in the

- First Quarter
- Second Quarter and
- the second Half Year

New Business clients will come from

- Qualified Internet Inquiries
- Our Traditional BD sources viz Discharge Planners, GPs and Rehab Hospitals and
- Referrals

## Competition

### Current alternatives

There are several competitors in this market, but we believe that the market is sufficiently large to support another entrant particularly when Private Care will become dysfunctional.

### Our advantages

Best Clinical Coordinators and

Best Staff

# Execution

## Marketing & Sales

### Marketing Plan

### Sales Plan

Refer to the Financial Models

## Operations

### Locations & Facilities

We will initially work out of home and when needs be hiring a meeting space at the Gordon Business Centre.

The software acquired for the business will be internet based and suit remote working conditions.

### Technology

### Equipment & Tools

## Milestones & Metrics

### Milestones Table

Milestone	Due Date	Who's Responsible	Details
Member Meet Up	Completed		Meet up at the Greengate Hotel - Killara with interested parties and partners
Client Acquisition Plan	Completed	Caroline, Katie & Will	Short Medium and Long-term transition predictions completed.
Branding Style Guide Finalised	Completed	Katie, Web Designer	Colour palette & fonts for initial designs.
Software Infrastructure Review	Completed	Sally & Will	To ensure this becomes a low cost efficient business it is essential that the correct software is selected, software that, hopefully, integrates together.
Agree Financial Plan	Completed	Katie & Will	Complete the Financial Plan and obtain team agreement particularly on the key drivers and client acquisition targets that support the headcount plan.
Sign up first tranche of Carers	Completed	Katie Nesbitt	Carers for Wheeler sign up
Present Top 3 Branding Assets	Completed	Katie, web Designer	Logo Design, Website Home Page & Business Cards as the basis for entire asset base.
Design and Launch Web Presence	Completed	Will & Katie	Select a Web design tool and build the web presence. Once this is ready for launch we will also build the Facebook presence.
On-Board First Client	Completed	Katie Nesbitt	It is likely that Marcia Wheeler will be the first client
Soft Launch - Staff and friends	Completed	Katie Nesbitt	
Christmas Party	December 12, 2019	Caroline & Katie	Booked the Greengate Terrace Room and notified staff seeking RSVPs due the week before to ensure we have adequate catering.
BD Event - New Year Kick Off	January 30, 2020	Caroline	A BD event for our channel partners and others

# Company

## Overview

### Ownership & Structure

HWH will be established as a Pty. Ltd. company with the initial founders as shareholders.

At this stage it is anticipated that there will be three founders.

It may be that a small percentage of equity is set aside for staff to recognise long term strong performance and/or future ownership.

### Company history

The company was incorporated on 05th April 2019.

## Team

### Management team

The Management Team will make up the initial founders viz

Katie Nesbitt - Field and Back Office Management

Caroline Rigby - Clinical and Sales Management

Will Holmes a Court - General Management

Clinical/Case Managers and others will be added as business demand driven by client volumes or expectations of new clients.

### Key planned hires

We will identify the key field staff

### Advisors

Have appointed Victor Wilden-Constantin as Accountant and Adviser.

### Partners & Resources

There will be growing number of businesses and individuals with whom we will partner as the needs arise.

We will need to identify a provider that services the Government Home Care Packages to whom we can outsource HCP Administration.

In addition, we will add providers of related services that are not covered currently by our nurse or carers. eg Physio, Occupational Therapy, Podiatry etc.

# Financial Plan

## Forecast

### Key assumptions

There is an ongoing and perhaps, with the increasing longevity of an aging population, an increasing need for support at various level of people wishing to remain in their homes when dealing with illness and other aged and disability related incapacity's.

It has been well established that people usually prefer and prosper when they are able to remain at home in their aging years or if incapacitated in some way to live at home rather than in a facility.

Providers of In-Home care often only provide the care staff with little to no clinical oversight. The appropriate clinical oversight delivers greater levels of client satisfaction.

The major market resistance to using in-home care is financial. There is however a high net worth market or those with insurance payouts or at time Government assistance that can access such care.

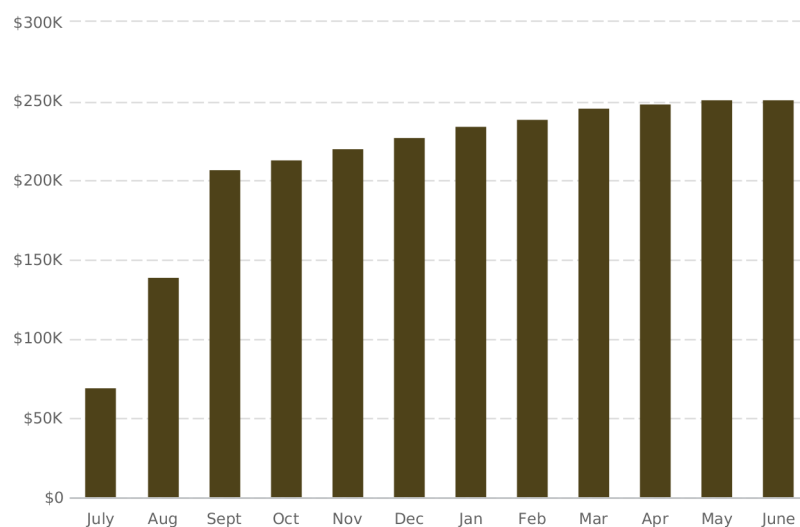
An impediment to business success is the lack of suitably qualified staff and to attract such staff requires a premium further reducing potential margins.

The addition of clinical oversight reduces the available margin and as such requires the business to find other efficiencies.

New players have successfully entered the market and there is an expectation that some of the existing clients will wish to migrate because of the strong relationships and others, as they find their level of care deteriorating and their overall experience diminishing, will migrate over time.

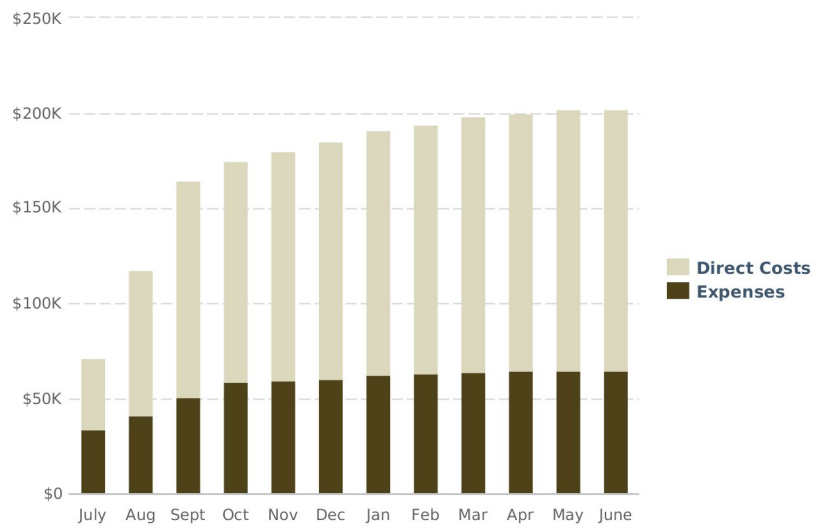
The initial client base will determine the required staffing levels and the quicker new clients come aboard the quicker the company can grow.

### Revenue by Month





### Expenses by Month



	Starting Balances	FY2020	FY2021	FY2022	FY2023	FY2024
Cash	\$75,000	\$301,694	\$596,010	\$915,984	\$1,238,883	\$1,627,279
Accounts Receivable	\$25,000	\$125,781	\$138,584	\$156,738	\$165,200	\$179,159
Inventory						
Other Current Assets	\$8,640	\$0	\$0	\$0	\$0	\$0
Total Current Assets	\$108,640	\$427,475	\$734,594	\$1,072,721	\$1,404,082	\$1,806,438
Long-Term Assets						
Accumulated Depreciation						
Total Long-Term Assets						
Total Assets	\$108,640	\$427,475	\$734,594	\$1,072,721	\$1,404,082	\$1,806,438
Accounts Payable	\$75,000	\$0	\$0	\$0	\$0	\$0
Income Taxes Payable		\$55,912	\$59,655	\$68,015	\$64,874	\$70,767
Sales Taxes Payable		\$585	\$780	\$975	\$1,131	\$1,300
Short-Term Debt	\$30,078	\$33,227	\$36,695			
Prepaid Revenue						
Total Current Liabilities	\$105,078	\$89,724	\$97,130	\$68,990	\$66,005	\$72,067
Long-Term Debt	\$69,922	\$36,695	\$0	\$0	\$0	\$0
Long-Term Liabilities	\$69,922	\$36,695	\$0	\$0	\$0	\$0
Total Liabilities	\$175,000	\$126,419	\$97,130	\$68,990	\$66,005	\$72,067
Paid-In Capital	\$0	\$0	\$0	\$0	\$0	\$0
Retained Earnings	(\$66,360)	(\$166,360)	\$1,056	\$287,464	\$653,731	\$988,077
Earnings		\$467,416	\$636,408	\$716,268	\$684,346	\$746,293
Total Owner's Equity	(\$66,360)	\$301,056	\$637,464	\$1,003,731	\$1,338,077	\$1,734,371
Total Liabilities & Equity	\$108,640	\$427,475	\$734,594	\$1,072,721	\$1,404,082	\$1,806,438

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## Projected Cash Flow Statement

	FY2020	FY2021	FY2022	FY2023	FY2024
<b>Net Cash Flow from Operations</b>					
Net Profit	\$467,416	\$636,408	\$716,267	\$684,346	\$746,294
Depreciation & Amortization	\$8,640				
Change in Accounts Receivable	(\$100,781)	(\$12,803)	(\$18,154)	(\$8,462)	(\$13,959)
Change in Inventory					
Change in Accounts Payable	(\$75,000)	\$0	\$0	\$0	\$0
Change in Income Tax Payable	\$55,912	\$3,743	\$8,360	(\$3,141)	\$5,893
Change in Sales Tax Payable	\$585	\$195	\$195	\$156	\$169
Change in Prepaid Revenue					
<b>Net Cash Flow from Operations</b>	<b>\$356,772</b>	<b>\$627,543</b>	<b>\$706,669</b>	<b>\$672,899</b>	<b>\$738,396</b>
<b>Investing &amp; Financing</b>					
Assets Purchased or Sold					
<b>Net Cash from Investing</b>					
Investments Received					
Dividends & Distributions	(\$100,000)	(\$300,000)	(\$350,000)	(\$350,000)	(\$350,000)
Change in Short-Term Debt	\$3,150	\$3,468	(\$36,695)		
Change in Long-Term Debt	(\$33,227)	(\$36,695)	\$0	\$0	\$0
<b>Net Cash from Financing</b>	<b>(\$130,078)</b>	<b>(\$333,227)</b>	<b>(\$386,695)</b>	<b>(\$350,000)</b>	<b>(\$350,000)</b>
Cash at Beginning of Period	\$75,000	\$301,694	\$596,010	\$915,984	\$1,238,883
Net Change in Cash	\$226,694	\$294,316	\$319,974	\$322,899	\$388,396
<b>Cash at End of Period</b>	<b>\$301,694</b>	<b>\$596,010</b>	<b>\$915,984</b>	<b>\$1,238,883</b>	<b>\$1,627,279</b>

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