REHABCARE GROUP INC Form 425 May 12, 2011

1 Investor Presentation
Kindred Healthcare, Inc. (NYSE: KND)
May 12, 2011
Filed pursuant to Rule 425 under the Securities

Filed pursuant to Rule 425 under the Securities Act of 1933 and deemed filed

pursuant to Rule 14a-12 under the Securities Exchange Act of 1934

Filing Person: Kindred Healthcare, Inc. Commission File No.: 001-14057

Subject Company: RehabCare Group, Inc.

Commission File No.: 001-14655

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Forward-Looking Statements
Additional
Information
About
this
Transaction

In connection with the pending transaction with RehabCare Group,

Inc. (RehabCare), Kindred Healthcare, Inc. (Kindred) has filed with the Securities and Exchange

Commission (the SEC) a Registration Statement on Form S-4 (commission file number 333-173050) that includes a joint pralso constitutes a prospectus of Kindred. The registration statement was declared effective by the SEC on April 26, 2011. Kin joint

proxy

statement/prospectus

to

their

respective

stockholders

on

or

about

April

28,

2011.

WE

URGE

INVESTORS

AND

SECURITY

HOLDERS

TO

READ

THE

JOINT

PROXY

STATEMENT/PROSPECTUS

REGARDING

THE

PENDING

TRANSACTION

BECAUSE

IT

CONTAINS

IMPORTANT

INFORMATION.

You may obtain a free

proxy statement/prospectus and the other documents filed by Kindred and RehabCare with the SEC may also be obtained for f www.kindredhealthcare.com

and

clicking

on

the

Investors

link and then clicking on the link for SEC Filings

or by accessing RehabCare s website at

www.rehabcare.com and clicking on the Investor Information

link and then clicking on the link for SEC Filings .

Participants
in
this
Transaction
Kindred, RehabCare and their respective directors, executive officers and certain other members of management and

Kindred, RehabCare and their respective directors, executive officers and certain other members of management and employed respective stockholders in favor of the pending transaction. You can find information about Kindred s executive officers and statement/prospectus. You can find information about RehabCare s executive officers and directors in its amended Form 10-l can obtain a free copy of these documents from Kindred or RehabCare, respectively, using the contact information above.

Forward-Looking

Statements

Information set forth in this presentation contains forward-looking statements, which involve a number of risks and uncertaintithat

any

forward-looking

information

is

not

a

guarantee

of

future

performance

and

that

actual

results

could

differ

materially

from

those

contained

in the forward-looking

information. Such forward-looking statements include, but are not limited to, statements about the benefits of the business cor RehabCare,

including

future

financial

and

operating

results,

the

combined company s plans, objectives, expectations and intentions and other statements that are not historical facts.

The following factors, among others, could cause actual results to differ from those set forth in the forward-looking statements regulatory approvals and the satisfaction of the closing conditions to the acquisition of RehabCare by Kindred, including approstockholders of the respective companies, and Kindred s ability to complete the required financing as contemplated by the finintegrate the operations of the acquired hospitals and rehabilitation services operations and realize the anticipated revenues, expenditurity gains in connection with the RehabCare acquisition and any other acquisitions that may be undertaken during 201 potential for unanticipated issues, expenses and liabilities associated with those acquisitions and the risk that RehabCare fails to

targets; (c) the potential for diversion of management time and resources in seeking to complete the RehabCare acquisition and
failure to retain key employees of RehabCare; (e) the impact of Kindred s significantly increased levels of indebtedness as a r
Kindred s funding costs, operating flexibility and ability to fund ongoing operations with additional borrowings, particularly i markets;
(f)
the
potential
for
dilution
to
Kindred
stockholders
as
a
result
of
the
RehabCare
acquisition;
and
(g)
the
ability
of
Kindred to operate pursuant to the terms of its
debt obligations, including Kindred s obligations under financings undertaken to complete the RehabCare acquisition, and the
master lease agreements with Ventas, Inc. (NYSE:VTR). Additional factors that may affect future results are contained in Kir
obligation to update and revise statements contained in these materials based on new information or otherwise. which
are
available
at
the
SEC s
web
site
at
Many of these factors are beyond the control of Kindred or RehabCare. Kindred and RehabCare disclaim any
сору
of
the
joint
proxy
statement/prospectus
and
other
related
documents

filed by

Kindred and RehabCare with the SEC at the SEC s website at

The joint

www.sec.gov.

www.sec.gov.

3 Kindred Overview

4
706
(3)
sites of service,
313
facilities
in

40 states 56,700 (3) dedicated employees,

making Kindred

a top-200 private

employer in

the U.S.

(4)

34,400

(3)

patients and

residents

per day

\$4.5 billion

(2)

consolidated

revenues

Largest Diversified Post-Acute

Provider in the United States

(1)

- (1) Ranking based on revenues.
- (2) Revenues for the twelve months ended March 31, 2011.
- (3) As of March 31, 2011.
- (4) Ranking provided by TMP, Inc.

5 5 \$2.0 billion revenues HOSPITAL Long-term Acute Care Hospitals Largest operator

in U.S. 89 hospitals with 6,889 licensed beds \$2.2 billion revenues Third largest nursing center operator in U.S. 224 nursing centers with 27,252 licensed beds 6 assisted living facilities with 413 licensed beds **NURSING CENTER** Nursing and Rehabilitation Centers \$530 million revenues Second largest contract therapy company in U.S. 393 external locations served through 5,970 therapists and 10,500 total employees REHABILITATION Peoplefirst Rehabilitation Services (1) Revenues for the twelve months ended March 31, 2011 (divisional revenues before intercompany eliminations). Ranking based on revenues. (3)

As of March 31, 2011.

Kindred s Market Leading Businesses

- (2)
- (2)
- (2)
- (3)
- (3)
- (3)
- (3)
- (1) (1) (1)

Provide superior clinical outcomes and quality care with an approach which is patient-centered, disciplined and transparent Lower cost by reducing lengths of stay in acute care hospitals and transition patients home at the highest possible level of function Reduce rehospitalization through our integrated and

interdisciplinary care management teams and protocols

Kindred s Value Proposition and Our Continue Care Campaign

8
Investment Rationale
Each year, nearly 9 million people
23,000 a day
are discharged from
short-term acute care hospitals that require some form of post-acute care
As the largest diversified post-acute provider, Kindred is uniquely positioned

to grow and succeed in what will be an increasingly integrated healthcare delivery system

Kindred has a track record of providing quality, cost-effective care, operational excellence and consistent levels of free cash flows

Our platform and infrastructure, together with our successful organic development and opportunistic M&A strategy, offer the potential for creating significant value for shareholders

9 RehabCare Transaction Overview

10 RehabCare Group Acquisition Transaction Update Transaction has received all material Federal government approvals

Joint

proxy
statement
was
made
effective
April
26
th
Commitments have been obtained for \$1.35 billion of senior secured financing

\$550.0 million unsecured notes offering remaining
Kindred and RehabCare shareholder meetings to
approve the merger have been scheduled for late May
Integration
and
synergy
plans
progressing
well

high

degree of enthusiasm at both companies for the combination of our respective businesses

Both companies' strong performances in Q1 provides substantial momentum as we approach the closing

```
11
~$35
/
share
total
($26
/
```

```
share
in
cash;
~$9
/
share
in
Kindred
stock)
(1)
$1.3 billion total consideration, including assumption of net debt
Transaction Overview
Consideration
Accretion
Synergies
Kindred and RehabCare have announced a transaction whereby Kindred
will acquire RehabCare for ~$35/share
Transaction
Substantially accretive to Kindred s earnings and operating cash flows
$40 million in identified annual cost and operating synergies
Full run-rate achieved within two years ($25MM achieved first year)
Excluding one time costs
Committed financing from J.P. Morgan, Morgan Stanley and Citi
Financing
Expected Close
By June 30, 2011
1)
Based on a fixed exchange ratio.
```

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Transaction Overview

J.P. Morgan, Morgan Stanley and Citi have committed \$1.9Bn in debt financing

Key Capital Considerations

Maintain strong balance sheet, liquidity and financial flexibility (approximately \$350MM undrawn revolver capacity at close)

Sources and Uses

(1) (\$MM) Sources % of Total \$600MM ABL Revolving Credit Facility \$264 15% Term Loan B 700 39% Less original issue discount on Term Loan B (7) (1%) Senior Unsecured Notes 550 31% Equity Consideration (3) 288 16% **Total Sources** 1,795 100% Uses % of Total Purchase RehabCare Equity (~\$35/share) 951 53% Retire RehabCare Debt 369 21% Retire Kindred Debt 350 19% Other 125 7% Total Uses 1,795 100% Pro-Forma Capitalization (1) (\$MM) 2011E (2) **New Borrowings** 1,600 Total Debt

1,600

Revenue EBITDA (4)

422 422

Rent Expense
EBITDAR
(4)
Total Debt / EBITDA
Adjusted Debt
(5)
/ EBITDAR
1)
Sources
and
Uses
is
as
of
3/31/11.
Pro-Forma
Capitalization
is
based
on .
borrowings
expected
at
closing.
Figures
may
not
add
due
to
rounding.
2)
2010PF figures reflect full year run rate of 2010 Kindred acquisitions (\$157MM in revenue, \$44MM in EBITDAR, \$7MM in
include the results of discontinued operations (inpatient rehabilitation facility in Miami). 2011 figures display low and high er
1/1/11.
3)
Based on a fixed exchange ratio.
4)
2010PF and 2011E includes \$25MM of run rate synergies.
5)
Calculated with 6.0x cap rate.
6,200
6,200
470
487

892

909

3.4x

3.3x

4.6x

4.5x

5,846

445

414

859

3.6x

4.8x

1,600

1,600

2010PF

(2)

13

Kindred and RehabCare will be the Premier Rehabilitation and

Post-Acute Provider in the United States

(1)

RehabCare states include LTAC and IRF locations. Beds include LTACs and freestanding IRFs. Kindred facilities include own (2)

Includes the full year benefit of all of the acquisitions Kindred has closed in 2010 (\$157MM Revenue and \$37MM EBITDA b

(3) Includes \$25MM of run rate synergies. Revenue excludes the effect of Kindred intercompany eliminations. EBITDA includes intercompany eliminations in Kindred s Metrics Kindred Kindred + RehabCare Focus SNF, LTAC and Contract Rehab SNF, LTAC and Contract Rehab Scale (1) States **Facilities** Beds 2010 Revenue (Pro Forma) 2010 EBITDA (Pro Forma) 40 322 34,792 \$4,517MM (2) \$254MM (2) RehabCare Contract Rehab and LTAC 42 34 1,788 \$1,349MM \$166MM 46 356 36,580 \$5,866MM (2) \$445MM (2)(3)Payor Mix (09) **Business** Mix: **EBITDA** (10)(2) Contract Rehab

SNF LTAC Medicaid Medicare Commercial LTAC SRS LTAC SRS HRS Medicaid 2% Medicare LTAC SNF HRS LTAC **SNF** HRS Commercial Medicaid Medicare **Business** Mix: Revenue (10)(2)(4)SNF LTAC HRS Contract Rehab Contract Rehab Contract Rehab Commercial 47% 42% 11% 39% 48% 13% 45% 35% 3% 17% 29%

13% 58% 52% 27% 21%

11% 8% 62% 19% 40% 24% 36% 69% 29% 51% 20%

29%

14
Kindred and RehabCare Combined Presence
Kindred Hospitals
Kindred Nursing and Rehabilitation Centers
RehabCare Hospitals
Acute Rehabilitation Units
Existing Cluster Market

Potential New Cluster Market Transaction enhances Kindred s Cluster Market Strategy

Leading Position in Attractive Growing Businesses
(1) Includes 1,112 facilities from RehabCare and 696 facilities from Kindred.
Multiple earnings streams, multiple avenues for growth
PF Kindred
116
3

1,493

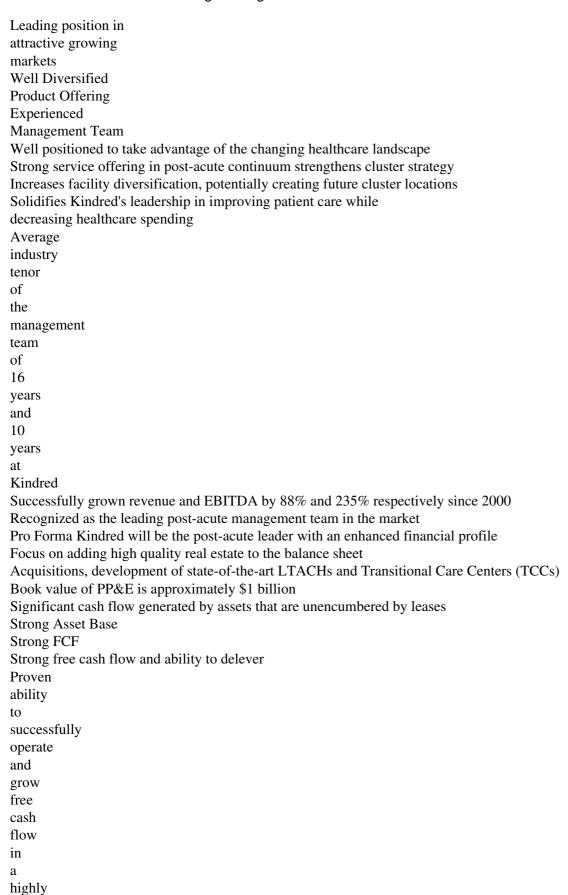
- #1 Operator of Hospital Based and Freestanding IRFs
- #4 Operator of Skilled Nursing and Rehab Centers
- #1 Contract Rehab Manager
- #1 Operator of Long-Term Acute Care Hospitals

16 Strategic Rationale

17 17

Strategic and Financial Rationale Unparalleled combined service offering

No. 1 IRFs, LTACs and SNF Rehab management contracts; No. 4 standalone SNFs Expands relationships with acute care networks through RehabCare s IRFs and JV relationships Long-term growth prospects supported by strong demographic trends



regulated
environment
Superior cash management through lean working capital

18
Rapidly Changing Post-Acute Market
Multiple Patient Discharge Destinations
SOURCE: RTI, 2009: Examining Post-Acute Care Relationships in an Integrated Hospital System

Positioned to Take Advantage of Changing Healthcare Landscape Uniquely Positioned For Bundled Or Episodic Payment Environment HOME SKILLED NURSING

FACILITIES HOSPICE HOME HEALTH CARE OUTPATIENT REHAB ASSISTED LIVING **ACUTE CARE HOSPITALS TRANS TRANS CARE CARE ICU ICU IN-PATIENT REHAB** LTACs FREESTANDING/ HIH Patient Illness Severity SAU SAU ADULT DAY **CARE** TCC

& TCU

Continue Th€are

20

Transaction Enhances Financial Profile

(1) Standalone Kindred growth analysis compares 2011 guidance issued on 12/15/10 relative to 2010 standalone performance Pro

forma

Kindred

growth

analysis compares pro forma 2011 guidance relative to 2010 pro forma results, in each case assuming the RehabCare acquisition occurred on the first day of each respective year and includes first year run rate synergies in both 2010 and 2011 figures. 2011 margin figures

per guidance midpoint and compares standalone

2011 guidance issued on 12/15/10 relative to pro forma 2011 guidance. 2011 pro forma guidance reflects the combined business as if the transaction closed on 1/1/11 and includes first year run rate synergies. EBITDAR Growth (1) 2010 2011 3.5 5.1 2.0 4.0 6.0 Standalone Kindred Pro Forma Kindred (%) **EBITDA Growth** (1) 2010 2011

6.1

7.9 3.0 5.0 7.0 9.0 Standalone Kindred Pro Forma Kindred (%) EBITDA Margin (1) 2011 5.6 7.7 0.0 2.0 4.0 6.0 8.0 Standalone Kindred Pro Forma Kindred (%) Net Income Margin (1) 2011 1.3 1.7 0.0 0.6 1.2 1.8 Standalone Kindred

Enhances Kindred s growth and operating margin profiles

Pro Forma Kindred

(%)

21
Transaction Reduces Rent and
Fixed Charge Burden
Declining Rent Burden
Enhanced Margin Profile
RehabCare operates a less capital-intensive business model, driving higher pro forma returns on assets

Edgar Filing: REHABCARE GROUP INC - Form 425 (1) Midpoint of guidance issued 12/15/10. Midpoint of pro forma guidance which reflects combined business as if the transaction closed 1/1/11. 2011 Operating Leverage (\$MM) Kindred (1) Pro Forma (2) Revenue \$4,800 \$6,200 **EBITDAR** 640 899 % Margin 13.3% 14.5% Rent 370 423 % Margin 7.7% 6.8%**EBITDA** 270 476 % Margin 5.6% 7.7% D&A 140 185 % Margin 2.9% 3.0% **EBIT** 130 291

% Margin 2.7% 4.7%

22

Growing Portfolio of Owned Real Estate

16

Facilities

44

Facilities

0

10

20

30

40

50

2006

Current Kindred Kindred has been focused on adding high quality real estate to balance sheet

Acquisitions

Development of state-of-the-art LTACHs and TCCs

Exercise of in-the-money purchase options
Own 17 hospitals; 25 nursing centers and 2 assisted living facilities
Combined company has total PP&E book value of approximately \$1billion
Kindred expects pro forma stabilized
EBITDA

(1) of approximately \$111 million from owned real estate

(1) Only includes Kindred facilities

Transaction Provides
Significant EPS and Cash Flow Accretion
Low End of
Guidance
Pro-Forma
Impact

Mid Point High End of Guidance 2011 EPS Pro-Forma Impact \$ % \$0.50 \$0.52 \$0.55 34% 34% 34% 2011 EPS Prev (1) Pro-Forma (2) \$1.45 \$1.53 \$1.60 \$1.95 \$2.05 \$2.15 (1) Previous guidance shown is Kindred standalone guidance issued on 12/15/10.

2011 guidance reflects the combined business as if the transaction closed on 1/1/11.

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Strong Free Cash Flows

- 3.5
- 4.3
- 4.2 3.9
- 4.4

0.0 2.0 4.0 6.0 2006 2007 2008 2009 2010 Stand Alone Kindred (x) Historical Adjusted Debt **EBITDAR** (1) (1) Calculated with 6.0x cap rate. Per guidance midpoint, issued 12/15/2010. (3) 2011 guidance reflects the combined business as if the transaction closed on 1/1/2011. Cash Flow Profile Kindred has operated comfortably with a levered balance sheet Routine CapEx declines as a % of revenue, improving free cash flow profile 2011 Kindred Guidance Stand Alone (2) Pro Forma (3) (\$MM) Low High Low High Revenue 4,800 4,800 6,200 6,200 **EBITDA** 265 275 470 487 (-) Interest 26 26

118

118

(-) Taxes

40

44

66 73

Cash Flow

199

205

286

296

Cash Flow Margin

4.1%

4.3%

4.6%

4.8%

25
Kindred Has a History of Successfully
Integrating Acquisitions
April 2002:
Specialty Healthcare
Services (6 hospitals)
March 2005:

Pharmacy Partners (2 pharmacies) April 2005: Skilled Care (2 pharmacies) November 2005: RXPERTS, Inc. (1 Pharmacy) **August 2007:** The Greens Post-Acute Rehabilitation Center Fountains On the Greens (Assisted Living Facility) October 2007: Professional Therapy Solutions 2002 2003 2005 2006 2007 2008 2009 2010 February 2006: Commonwealth Communities Holdings (6 Hospitals, 11 NCs and 4 ALFs) November 2010: Five LTACHs from Vista Healthcare April 2010: Stratford Commons (NC and ALF) September 2010: 3 Texas NCs November 2010: Signature Health Services 2004 July 2007: (Spin-off) Kindred and AmerisourceBergen combine their institutional pharmacy businesses to form Pharmerica Corp.

November 2004:

First Stop of Iowa

(1 pharmacy) August 2006:

EconoMed

(1 Pharmacy)

ValueScript

(1 Pharmacy)

PharmaStat

(1 Pharmacy)

July 2009:

Acclaim

Hospice

26

Reimbursement Update

Kindred Medicare Reimbursement Update
On April 19, CMS proposed FY 2012 LTAC PPS rates that CMS projected would increase payment rates to LTACs by 1.9%. The increase would take effect October 1, 2011. Kindred estimates that the impact of these proposed changes would result in an approximate 0.5% increase in payments to the Company's hospitals

CMS issued a proposed rule on April 28 regarding Medicare payments for skilled nursing centers for FY 2012. The rule proposed two options for updating payment rates:

Option one would address potential overpayments related to the transition to the new RUGs IV system by reducing payments by a projected 11.3% Under option two, nursing centers would receive a 1.5% rate increase, effective October 1, 2011, while CMS continues to collect more data regarding the implementation of the RUGs IV system

CMS

further

proposed

to

define

group

therapy

as

therapy

sessions

with

four patients who are performing similar therapy activities

28

Kindred Medicare Reimbursement Update (cont.) The proposed skilled nursing rule offers two alternatives for a potential parity adjustment, one of which recognizes that three months of data may be insufficient to arrive at an accurate calculation

Kindred strongly supports an approach that ensures adequate data before arriving at definitive conclusions on appropriate rates

Kindred has experienced a 4.2% decline in Medicare average length of stay from 2008-2010 and a 2.4% decline in the first quarter of 2011 compared to the same period last year

```
29
% Change in Key Measures, 2008 -
2010
11%
9%
7%
-4%
```

-5% 0%

5%

10%

15%

2008

2010

Medicare Rate PPD

Operating Cost PPD

Medicare Case Mix Index

Medicare Length of Stay (days)

Kindred SNF cost and

case mix severity

increases have kept pace

with Medicare rate

increases. Significant

declines in Length of

Stay restrain both margin

expansion and Medicare

spending under the PPS

system.

Nursing and Rehabilitation Centers

```
30
9% increase in Medicare CMI from 2.83 to 3.09
4% Decrease in Medicare LOS from 33.9 to 32.5 days
32.0
34.0
36.0
38.0
```

2008 2010 2.65 2.75 2.85 2.95 Length of Stay (days) Case Mix Index 32.0 32.5 33.0 33.5 34.0 Sep-10 Dec-10 2.75 2.85 2.95 3.05 3.15 Length of Stay (days) Case Mix Index 7% increase in Medicare CMI from 2.70 to 2.88 4% Decrease in Medicare LOS from 35.5 to 34.0 days Kindred SNF Medicare Case Mix Severity has increased significantly and Length of Stay has declined. (2008 2010 & 4th Quarter 2010)

Nursing and Rehabilitation Centers (cont.)

6%

8%

10%

11%

27%

24%

15%

1%

67%

68% 75% 88% 0% 100% Total Group % Total Concurrent % Total Individual % 2010 Medicare Part A Therapy Minutes / RUG Day Q1 Q2 Q3 Q4 69 70 71 71 Kindred maintained the same level and intensity of Rehab Services for patients pre and post RUG IV, primarily through providing more individual therapy (at a higher cost) and increasing therapist time spent with patients (versus administrative time). Nursing and Rehabilitation Centers (cont.)

Financial Update

Kindred Financial Update Q1 2011
Company reported strong results of \$0.55 per diluted share
Reported results included charges of \$0.10 per diluted share, primarily
related to pending RehabCare transaction
Excluding certain charges in both periods, diluted earnings per share rose
48% from Q1 of 2010

Consolidated revenues grew 9% to \$1.2 billion Each operating division reported revenue growth as compared to Q1 of 2010

First quarter operating income for the hospital division grew 14% to \$108 million

Strong admissions and higher Medicare and managed care volumes drove nursing center growth in operating income of 24% to \$87 million

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Kindred Financial Update Q1 2011
(cont.)
Peoplefirst
Rehabilitation revenues grew by 21% to
\$145 million
Division reported \$15 million in operating income

Operating cash flows grew to \$46 million for the quarter, up \$60 million from last year's first quarter
Accounts receivables days outstanding declined to 49.8 days at March 2011, down from 54.4 days at March 2010
Long-term debt declined by \$15 million during the quarter

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RehabCare Group Financial Update Q1 2011

RehabCare net earnings per diluted share increased 20.3% year over year to \$0.71

\$0.12 per diluted share of transaction related expenses were included in the Q1 2011 results

Hospital division EBITDA margin improved to 17.6% from 12.9% a year

ago

Skilled Nursing Rehabilitation Services division operating earnings margin in line with expectations

Hospital Rehabilitation Services division delivered operating earnings margin of 18.7%

Cash flow from operations allows RehabCare to pay down debt by \$18 million in the quarter

36 Investment Considerations

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Track record for operational success based on commitment to quality, service excellence and a disciplined approach to the business Experienced management team, robust technology platform, processes and systems, and a demonstrated ability to adapt to change Growing businesses through disciplined organic development and acquisition strategies

Strong cash flows with financial flexibility to finance acquisitions and development activities
Well positioned to succeed in changing post-acute landscape
Investment Considerations

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39 Appendix

40 Agency Ratings Corporate Family Term Loan B Moody s Investors Service

(1) B1

Ba3

Standard and

Poor s

(2)

B+

B+

(1)

Release dated March 14, 2011

(2)

Release dated March 11, 2011

A1
Reconciliation of Non-GAAP Measures
Year ended December 31,
Operating income (loss):
2006

2007 2008

2009 Hospital division Nursing center division Rehabilitation division Pharmacy division Corporate: Overhead Insurance subsidiary Transaction costs Operating income Rent Depreciation and amortization Interest, net Income before income taxes Income taxes Income from cont. ops. \$ Millions 2010 First Quarter 2010 First Quarter 2011 \$383 239 30 49 (157)(7) (164)537 (289)(115)1 134 53 \$81 \$365 295 34 18 (168)

(7) (175)

537 (338) (118)

(1) 80 37 \$43 \$346 322 38 (133) (7) (140)566 (339) (120)(8) 99 39 \$60 \$364 305 51 (135) (6) (141) 579 (348)(126)(3) 102 39 \$63 \$360 304 53 (134)(3) (137)(5) 575 (357) (122)(6)

90 34 \$56 \$96

87

70

15

(34)

(34) (1)

146

(89)

(31)

26

11

\$15

\$108

87

15

(38)

(1)

(39)

(4) 167

(91)

(33)

(5)

38

16 \$22

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