

**VISITING NURSE SERVICE OF NEW**

**Moderator: Allison Hancu  
July 28, 2022  
5:43 pm CT**

Coordinator: Thank you all for standing by, and welcome to Ask Personal Care SVP Conference Call.

At this time all participants will be on a listen-only mode until the question-and-answer session of today's conference. To ask a question, please press star followed by the number one on your phone. Unmute your phone and record your name when prompted.

This call is being recorded. If you have any objections, you may disconnect at this time.

Let me introduce your first speaker for today, Jim Rolla. Please go ahead.

Jim Rolla: Thank you, and good evening, everybody. So happy to be here with you tonight, and I'm very happy that you took the time to join the Ask SVP call. This is a great opportunity for us to engage with you, hear your thoughts, your concerns, your questions, and be able to provide you with all the support that we have.

On the call tonight I have my leadership. I'm very happy to say they're all here with me tonight to help answer some of your questions as they relate to the different topics that we'll cover, and then also any questions that you may have related to those departments.

So, on the call we have Tom Coccozza who's the Director of Operations. We have (Kenia Deleggi) who is Director of Education and Quality. We have Rosa Marcus who is Director of Support Services. And we have (Lorraine Earl) who's Director of Support Services.

So we're going to do our best to get all of your questions answered, and also provide you with some updates that hopefully you will find interesting, and hopefully that you're enjoying, particularly the bonus program that we rolled out probably about a month ago maybe on the last call. So I'm hoping that you've all started to see some of those bonuses come through.

And I'm anticipating that you have maybe some questions about those programs, because we have received a lot of calls but we've also, more importantly, received a lot of great feedback from a lot of our wonderful, great workforce, about how much they appreciate and how great they feel about these bonuses. So I'm excited to hear your feedback on that.

Before we get into that, I just want to start by saying, as I always do, I thank you very much, we all thank you for choosing VNS Health Personal Care. I hope we're all used to saying that. I'm getting better at it. I think I might say Partners in Care maybe once or twice tonight, so you'll have to bear with me. But VNS Health - see, I almost said it. VNS Health Personal Care. I hope we're getting used to saying that.

So we know that you have many options out there in which you can work, and we're very, very happy that you have chosen VNS Health Personal Care, formerly Partners in Care, to work with. It's really important that we keep you here and that we make your work experience a good one.

And so, the first thing I wanted to talk about, to update you on, I think it's also a continuation from the last call, is the uniform distribution. And so, by now, I think if you're - we might be approaching halfway through the alphabet, I don't know, Tom, do you know what letter, or Rosa, do you know what letter we're on?

Rosa Marcus: I'm sorry. We are currently calling S and T.

Jim Rolla: S and T, okay. Okay. So, yes. So we're working our way through the alphabet. Thank you, Rosa. We're working our way through the alphabet, and we are up to the letters S and T. So if you have - if your letter - if your last name starts with any letter up to S and T, you should have already been able to come in to get your uniforms.

And so, as a reminder, you're getting one uniform, and then we're going to be - that you come in and pick up. And when you come in to pick up that uniform, you will also bring your ID badge. Very, very, very, very important that you bring your current photo ID badge.

And to that end, I want to make sure that you know that you should always be wearing and having your ID badge with you every time you go to work on your assignment. It's very, very important that you have your ID badge, for your safety and for your patients' safety. Okay? It's also a Department of Health regulation, and any nurse that comes in to supervise you is probably

going to - is probably going to speak to you if you don't have your ID badge on.

So, please, please, please make sure that you always, always, always have your ID badge with you and on you and prominently displayed when you are working with your client. It's really important. Okay? It's a Department of Health regulation, it's a patient right, and it is for your safety and for your patient's safety.

So if you don't have one, you've got to call the office and let us. It should be part of your clothing, just like your top and your pants and your shoes. It's all part of what you wear every single day when you work with your patient.

So when you come in, you're going to bring in that badge and you're going to give it to us. We're going to issue you a new badge, and it's very pretty and it's very colorful, and it's really very nice. And your new uniform.

Now, I know that there are many of you, and we're very, very lucky to have had so many of you working for us for so many years, that you may have four or five uniforms. And I know we're giving you one and you - how do we - how do we expect you to wear just one every day? We don't expect you to wear just one every day.

For now, you can use the old Partners in Care uniform and you should have received a button, a big button a long ago -- and if you don't, you can come in and get one -- that says VNS Health with the logo on it. It's a big pin. And it can fit right over where it says Partner in Care on your scrub top. And so you can use that as your - you can still use the other four uniforms.

So you may have one brand-new one that's VNS Health, and then you'll have maybe three or four, or two, or whatever you have, of the Partners in Care, old Partners in Care uniform, that you can wear that button over. Okay? So we don't expect you to trade one - trade in two, three, four that describes them, and just get one, and wear one every day. Okay?

So we have a second order that's coming in. I'm not sure exactly when. But when it is ready, we will then, you know, contact you and let you know that there's another scrub waiting for you. Okay? But right now you should be coming in and receiving a phone call that you can come in, or we've sent several messages about this.

Today and this week, and probably next week, Rosa, maybe you can correct me if I'm wrong, but we're going to be distributing the letters, if the last name - if your last name begins with the letter S or T, you're ready to come in. And if you're, like I said earlier, if you've had - if any of your - you should have been coming in and you are able to come in for any letter from A all the way through T. Okay?

Rosa Marcus: Correct, Jim. Correct.

Jim Rolla: I hope it's clear. Yes. Okay, good. Okay.

So that's really important that you get that new uniform and that you get your badge, your new badge. The badge is even more important than the uniform, and we just talked about that. But if you come in without the badge, you're going to have to be prepared to wait a while. It's going to take a while, because we're going to have to issue a new badge and it's not something that you want to do.

And that's only if you have, you know, if you forgot it, we won't be able to take that. If you don't have one, you've got to get that resolved right away. So please call your supervisor right away if you do not have a photo ID badge. Okay? All right.

Rosa, Tom, Lorraine, did I forget anything regarding the uniforms?

Rosa Marcus: No, you did good.

Jim Rolla: Okay. All right. Well, thank you. Okay.

The next thing that I want to talk about, and we'll talk about probably a lot, is the bonus programs. So you know and we've given you lots of communication and lots of messaging, and hopefully many of you on this call have already received your first bonus, and this will be one of a series of bonuses.

So the bonus programs are for the hazard pay, it's sometimes referred to as hazard pay, but it's a recognition for those who worked during the pandemic. And what does that mean during the pandemic? Well, it's not like it's gone, right? We still have COVID to deal with and we're noticing and we're seeing, and I hope you're all keeping safe and wearing your masks and doing all the things that you're doing when COVID was very, very, very much a part of our lives.

But for everyone for worked during the period of - between, I should, March 1st of 2020, it feels like a long time ago, March 1, 2020, if you were for us starting that day or you're on our payroll starting that day, and you worked through an up until, even still, hopefully, but through 12/31/2021, so that's a year and a couple of months' time, March 1, 2020 to December 31, 2021, if

you worked at any time, any hours during that period of time, you are eligible to receive a pandemic recognition bonus. Okay?

And so the more hours you worked, the bigger the bonus will be. The less hours you worked, it would be a smaller bonus. But even if it was two hours, you would get a small check, but it would still be a bonus. Okay? If you worked a couple of hundred or several hundred hours, or even a thousand hours, or even more, then that check would be a lot bigger.

Now, there's a couple of things that are important to keep in mind about that particular bonus. One, you have to have worked during that period of time, and it doesn't matter how many hours, just you have to have worked. And you have to be still with us and still on the payroll and still actively working at the time of the payout. Now, the first payout was July 8th, I think - Tom, am I right? July 8th.

Tom Coccozza: Yes. That's correct.

Jim Rolla: Yes? Okay. So you had to have been on the payroll actively working to receive it on July 8th. Okay? That's one installment of three, meaning that was one payment. And the next payment will come on or around September, mid-September. Okay? And the same rules apply. You have to be working and actively working and still with us in order to receive that second installment. And then the final installment will come in December, on or about the mid of December. Okay? And that would be the third and final payment.

So, the total number of hours during that period is broken up into three separate installment payments. Okay? The first one went out, the next one will go out in September, and the last one will go out in December. Okay?

But you have to be actively working. If you're not working at the time of the payout, and I just gave you those times, it won't - you won't get it. So, don't leave, that's the message. Don't leave the agency, because you're entitled to it and we want you to get it and we want you to have it. Okay?

That's the first one. And then there's a second one that just began I think, Tom, tomorrow - is tomorrow the next payment?

Tom Coccozza: That's right. It will be on tomorrow's paycheck.

Jim Rolla: Yes. Okay. So in tomorrow's paycheck, you should be, if you were working with us April 1st of 2022, so just this past April, you began to earn and accrue 50 cents additional per hour for every hour that you worked. And you will be getting a check tomorrow for the hours that you worked. It doesn't how many hours or how few hours, but whatever hours you worked, you will be receiving 50 cents for every hour that you worked.

So if you worked two, then it's a dollar. Right? I just - to be simple about the math. If you worked, I don't want to get too sophisticated with math because it's not my strength, but if you worked, you know, 10 hours, then it's \$5. Right?

So that - every hour that you worked, and it doesn't matter where or what kind of case or anything, it just has to do with the number of hours that you worked, you will have earned 50 cents for every hour. And whatever that total is, is what you're going to get your check for, tomorrow, which is great. And we'll be paying those out every quarter.



So, again, if you - the longer you're with the agency and the longer you stay and the longer you just keep working, you're going to earn that additional 50 cents for every hour. Okay? So that's very exciting.

And then there is another bonus that we've talked about, and this was one of the questions that has come up - came up in advance of this call. And it's a really important question because it both ties in to the bonus but it also covers something that you must do anyway, even if there was no bonus associated with it, which is to use the app, the telephone app, the mobile app, to call in and out your attendance. Okay?

Now, many of you who don't have the app and use telephony, right, you use the telephone when you go into the home and you use your client's telephone to call in your attendance, call out when you're leaving, and before you leave, and during that call out you enter all of the tasks that you performed for your patient. That's critically important. You have to do that for every visit. Right?

But for those of you that are using the app, then as an additional, that - the bonus is associated with you using the app. Because we really want everybody to be using the mobile app on your phone to call in and out your attendance. It's the better way to do it, it captures more reliable information, and it just - it's a great tool for you to use and to have.

And so we want to encourage people to use that app and make those - make - call in and out their attendance and their tasks from the phone, the mobile app, from your cell phone. Okay? It doesn't cost you anything. Yes, it does use very, very little data. But it doesn't do anything to interfere with your phone or the use of your other apps. So it's really, really important.

The way that works, and that hasn't been implemented yet, and the reason why it hasn't been implemented yet is because we want to make sure that everybody who - has the opportunity to get the app downloaded on their phone and be able to use it. Because if you don't, then you can't participate in the bonus.

And for that bonus, you will get, for every complete - for every month that you make - that you use the system correctly, and there'll be more instructions about that, but it means that you have to call in and call out your attendance every single day without fail and you have to enter your tasks. And if you do that consecutive period of time, you will get \$75 per quarter. Okay?

Now, you may think, that doesn't sound like a lot of money. Well, it is, it's money. And the idea is that we want to get you, everybody using that app, and incentivize everybody to use the app. Because technically you're supposed to use it anyway. You're supposed to be using the app and not even get bonus for it. But we want people to see the benefit of using it and encourage people to use it.

And so, everyone is eligible for that bonus, you just have to get the application - the mobile app downloaded onto your phone. And we have a lot of support available to help you get it downloaded and to help you use it and to explain it, so that you can participate in this business. Okay?

So, \$75 each quarter. You'll get that each quarter you successfully use the app for every visit. Okay?

And then the last and final bonus -- see how many there are, there's a lot of them and we're really excited about them, I hope you are as well, and I'm sure we'll get to that soon -- is what we're calling an incentive for short-hour cases.

Short-hour cases being any case that's two hours or less. Okay? So, every time you - for every six cases that you complete, for every six cases that you accept and complete, you will earn \$250 after the completion of six of those short-hour cases. Okay?

It's not cases that you're doing today, it's not - well, it already started, but it's not cases that you did, you know, last year or last month. It was when it began. When did it start, Tom, do you - what was the date that it started? I think July 4th, 5th? The 5th maybe?

Rosa Marcus: Tom kind of dropped. He'll be dialing right back in.

Jim Rolla: Okay. Rosa, was it - Lorraine, do you remember - I think it was July 5th. I think we started it July 5th.

(Lorraine Earl): Yes. I don't have the dates, I'm going to check. I can't remember the exact date.

Jim Rolla: Okay. So, yes, it was in early - it was in early July that it became effective. So there's already a couple of people who have completed six short-hour cases and are getting ready to have the bonus paid out.

And you may ask, well, why? Well, we all know that people don't always want to take short-hour cases. Those cases are very hard to fill and we know that everybody wants big hour cases, and that's what people tend to, you know, see as a source of frustration and dissatisfaction with the agency, is that we have short-hour cases. Some would even argue, you don't have any work. We have work. We just don't - can't guarantee that we have cases that are all six, eight, ten hours a day.

So what that means is we want to incentivize people to take those short-hour cases. And if you already have a case and you're under 40 hours a week, and you want to participate in the bonus and you want to take a case, that counts, one case. When you do it, you start the next case. That's two cases. When it's finished, you start the third case. Right? Everybody has different availability.

And so, everyone has a chance to participate, unless you're already at 40 hours, well, then we can't give you any more than 40 hours. But if you can fit it in and you want to take another - an additional case even if you're working, or if all you want to do or can do is the short-hour cases, well, then, for everybody, no matter what your availability, as long as it's under 40 hours, you will earn the \$250 after you complete the six cases.

So we wanted to do this because we thought it was a way to respond to, like I said, a lot of the dissatisfaction that people have expressed about the difficulty working those short-hour cases. And we understand that those cases are not as desirable and it can be difficult. You know, you're spending a lot of time traveling and getting there and the case is short and it's a lot of work and it's a lot of stress, and so we want to be able to help with some of that, at least give you a bonus and reward you for taking those cases.

So I know I said a whole lot. Team, did I forget anything or was there something I should have covered or that I said incorrectly? Because I don't always say everything right.

Rosa Marcus: Jim, I think you covered quite a lot. I think you did good.

Jim Rolla: Okay.

Rosa Marcus: Yes. You even covered the cases I would usually talk about, so I don't have to say that tonight.

Jim Rolla: Okay.

Rosa Marcus: Thank you.

Jim Rolla: All right. You're welcome.

(Kenia Deleggi): Did you mention the agency referral bonus?

Jim Rolla: I was just going to say that (Kenia). Go ahead, (Kenia), why don't you go for it?

(Kenia Deleggi): No, no. Please go ahead, I just wanted to remind you.

Jim Rolla: We received a lot of communications or you've seen things, I think it's been on the resource page, or received a communication, about a referral bonus that (Kenia's) talking about.

So there's also been a bonus program in place that for every home health aide that you refer to us, whether they come for training or they're already certified, any of your friends, we know that you have a lot of friends in the community, we know that you - home health aides all stick together, and you all, you know, see each other in the community, you see each other on public transportation, in neighborhoods, you see each other many times, and have the opportunity to be able to say, "Hey, why don't you come work for VNS Health Personal Care because it's a really great agency?" Right? If you didn't think - if you didn't think that, then obviously you wouldn't refer anybody to us.

But when you send somebody to us and they work for us after a short period of time, you will get - I know we changed it. (Unintelligible) by any chance on the line? Okay. I'm going to double-check the amount. I want to say that it's \$500? But I'm going to - we'll check the amount. Okay.

Woman: You're correct.

Jim Rolla: Excellent. All right, great. And I also got a reminder that the program, the short-hour incentive program started on July 2nd. So I was close.

So, for the bonus, for the referral bonus that I was talking about that I just explained, you're going to get \$200 once the home health aide that you refer is hired. And then you're going to get an additional \$300, for a total of \$500, at the three-month anniversary of the date of hire. So, anybody that you send to us, you're going to - you will receive \$200 once they're hired, and then you'll receive an additional \$300 three months later as long as that employee is still working for us. Right? As long as that home health aide that you referred, your friend, is still working for us. Okay?

So, thank you, (Sandra), for the bailout. I got the message. Thank you.

Okay. So I hope that's exciting, and I can't wait to hear from you. I think that that was the majority of what we wanted to cover today because we know that there are a lot of questions about these various different bonuses, as well as some other things that we know you always bring great questions to us, and we want to have the opportunity to interact with you.

So, (Joe), I'm going to ask you to open up the call for questions now.

Coordinator: Thank you. We'll now begin the question-and-answer session. To all participants, to ask a question, please press star followed by the number one on your phone. Unmute your phone and record your name when prompted. Your name is required to introduce your question. To cancel your request, press star followed by the number two. One moment please for any incoming questions.

Speakers...

Jim Rolla: So, while we - yes.

Coordinator: Sorry, go ahead.

Jim Rolla: I didn't realize we're going to have questions so quickly, so, go ahead. That's good.

Coordinator: Yes. We have two questions in queue. One moment please as I get the names. One moment. Thank you.

Jim Rolla: While we're waiting for that, I just wanted to say that I've seen so many of you - I mean, I don't know who's on the call, but I've seen so many home health aides in the office every day and I feel like every day we see more and more of you, and I'm really, really excited and happy to see all of you. And I especially love when people say "I know you. I see you in the video." I feel like a celebrity when I - when people say that, so, I appreciate that. It's always very nice to hear that.

And that means that I know that you're looking at the orientations and I know you're looking at the in-service, because that's where you see me. So I appreciate you doing that.

And on that note, in-service, taking your in-service obviously is very, very important. You're all doing a fantastic job with taking your - getting your in-services completed online. (Kenia), do we have anything we want to add regarding in-service? Just encourage people and tell - and let them know how great they're doing. Yes.

(Kenia Deleggi): Yes. Absolutely. And that's exactly where I was going to go.

Eighty-five to 95% of you have - 95% of you, have already completed the in-service. And for being July, this is an amazing number. So I really want to encourage everyone to continue taking the rest of the courses. There will be more coming in August. So, more to come. There will be a couple of courses added to your curriculum through your app. So, thank you for your participation. This completion rate has been amazing to see. So, thank you, everyone, for putting in the effort and completing your training.

Jim Rolla: Great. Yes, it's fantastic, this response to in-service and how well you're doing with that. We really appreciate it.

All right, (Joe), I'm ready. We're ready.

Coordinator: Thank you. Our first question is coming from (Loi). (Loi), your line is now open.

(Loi): Thank you. Mr. Rolla, just want to congratulate you on the improvement of Partners in Care - Partners in Care/VNS Health on this - thank you. Yes. I do appreciate and I thought the agency was lost and there was no hope, but I can see the improvements and I do appreciate it.



But we still have work to do. One is the transportation that is provided for the client. It needs upgrading. The staff that is overseas because of their accent, I know it's not USA, and the question as to what state are you in, I know it's not USA, and they have - most of them have no knowledge of what they're saying. They validate everything you - it's like a repertoire. Everything is said like a record. But you're not getting the answers that you need from them.

I have one incident, and I still haven't been paid, and I hope that works out with HHA Exchange, because that at clock out at the time, I notified my supervisor of the incident ahead of time, still did not get paid for those hours. I was on my seat and I don't (unintelligible) services spend six, seven hours standing guard over the patient (unintelligible). No seating in the hospital because of the COVID and no transportation to remove the patient. And when you call, supervisors are not responsible for transportation, old VNS office is not responsible for transportation, and you're left out here in a limbo regarding the transportation.

So I would like you all to address that, how we move these clients. Because if I spend my money for transportation for the client, where's my reimbursement if I can't even get paid for the time that I was out there with a client. And it's not that I did it and did it after, this was a constant ongoing that I'm stuck with a patient outside, Type 2 diabetic, no food. And that's not looking good on VNS.

Jim Rolla: Okay.

(Loi): Everyone in (Brookville) Hospital was so concerned, from the security guard to the administrators who have been passing me back and forth. We are standing outside with that client.

Jim Rolla: (Loi), so you - I want to cover a couple of things. First, that was the nicest thing that you've said to me, you opened with, I appreciate that, that's very nice to hear. Just know that if there's - I'm glad to see that you see improvements with VNS Health, and that it takes all of us to do that. And so I really appreciate you saying that. But it wasn't me, it's all of us.

(Loi): Yes. I do - can tell you that you have Ms. Rosa Marcus that I want to applaud so much. I want to hug her so tight. That (lead me little) and communicate with the aide, she is my bodyguard.

Jim Rolla: Ah, that's so wonderful. That's so wonderful.

(Loi): Yes. Just wanted to tell you how well Ms. Marcus works very well with us. Thank you.

Jim Rolla: Well, you're welcome. And it doesn't come as a surprise to me, I have to tell you. I hear that often. But I'm very proud of that and her and I really appreciate you acknowledging that. She's on the call, she can say that herself, but.

Rosa Marcus: Thank you, (Loi).

(Loi): You're welcome.

Jim Rolla: When you come in to the office, you're going to hug her tight. You said you want to hug her tight, you can. So, hopefully you'll get that...

(Loi): Yes. I always want to hug her, but every time I come I cannot find her.

Jim Rolla: Okay. So the second thing is - first, I wasn't following, but now I understand. You're talking about the transportation for the, right?

(Loi): Yes.

Jim Rolla: When you have to call and get transportation. Okay. So, you're right, we don't - we have - I have little to no control of that. However, however, that comes I think a lot from the health plan choice, because I know that they arrange for transportation. And as it happens, she's not in the speaker room, but we have Sandra Smith-Edwards, who is our HR business partner, who also represents, as much as we want all of her, she also represents the health plan.

And I know she's hearing this and I can communicate with her separately, but she can bring the issue to the health plan and see - we've gotten this complaint and this feedback many, many times. So we can bring that to the health plan and see what else we could do to keep raising it up.

(Loi): Taking a suggestion?

Jim Rolla: Yes, of course.

(Loi): My suggestion is give the client a one-time deal per year of \$50 or \$70 for the year for transportation. When that money is exhausted, we're not responsible, their patients already know they're responsible for taking themselves to and fro. But to give them an incentive for transportation, and forget this mode, because this mode of care, it changes its name so many times but it's still not working.

Jim Rolla: Yes. So I love the suggestion. I don't know how we - I'm not sure because I don't understand how the transportation is reimbursed through the health plan, because - on the health plan, so it's very different...

(Loi): They're not reimbursed. They're not reimbursed. It's a recommendation that I have.

Jim Rolla: Okay. No, no, no, I know. But transportation may be a covered benefit on the health plan. So, regardless of that, we - I appreciate the suggestion, we can certainly - it's very creative.

If you said you lay out money for transportation, then you will be reimbursed. So I think - is that the issue? Have you laid out money?

(Loi): No. I'm not even getting paid for the hours that I worked. I have not received (my pay, and it's on) April 7th, and we are actually at the end of the month and still not being paid for the hours that I was out there with the client. I don't (even know whether it's) going to get the transportation money either.

Jim Rolla: All right. We're going to take care of that. So, (Loi), what's your ID number? Rosa is here and she's going to take it down, and she's going to look into this for you. Okay? And then you'll owe her another hug. What's your ID number?

(Loi): I will send her email with my information.

Jim Rolla: Okay, that's fine. Sure. Okay, good.

(Loi): And I have another thing for you, sir.

Jim Rolla: Yes.

(Loi): This is regarding the family members. In the new policy about using the family's transportation, nobody knows who are these family members, we don't know what their driving record. And asking us to travel with these people in a car is a risk, big risk. Because, for example, the client that I work for, they all have a mental issue, and I'm not comfortable riding with mother and because I don't know what time they're going to go off.

Jim Rolla: I understand. So I think what we could do is we could have the clinical manager speak with the patient regarding the need for you to be in the car - they need you to accompany them and they want to drive you? Is that the way...

(Loi): Well, that's in the new policy that you laid out in the new policy, that it's okay to travel with these family members when you have no idea who we're working with. You laid it out in the new policy (unintelligible) yes.

Jim Rolla: Okay.

(Loi): So you are putting us about that risk.

Jim Rolla: All right. I'm not sure exactly which policy you're referring to, so...

(Loi): The new manual for home health care - home health aide.

Jim Rolla: Oh, in the handbook. In the handbook?

(Loi): Yes, in the handbook, yes.

Jim Rolla: Okay. Okay. So we'll take a look at it. I will take a look at it. I don't have at the top of mind, so I want to make sure that I understand the policy and we'll take a look at it. Thank you.

(Loi): Yes. It's just vague. It's just vague. You could travel with the patient in the patient's car. Just vague as that, not – nothing has been stated. So that needs to be looked into.

Jim Rolla: Okay.

(Loi): Because nobody knows who were the clients we're working with, because my client has undiagnosed medical condition, and it's not just the client, the family member has the same problem.

Jim Rolla: I got you. It's a great point and I appreciate you raising the issue. So let me look into it further. I don't have an answer now, but I'm going to take a look at it, okay?

(Loi): Thank you. And the care plan, I wish the care plan would be more specific than it is. For instance, the nurses come out and they do the check mark against the task that you should be doing. And as of recent, my client was upgraded, just this week. And so one thing the nurse is telling me like seating the patient. This patient is 175 pounds, he's almost seven-foot, he has these other medical episodes that the doctors don't diagnose him with, because it only happens at certain times of the day or night.

So I cannot take 175-pound person down a staircase which is just narrow enough to fit one person coming down that staircase. So, both can't come down at the same time. It's either I'm coming down or I stay behind. So the patient can just go off, as I said, they have a medical condition, which I

learned from other family member, that the grandfather had the same episode, and it's an ongoing thing with them.

Yesterday it was the same thing again, so, nurse agent came home, you think there was 100 people running through the door, and the slamming and barking and it goes on for a while, and then he calms down and he's a different person. So it's like a split personality that they have.

And this boy is going off to college, he's very bright, he's smart, but these things do happen, and they have to curse, he has to slam, he has to - and you think there's five people he's arguing with. You just want this 18-year-old in the house.

So, something that goes off that you cannot explain and it's not diagnosed in their record. So, you know, when you're coming there and you're circling and checking off, and you're before the patient and (he's then) something you cannot say in front of the client. It's another story.

Jim Rolla: Right. Well, okay. So I'm going to - we have - I know we don't say the patient's name, but we'll connect with...

(Loi): No, I don't. I will not.

Jim Rolla: Yes, I know. And we'll look into that carefully. You raise great points, and I just want to say, (Loi), it sounds like you take great care of your patients and I just want to thank you for that and I appreciate that.

(Loi): I try.

Jim Rolla: Well, it sounds like you don't have to try very hard. It seems like it comes very naturally. So I appreciate it.

(Loi): Thank you so much.

Jim Rolla: Okay, thank you.

(Loi): I (unintelligible) for the sake of time, but I have too much to say. Just one more congratulations. We're having a public statement from the employer now, we were getting some jargons, and I did not work on Wall Street before, so I have no knowledge of what they were sending out to me, but now we're getting a statement that is readable and easier to understand for me.

Jim Rolla: Good. Okay, that's great. That's good feedback. Thank you. You could share good news all day long.

(Loi): I have good and bad.

Jim Rolla: All right. It was all good to me, but thank you.

Coordinator: Speakers, we have our next questions coming from (Carmen). (Carmen), your line is now open.

(Carmen): Okay. Hello?

Jim Rolla: Hi, (Carmen).

(Carmen): Hi.

Jim Rolla: How are you?



(Carmen): I'm doing okay. I'm working...

Jim Rolla: Good.

(Carmen): I have my dog with me, so, after I get home, I'll work as another home health aide for him.

Jim Rolla: Oh, wow. Oh, my gosh, you're a caregiver day and night. Wow. Okay, well, congratulations to you.

(Carmen): Yes. Thank you. Now, I called before, you know, and I usually speak to (Ben) during the day. Today, and I just wanted to mention I could relate to what the lady was saying, (Loi), what she was going through, because I also went through a similar situation with the call service company. And you know, the patient has - he called and he had to get (something). Well, the issue with him. Right now he only gets Lyft, which is good, and that's a car service that we always try to take, Lyft, because it's reliable.

Jim Rolla: Yes.

(Carmen): So the issues, you know, it was fixed with him, so I'm glad.

Jim Rolla: Okay, good.

(Carmen): I just, I wanted to ask you about the - I recommended a friend of mine.

Jim Rolla: Okay. Thank you.

(Carmen): She's taking the classes - you're welcome. I think this is her last week or she has another week, something like that. Anyway, so she's happy. She's happy while she's learning and everything. So, yes, so I'm looking forward to that bonus, you know...

Jim Rolla: You're going to get it. That's great. So that's great. Thank you for sending her. That's the greatest compliment that we could get, one of the greatest compliments that we could get, is that you would send your friend here.

(Carmen): Yes.

Jim Rolla: So you're going to get the bonus after her orientation, right - because that means that they're hired, right? On orientation. And then you'll get the additional \$300 after she works for three months. So, just make sure she stays here. Okay?

(Carmen): Yes. Yes. Certainly wants to work as a home health aide, because she wants to, you know, family members that she has. She has friends also, and, you know, she's looking forward to it. So I'm hoping that, you know, she does stay with us, you know.

Jim Rolla: Me too. And I hope - and I hope you get that money.

(Carmen): When they do send it, will they send it with the regular check or is it going to be paid separate? I'm not sure.

Jim Rolla: It comes in your regular check, but it will show as additional payment. Yes. Yes.

(Carmen): Oh.

Jim Rolla: It's still taxed. It's not - yes, I know what you're thinking. It still has to be taxed.

(Carmen): Yes. Yes. Yes, I figured that. Okay. Well, thank you.

Jim Rolla: Okay? Thank you.

(Carmen): I always have - today I was able to listen to you, this is my first time hearing you. I try to - I am on religious meetings on Thursdays so I, you know, I can't log in. But today it was switched so I was able to, you know, hear what's going on. So...

Jim Rolla: Good. I'm glad.

(Carmen): So it's not (unintelligible), you know, during the week, you know, any videos that you have, I look at it, and, you know, I stay keep up to date with what's going on with the agency.

Jim Rolla: That's great. Thank you for doing that. And thanks for making the time.

(Carmen): You're welcome. You're welcome. Bye-bye.

Jim Rolla: Okay. Thank you.

Coordinator: Speakers, we show no further questions in queue.

Jim Rolla: Okay. So I'm going to defer to the team right now if there's anything that they want to cover. I'm sure everybody is tired of hearing me talk.

Anyone on the team want to cover anything? Or maybe we could get some people to - we still have time, so we still want to take your questions. Maybe I could go - anyone on the team want to cover anything?

I'm going to take the silence as we're good.

I did forget one bonus. So, anybody who joined the agency, you know, also will get a sign-on bonus. So that one works that if you join the agency, if your friends join the agency, they will get a sign-on bonus as well as the referral bonus that you'll get. So, keep that in mind too.

There's another question that I just want to cover here. Let's see. Somebody sent this in. I work extra two hours and three hours this month, only five days. I need more days to - so I need one more day to complete for the bonus.

So let me explain the bonus again. You have to work six total hour cases - six - sorry. Six cases. All that would be two hours. Okay? So, for each case that you complete, from beginning to end, counts as one. So if you had a three-day - if it was three days, two hours, that's one case. Once you complete it after it goes for several weeks, then that completes the one.

You can take more than one at the same time, right? More than one case at the same time, and yes, but just - that would be two, and then you would take another one, three, right until you finish up to the all six.

So I'm not sure if I understand the question. If you're looking for another case, because it will get you to the six cases, and call the agency, and we would be able to give you a case probably tomorrow. But if it's more - if I'm not understanding the question as clearly as I should, I'll read it one more time.

I work extra hours, two hours and three hours this month, only five days. So I need one more day to complete for the bonus. Or do I need to work all the time to get the bonus?

So you don't need to work all the time. You need to work the number of days and hours that the case is authorized to work. So, three days, two hours, that counts as one case. Another case, three days, two hours, that counts two cases. Another case, three days, two hours. Right? And when you're finished with all of them, you complete six, is when you get the bonus.

So ID number, Rosa, maybe if you want to take it down, 81430, we can call and maybe explain or get some additional information, so that we can answer this question good, better maybe. Okay?

Rosa Marcus: Uh-huh.

Jim Rolla: And there was another question that came in, this was a very interesting one and was long and I won't read it word for word. But what they were saying is that there are many clients -- well, they didn't say many -- but there are some clients, patients in which you go into the patient homes and it's very, very dirty, and it's very - it needs to be, like, cleaned professionally.

And there was, like, there was a suggestion about, as an organization, meaning VNS Health, you know, going into the clients' homes and doing this deep cleaning and, like, doing this for all of the clients.

This is, while it's a good suggestion, and I like the idea and I understand that it's in the best interest of both the client and, of course, for you going into the home, we don't want you to be in a home where the conditions are very poor,

it's not something that we - we're not a cleaning service, we're not a cleaning agency, and we would not be able to sustain something like that at our expense, like, to clean these houses to that, you know, to that extent.

There are times where, you know, there are certain conditions in the home that need to be addressed immediately, and they can be addressed on a higher level.

And so the best response and the best advice that we want to be able to, you know, share with you or be able to give you some support, is when you see conditions in the homes that really need to be addressed, like certainly anything that look dangerous, or anything that is, you know, a risk, or anything that could be a risk to, you know, not just you but maybe the client themselves, call the agency and we can put you in touch with a nurse and they can - there's many, many different ways which we can intervene.

We can speak with the care manager, we can make referrals to other organizations to be able to rectify the situation. These things take a higher level of coordination amongst a number of different referral sources and professional organizations. And so we don't want you to be in the home, in, you know, conditions that are unlivable, nor do we want the client. So, report those issues right away and we would be able to deal with them on a case-by-case basis.

That's a different scenario than, you know, just going into a home that is unkempt and not really clean and probably has been neglected because the patient is unable to clean, and that we would do the cleaning for them. So that's the distinction.

So I want to make sure that everybody understands that, when you see conditions like that, call right away and we'll see - we'll take the necessary steps in order to help resolve the situation.

All right. Are there any more questions while I was talking about that?

Coordinator: We show no further questions in queue at this time. Speakers, as a reminder, if you would like to ask a question, please press star followed by the number one on your phone, and record your name when prompted. To cancel your request, press star followed by the number two. One moment please for any incoming questions.

We have one question in queue. One moment please as I get the name.

We have our next question from (Valentina). Your line is now open.

Jim Rolla: Okay. Hi, (Valentina).

(Valentina): Hi. Hello, everyone. Yes, very well. And you?

Jim Rolla: I'm good, thank you.

(Valentina): I'm just so proud to be part of VNS. It's an agency that I had friends working in there and my heart was just waiting to get there, and it's almost a year that I've been with VNS. And I'm very proud wearing my uniform going to work.

Jim Rolla: Oh, that's so wonderful. I'm so proud of you and so glad to hear that. That's wonderful.

(Valentina): Yes. Waking up to put on that uniform is just makes me who I thought to be.

I have a question. My question is that, does VNS Health give equal pay for every case? I mean, hourly payment, for every case? Because within the - almost a year, next month will be one year, I've been on different, different cases. Some of the cases are really tough.

Jim Rolla: Yes. Yes, I understand. So there's not different pay. We have to pay according to the collective bargaining agreement, which is the union contract. So we can't deviate from the pay rate. But I do understand that, you know, each patient has a, you know, varying levels of difficulty and demand. But we don't make adjustments to pay rate based on case complexity or difficulty. I mean, I understand the ask and I understand why, but we're not able to do that.

(Valentina): Okay. Good to know.

Jim Rolla: I know. I wish I could give you a different answer, but...

(Valentina): I know.

Jim Rolla: But that's the answer. But I appreciate the question. And again, we - I - we understand why that would make sense, but like I said, unable to do it. But hopefully you will be able to participate in these exciting - well, you are participating in these exciting bonuses, so you'll be able to maybe see some additional money there. Right? So I hope you're happy about that.

(Valentina): I am.

Jim Rolla: Good. All right. Thank you for such a wonderful...

(Valentina): I have VNS Health on my chest. It makes me happy.



Jim Rolla: I love it. It makes me very, very happy to hear you say that. I really do. And keep doing, like, keep doing such beautiful work and all the good things that you're doing, all of you.

(Valentina): Working hard.

Jim Rolla: I know you are. I know you are. I know that. I don't ever forget that. I know it. We always know.

Okay?

Coordinator: Speakers, we show no further questions in queue.

Jim Rolla: Okay. Well, this has been the highlight of my day, and I'm not kidding when I say that. It really is a thrill for me, and for the team, all of us here, to be able to have some time with you.

(Joe), I'd love to know how many people were on the call.

Coordinator: We had a total of 80, eight zero, including your lines.

Jim Rolla: Wow. Wow. Okay. Maybe next time we'll get to 100. Tell your friends. And please make sure that you don't wait for calls like this to talk with us about your - if you have any questions, comments, concerns, you don't have to wait for a call. You could call at any day, any time, and we'll be happy to help you.

I see there's one more - I'm sorry, I know we're over time, but I don't want to shortchange anybody. I know there's an additional question about the \$75 bonus.

It has not started yet. So if you are using it, like, I'm applauding you for using it. It's going to go into effect very, very soon. We'll be sending out a communication.

Now, that doesn't mean you shouldn't be using it or continue to use it. You'll get the bonus for using it, but we haven't put it into effect yet. But again, remember, this is something that everybody needs to be doing all the time anyway regardless of whether we give you a bonus for it. We just want to kind of thank you for continuing to use it.

And really we want to put some dollars towards this just to emphasize how critically important it is to the work that you do. Like, it's part of the job. It's part of the work that you do, and it's part of every visit that you make, is to call in, call out your attendance, and enter your tasks.

So there'll be more information about that coming, about when it officially begins the bonus payment. And it doesn't go back, even though - because - let me be very clear. There's many people that are using it today and using it correctly and using it all the time, but the bonus doesn't apply to what's happened, it's just it's moving forward. Okay? So I hope that that's clear.

But if you don't have the app and you want to get in on this bonus, I suggest you call the office and get that done. Okay? All right. So I hope I answered the question.

So, again, thank you - yes. Yes.

Coordinator: We have one other question on queue. Would you like to take it?

Jim Rolla: Okay. Of course.

Coordinator: Our next question is from (Brenda). Your line is now open.

Jim Rolla: Okay.

(Brenda): Okay. Good evening to everyone. Good afternoon, good evening. You sound so interested (unintelligible) I listened to you once and this is the second time I'm listening to you. You know, it's so interesting know that you'll be helping us, helping us as we go about.

What happened is that I came down with the COVID virus yesterday.

Jim Rolla: I know. I'm sorry.

(Brenda): Yes. So I am off for the next five days of (unintelligible). Now, you know, you don't know why you get it or who you contracted with, and I think I did everything that was safe. I used all my masks, I used everything, but I came down with that. I worked through the pandemic, it was scary going up in transport and the train. It was so scary, you're alone in a car. I mean, I wasn't afraid, but it was scary. And I did all that.

I never ever come down with anything. Nothing. And today it's (fair enough) you know, it's not that I relaxed, but...

Jim Rolla: How do you feel? Are you okay? Do you feel okay?

(Brenda): I feel okay. I have no symptoms. I have nothing. Nothing.

Jim Rolla: Okay.

(Brenda): But the person that I was taking care of, one of the other girls called me and she told me go get tested because they (their client was) positive.

Jim Rolla: Oh.

(Brenda): So I went and I (unintelligible) this morning, and it was like that. One question. Are we going to get paid for those days that we are off?

Jim Rolla: Yes. You will get - I know that there's a structure, and I don't want to take the time here to - because I don't want to say the wrong thing. So we'll take your ID and we'll get - we'll connect with you tomorrow and explain what you're entitled to in terms of pay, because there's a couple of different ways that it's paid. Okay?

(Brenda): Okay.

Jim Rolla: (Brenda), can I have your ID? Yes.

(Brenda): My ID is 99234.

Jim Rolla: Okay. Rosa, you got that?

Rosa Marcus: Yes.

Jim Rolla: Okay. (Brenda), I hope you feel better.

(Brenda): Yes.

Jim Rolla: I mean, I hope you continue to stay the way you are, with no symptoms.

(Brenda): Yes. Because I cried the whole morning, I was crying, whole morning.

Jim Rolla: Oh. I'm sorry to hear that.

(Brenda): It was - because I didn't know where the COVID virus (was all about. So now that) I have it, it's like where you get it from, you know? Something like that. But I want to tell you that I have a good supervisor who is so caring. Her name is (Heloise), I think (unintelligible).

Jim Rolla: Oh, wonderful. Yes.

(Brenda): She is so - yes. She is so caring with me (me. I don't know about the) rest, I could talk about me. But she is very, very, a very nice supervisor. I love her.

Jim Rolla: Oh, that's - I can't wait to tell her. You're not the only one that feels that way about (Heloise). But we're still going to tell her. Yes, so I've heard that before.

(Brenda): Yes. She is.

Jim Rolla: Yes. Thank you for sharing that. That's very nice of you to share that. And we want to make sure that she knows. So, thank you.

So, feel better, and...

(Brenda): And you all stay safe and, as we say, we don't know where we get these things from, but I try to be on the safer side and this is what happens. So you all try and be safe. (Unintelligible)...

Jim Rolla: Okay.

(Brenda): All right. Thank you so much.

Jim Rolla: All right. Thank you. Thank you. Okay.

(Brenda): You're welcome.

Jim Rolla: All right.

(Brenda): Thank you. Bye-bye.

Jim Rolla: Okay. Bye-bye.

All right. So I know we're over time and I know you've all hung there even extra time. So, thank you for the time. Thank you for the feedback. Thank you for the wonderful things that you said.

But most important, thank you for all the wonderful things that you do. We really, really, really, we know it, we see it, and we really thank you for all of the great work that you do.

So, on that note, have a good night. Be safe. Try to stay cool. It's hot. And enjoy your - the rest of your week and your weekend. Okay. Thank you very much. Goodnight.

Coordinator: Thank you. That concludes today's conference. Thank you all for your participation. You may now disconnect.

END