

VISITING NURSE SERVICE OF NEW

Moderator: ALLISON HANCU
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5:24 pm CT

Coordinator: Welcome and thank - welcome to Ask Personal Care SVP Call and thank you for standing by. At this time, all participants are in listen-only mode. After the presentation we will conduct the question-and-answer session. To ask a question, please press star followed by the number 1.

This call is being recorded. If you have any objections, you may disconnect at this point. Now I will turn the meeting over to your host, James Rolla. Sir, you may begin.

James Rolla: Thank you and good evening everyone. I'm very excited that you have joined our monthly - well, now I think it's bi-monthly Ask the SVP call. It's a great opportunity to connect with you and hear your concerns and how we're doing for you as an organization. So I appreciate you taking the time to spend the Thursday night with me.

I want to let you know that on the call with me tonight is other members of my leadership team. We have Tom Cocozza, who is the Director of Operations. We have Rosa Marcus, who's Director of Support Services. Many of you know Rosa from these calls, as well as other calls. And I know

she provides a tremendous amount of support to you when you call with concern.

We have Loraine Earle, who's a Director of Support Services. Loraine has - is very close to the work that - assignments that you get and wants to make sure that you have work available to you, that you are taking work and that we make sure that you have enough work to meet your needs.

And we have (Kenya Delaji), who is the Director of Quality and Education. And (Kenya) is here to support you for both your in-service education and any other continuing education needs and questions that you have or anything related to your certification, as well as many other things.

So you're going to hear from them tonight as well. But I just want to take this time to thank you for all the work that you do and all the great work that you do for your patients. I know they count on you every day. We count on you every day. And we know you have a really hard job. And as many of you who joined this call often hear me say we know that you have your choice of working for many, many agencies out there and we are very honored and glad that you have chosen to work with us and that you want to stay with us.

And so on the subject of staying with us, I'm hoping that you have all been able to (unintelligible) first bonus payments. We've talked a lot over the past couple of calls about these bonus payments and incentive programs that we have implemented because we want to make sure again that you are staying with us and that your experience here is a good one. And so I'm hoping that some of you have been able to already begin to enjoy those bonus payments.

I'm going to review what those bonus programs are because it's worth repeating again and again, so you know what's available to you. We currently

have a bonus program going now which involves - which includes anyone who's working for us. And for every hour that you work, you're going to earn an additional 50 cents for every hour that you work. And every quarter, depending on how many hours you work, we're going to take that 50 cents and multiply it by the total number of hours that you worked in a three-month period. And then you will get paid out of that in a bonus check.

So some - we've already made two - one or two - one payment already last quarter. I think we're getting ready to make a second payment. So I've gotten feedback from many of you that you're happy about it and you've received it and it's hopefully exciting for you as it is for us.

And we also have some other bonuses that are going to be announced quite very shortly.

Oh. Well, we have another bonus that's actually currently going. We've had 170 people already received this bonus. I think I got that number today. A hundred and seventy people have already received a bonus for working short-hour cases. Short-hour cases are two-hour cases. And after you complete six two-hour cases, you get \$250. And 170 people have already received bonuses for working these short-hour cases.

So I'm hoping that that's incentivizing and rewarding people for taking the short-hour cases. I know those cases are not very appealing and I know those cases are hard because it's hard to want - to just work two hours and have to travel from place to place to place in order to get a full day. But remember, these patients need to be cared for, too. And they need care. And we want to make sure that we're able to take care of these patients.

And so we need to - we want to reward and thank you for taking those cases. And it just goes to show you how much more of you we need. And so I always want to remind you that there are referral bonuses that are out there for every aide that you refer to us, a friend, anybody that you know or somebody that you see on the bus, somebody you see on the street, somebody you see as - anybody that you want to recommend working for VNS Health Personal Care, you will be paid a bonus once that person has been hired and completed a small number of hours. It's not that much. But they do have to be working for us. And once they've worked and completed their requirement, you will get the additional bonus.

And the details about those bonuses are available - Rosa, are they available on the Resource page or where could people find more detail about our - the bonuses? Do you know?

Rosa Marcus: Yes. They're definitely available on the Home Health Aide Resource page.

James Rolla: Okay. So I encourage everybody to go to the Home Health Aide Resource page and learn more about these bonuses if I didn't do a good job explaining. But I'll take any questions that you have related to the bonuses when we open it up for a question-and-answer part of the program, which is my favorite part of the program because by this time of day I get tired of talking and hearing myself. So I'd like to hear from you.

So, Tom, I know that we just sent out the Home Health Aide Satisfaction Survey or maybe the Home Health Aide Engagement Survey. And maybe you could talk a little bit about that.

But before I turn that over to you, I just want to say to everyone on the call that we're really happy and excited and really looking forward to receiving the

feedback from these surveys because this is how we learn firsthand and the best way for us to learn how we are doing for you as an agency, how we are doing for you as a place to work and how we are doing for you as a place where you feel you belong and that your voice is heard.

And so I want you to take every opportunity to look for that survey, take the time to complete it. Without hearing and without knowing, we don't know what we need to do better. And so I cannot stress enough how important it is for you to respond to that survey. I know we give you a lot of information and we are always giving you - you know, sending you things, e-mails and all kinds of information overload.

But this, this one is your opportunity to tell us how we are doing and what we need to do better, just like we use this call to hear from you about what we're doing well, what we need to do better. And so we want to continue to provide you with opportunity to give us feedback so that we can make this - we make this your employment experience here a great one.

So, Tom, could you talk a little bit about the survey?

Thomas Cocozza: Sure, Jim. Hi everybody. So as Jim mentioned, we just sent out the 2022 VNS Health Personal Care Employee Survey. I know that's a big title but it's not that long of a survey. So we really want to try and get as many people as possible to take it, as Jim mentioned.

This survey and the answers that it gives us will directly turn into action plan. That's the point of what we're doing is to take the feedback that we get, find out where we need to improve, where we need to strengthen and make a plan to immediately kind of address that.

So the link went out yesterday afternoon. You may have seen it already, sent via text and e-mail, explaining what the survey was, putting a link into there. If you click on the link, you'll see that the survey is available in six different languages. So Spanish, Chinese, Kriol and I believe Russian, as well as English.

So you can take it on your phone, if you have a smartphone. You can take it on a computer if you have a computer. It takes about five minutes to complete - maybe not even. There's only nine questions. Eight of them are simple to you like grade us on a 1 to 5, 1 being good - bad, 5 being good. And then there's one that's open-ended that lets you kind of voice your own opinion on where we are and where we might need to improve.

The questions are in three main topics. One is about what we call engagement, which is talking about how you feel about the organization, how you feel about your job, how you feel about how much you like working here and how much you still want to stay here.

There's also inclusion which is talking about how much you feel valued by the organization, how much you feel included in the organization. And that can be anything from culturally to, you know, make sure that your voice is heard, making sure that the organization kind of looks out for you.

And then the next is my manager. So it's really talking about your relationship with your supervisors and the people that you deal with in the office to kind of help guide you and give you direction.

So those are the three areas of the company as a whole, not just for the Home Health Aide population but what everybody who works here is kind of

looking at to see where we're strong and where we might be weak and what we can do to improve.

So it's really, you know, essential for us to get that feedback from you.

So the survey is going to go out. It's going to be open for about two weeks. We'll send out periodic reminders every other day or so just in case you haven't got a chance to take it so that the link to it is top of mind.

For those people who the link went out, I think only in English on day one. We're going to put it out on multiple languages so that you can get the full context of it in your native language.

That's pretty much it. I guess, obviously, when we go to the question-and-answer session, if you have any questions about the survey, please feel free to ask. We're really excited about it. And it's just one more step I think that the company as a whole is taking to really make sure that we value every member of the company no matter what the role is equally.

Thanks, Jim.

James Rolla: Okay. All right, Tom, thank you very much. That was a great explanation, and I'm sure that there will be questions. I hope there will be questions. And we will cover that then.

I wanted to make some quick reminders about we are back in the office and I see so many of you every day. And I see more and more of you every day and it's very, very exciting to see we're around the office. And I just want to encourage you and urge you to come into the office. We are working very hard at getting more and more of the team to be in the office sort of at the

same time. We're thinking about having - we're actually going to be doing this but there'll be more to come about exactly when. But hopefully, towards the end of October we're going to have a couple of - one week at least, maybe two -- I'm hoping for maybe two -- where everyone is in the office for that whole week. So when you come in, you can see your supervisor. You can speak to compliance. You can go to payroll, just like the old days.

And so we're really excited about that. We know how important it is to you. And it's even more important to me that you feel connected to your organization and that you feel connected to the company and that we are there to be able to support you.

And so I know that - I heard a lot of comments and appreciate a lot of feedback about wanting to do in-person in-services again. And we really would like to get to a point where we could do in-person in-services. As we know that's an important part of your experience here. We're just trying to figure out the logistics of that.

But in the meantime, you've been doing such an amazing job like a really fantastic job using CareConnect to complete your in-service courses. I think we have phenomenal numbers I think that (Kenya) is going to share. But I appreciate your embracing the technology and using the online education platform. I know that in-person is always better and it's certainly more fun. However, we do need to - as a result of going through a pandemic where the world shut down, it's good for us to have an, you know, an option like this or the ability to be able to do something like this so that you can do in-services right in the comfort of your own home.

And so I just want to give you a big shout-out and a lot of credit for taking the in-services, and although they're not as exciting as in-person, we are trying to

work towards that. But that - the online in-services is really never going to go away. And I want just to be very clear about that because it's just a - it's a more efficient way of getting this requirement met. But we're going to - we still want to see you.

So there'll be more to come about when - and we'll communicate out when we're going to be in the office when the whole team is together in the office again, just like the good old days. So I'm really excited and looking forward to that.

On that note about technology, I know - and I don't have all of the information yet but I just want to make sure because I really feel very honored that you take the time out of your night to get on this call and hear information like this. And so I want to make sure that you are well aware of - and I want to encourage more and more people to come.

We're making a change to the format and it's going to be, instead of the phone call that we're doing right now, like a conference call, it's going to be on Zoom. We're going to be shifting this call to a Zoom platform. Now don't - that doesn't mean that if you don't have a computer, you can't participate. You can still use your phone the way you do. It's just you will be dialing into a Zoom meeting versus, you know, just a telephone line. I think I got this right.

If you have a computer, of course it'll be great if you can turn it on and we can see your face. And I don't know if you want to see my face but you could - I do want to see yours. And you can take your computer and you can use the camera feature. And you can also use the camera feature if you have one on your phone.

So we're going to give you more instructions and more information well in advance of the next call so that you're prepared to use the format. But if all else fails and nothing else - you have no other option, you can always still call just like you did right now tonight. You're just going to call a different number and you're going to dial directly into the - what we call a Zoom room and a Zoom meeting.

So I just wanted to make sure that everybody knows that that change will be coming. But listen, this is the way of the world. This is the way everything is going. And so we need to kind of go with it and embrace it and we're going to do whatever we can to support you in that transition onto that kind of platform.

So, (Kenya), would you give an update on - I talked all about in-service. Now I wanted to turn it over to you to maybe talk about how good the numbers are looking and what our caregivers should be focusing on with respect to their in-service education and any other updates you have.

(Kenya Delaji): Okay. Hi everybody. Absolutely.

So I just want to thank everyone for really doing an amazing job, especially this year as somehow everything clicked. I believe the application, the courses have been very well received and we have for multiple courses - ten courses greater than 90% completion rate with two courses are 95% completion rate. So 95% of you have completed multiple courses. And it's amazing for it to be September and seeing these numbers.

So the one thing that I will ask is for everyone to continue to do the remaining courses. There will be two more to be launched in the next month for all of your 12 hours of in-service. If you have any questions or any concerns or any

app issues, reach out to us. The e-mail - you can send e-mail to paredu@vnsny.org. That is P-A-R-E-D-U@vnsny.org.

So definitely each out with any questions. I do appreciate all of your feedback really through the course of - we have had updates to the courses this year based on your feedback last year. So we absolutely welcome any and all opinion related to these.

And the only other thing - so thank you. And then the other thing that I will say, we have an exciting health coach - two health coach courses starting - the one starting in October 24th and the other one is for November 28th. So especially for our bilingual individuals, we are very much looking forward to welcome you to this particular course. So if you are interested in being a health coach and going to the health coach training, again, reach out to me at paredu@vnsny.org.

I believe that's it. Thank you everybody.

James Rolla: All right, (Kenya). That was an exciting update.

Okay. I think we're getting to the point where we're going to turn it over to the - to you, folks, right now. But before we do that, I wanted to ask Loraine Earle if she has any updates or comments to share with the team.

Loraine Earle: Okay, Jim. Thank you.

So Jim spoke a lot already about the work that we have. But I just want to take this time to say thank you to each and every home health aide that's on this line tonight. Thank you for the amazing job that you do. We know it's not easy, like Jim mentioned. Some of the cases are two hours and three

hours. But you do take your time each and every day to go out and provide services to our patients and our plan members. And so we are very grateful for this and what you do every day.

However, I always like this opportunity to let each and every person on this line, we're never ever out of work. This work each and every day we leave the office and there's work (unintelligible) cases, you know, that we have to come back the next in place.

That is work for each and every person. The only thing we ask of you is to be a bit flexible in trying to accept the short-hour cases. And as mentioned early by Jim, there's an incentive for doing that. I'm encouraging everyone for the incentives. Please complete it every six of those short-hour cases. There's an extra \$250 you can earn.

So think about it. There's a benefit to doing the short-hour cases. The patients need you and we need you very much also. But work, there's always work. So no one should ever say they're calling the office and there's no work. There is work. And so we encourage you to call your supervisors and let them know that you're available, that you heard about the bonus payment after the six cases are completed and you would like to be involved with that.

So again, I would like to thank you for coming on tonight and we look forward to hearing from you and accepting some of these cases that we find difficult sometimes to place because we need more and more aides to accept these cases. So again, thank you and have a good night.

James Rolla: Thank you, Loraine.

So yes, as Loraine said and as I talked about in the beginning of the call, you know, work is - work means different things to different people. And meaning, when I say that I mean that there is - one of the really nice things about the work that you do you is you can work as little or as few or as many hours as you like up to 40 hours. And we want everybody to be working whatever it is that meets their need.

But everybody has different needs and we can't always control the number of the cases and what's - how many hours are associated with each of those cases. Patients are patients, and they all have the same needs and we have no way of controlling, you know, the hours that are associated with those cases. And there's no way for us to really, you know, gauge when something is going to come in with big hours versus cases that we get, you know, much more routinely with shorter hours.

And so I say that because I want to make sure that everybody understands that it's not something that we have a lot of control over. We can give you as much as we have. And we have a lot. But you have - the more flexible you are and the more - flexible is probably the best word. The more that you don't narrow or limit yourselves to specific areas only or specific hours of the day only - well, you can do all of that. Don't misunderstand, that's your choice and that's one of the beauties of the job like this. But you - if you have a lot of restrictions or a lot of very, very, very specific requirements, that just limits the number of assignments that would be available to you.

So it's important, you know, to have - you know, to be aware and for us to have a real discussion about that because I don't know how we would be able to really give everyone exactly what they need when they have very, very, very specific requirements because, again, patient's needs are all different and they all change and we have zero control over that.

So we have to - we take what we have and - we'll retake what we get actually is what I should say. And then we just need you to be able to take as much as you are able to do. I understand that it's not easy to get around and it's not easy to travel and all of the challenges that come with traveling in the cities and the neighborhoods. I know there's concerns about safety. I'm very well aware of that. And I'm - would never advocate for anybody to be taking - putting themselves in a situation where they're unsafe. Like there's never ever, ever anything that would be important enough for you to risk your own safety.

And so it's absolutely fine for you to take the assignments in the areas that you want and that you prefer. It's just, as I said, the more that you - the more restriction, the less likely - you know, the more difficult it is going to be to get, you know, to get the work that you need. Okay? I think you understand what I mean.

I think - all right, there's also a very big thing before we open for questions. There's a very big change that's happening. I know you've heard about it. I'm sure you've heard about it. Effective Saturday, October 1st, you will be receiving \$2 more per hour in your pay. It's part of the Fair Pay Act that was passed in the Budget back in April. So you will be receiving \$2 more per hour for any work that you do effective this Saturday, October 1st.

You may - and many of you I know and I really - so impressed sometimes how much you know about what's going on in your industry. And I appreciate the fact that you are very much - you have a great way of finding out information both from the union and in your own research that you do. And you are a very strong network of people who, you know, who research and find out good information. And so I think it's really admirable that you know

what's going on in the industry and that you have your ear to the grind, as they say. I don't know (unintelligible) nose to the grind but you know what I mean. What I think is important is that you are informed and well informed. And I think that's a great thing.

And so you probably heard about the \$3-increase that the Fair Pay Act include. So just to be clear, the \$2-increase comes in the first year. It's called the phased-in approach. Two dollars comes in the first year, which starts October 1st of 2022, which is Saturday. And then you will get an additional dollar starting October 1, 2023. So that third dollar comes in next October.

So I don't want anybody feeling as though they didn't get what they were supposed to get. The law calls for a \$3-increased by October 1st of 2023. And the way that it's being phased-in, it's not up to us. That's what the law states. It's \$2 now and then \$1 next year.

Okay. So that's exciting. And we're really happy about that. I hope you're happy about that. Certainly, there was a lot of advocacy and a lot of effort to, you know, to have that wage be higher, which we supported. But that is what we passed through the budget, the New York State budget. So it was not a - I want to make it very clear that it was not a VNS Health initiative or that with any other agency that you may work for. It's a statewide initiative across New York State and subject to governor's approval.

So with that, I think I'm going to take - stop talking and open it up to you. And I'm ready to take your questions.

So, Operator, if you could open up the - (Bea) - it's (Bea), right? I hope I said your name right. The - we could take the - open the queue and we could take questions.

Coordinator: Sure, thank you.

We will now begin the question-and-answer session. If you would like to ask a question, please press star followed by the number 1. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To cancel your request, please press star and then the number 2.

One moment, please, as we wait for the questions to queue up. At this time, speakers, we don't have any question in queue.

Once again, to ask a question, please press star and then the number 1. Record your name clearly when prompted. To cancel your request, please press star 2.

One moment, please, for the questions to queue up.

Man: Could you tell us how many participants are on the call, too, while you - when you have the chance?

Coordinator: Sure. As of this time, speakers, we have 81 participants...

((Crosstalk))

James Rolla: Eighty-one of you must have a question. I know that a lot of you are not shy.

Coordinator: Excuse me, speakers. I'm sorry for interrupting. There are now three questions on queue. One moment as I gather the information.

James Rolla: Okay. While we wait, I guess anyone one the team want to - did we forget to cover something?

Rosa Marcus: Hi, this is Rosa. I could talk a little bit about clocking in and clocking out and plan of care.

James Rolla: Okay.

Rosa Marcus: (Unintelligible).

James Rolla: All right.

Rosa Marcus: Hi everyone, this is Rosa Marcus. And I know many of you have spoken with me in the previous times.

I just want to remind everyone that one of the things that we are encouraging and asking everyone to do is to please clock in and out from your client's home using the HHAeXchange Application or the patient's telephone. You can no longer use your cell phone to clock in and out. That is something that we need to get away from because it's now a requirement that we should not be doing.

And going forward what we have done is, you know, when you clock in using the application, you're able to see the plan of care at the end of your shift. So you need to make sure that you respond to every single one of the task that are being provided to you. And if the patient refuses one of your tasks, you need to make sure to identify that and select that the patient refused. We need this information because we need to make sure that we are providing the clients the services that they need.

Using the patient's telephone when you use our telephony system, you will always - you will also, I'm sorry, get the option to select whether you provided the service or not, and the system does ask you to select the code for the refused task, which we don't have available at the moment but I'm - we're going to be sending out a notification to everyone with the codes that you can use going forward.

But again, it's much easier to use it with the application. So if you don't have the application, feel free to come to the office or download it yourself if you can do it because that is so much easier to do.

If you have any questions, feel free to call us at Personal Care and we will be able to assist you.

Thank you. And have a good evening.

All right, Jim, back to you.

((Crosstalk))

James Rolla: Great update, Rosa. Thank you. I didn't forget you were there but I should have...

Rosa Marcus: That's okay.

James Rolla: ...gone to you before.

While we're waiting also, I hope she's on the call. But I wanted to give a special shout-out as they say and acknowledge (Sinqueny Gordon). She spent ten - she spent 20 minutes with Dan Savitt, who is the CEO of VNS Health.

And she was talking with him and did an amazing, amazing job - and how teams collaborate and how to collaborate and keep the mission alive. And so she was one of our - she represented VNS Health Personal Care. And she did a wonderful, wonderful job.

And so hopefully, one of you will also be in future episodes of 20 Minutes with Dan Savitt, so - which she did a great job and we're really proud of her. And she is one of your peers. And so that's terrific.

James Rolla: Any callers? Questions from...

((Crosstalk))

Coordinator: Hi, speakers. We have one question on queue that comes from the line of (Liza).

(Liza), your line is now open.

(Liza): My question is will they begin to pay \$15 - \$17 on October 1st? When is this? This week or next week?

James Rolla: That's a good question. So it's for the work that you do starting on October 1st, which is this Saturday. So you're not going to receive it in this paycheck. You'll receive it in your next paycheck.

(Liza): Okay. So...

Woman: I'm sorry...

((Crosstalk))

Coordinator: Our next question...

James Rolla: Yes. Go ahead, Rosa.

Rosa Marcus: Oh.

James Rolla: Go ahead, Rosa.

Rosa Marcus: No, I just want to clarify that. It's actually in two weeks.

James Rolla: It was - right. I was just going to say that we are a week behind. Yes, right.

Rosa Marcus: Right.

James Rolla: So it's not this check or - it's going to be whatever work - it's yes, it is going to be in two weeks.

Rosa Marcus: It's going to be...

James Rolla: Thank you, Rosa.

Rosa Marcus: ...October 14.

James Rolla: October 14th is when you're going to see that increase. Thank you, Rosa.
That - now we're good. Thank you.

Coordinator: Thank you for waiting.

((Crosstalk))

Coordinator: We have the next question comes from the line of...

(Lisa Brewitt): ...name is (Lisa Brewitt). My question is I referred my daughter to the agency and...

James Rolla: Thank you.

(Lisa Brewitt): ...she started working with the agency in July. And I was supposed to get a bonus and I never got it.

James Rolla: Oh my goodness. All right. Well, thank you for making that referral. We appreciate that. Is she happy with us?

(Lisa Brewitt): Yes, she is happy. My supervisor called me today and told me that he was trying to call her today for work. And for some reason that she wasn't answering her phone. So I told him that she was online doing her e-learning. That's why...

James Rolla: Oh, okay.

(Lisa Brewitt): ...probably she didn't want to switch over.

James Rolla: Okay. Okay. That sounds about right. That sounds logical. Okay, good.

So...

(Lisa Brewitt): Okay, my - I'm sorry. Go ahead.

James Rolla: So let's take your ID down and we're going to follow up with HR. I don't - HR is not on the call tonight. But I'm going to have the HR team check on your - on that referral bonus for you.

So could we take your ID?

(Lisa Brewitt): Oh sure. Do you want me to give it to you right now?

James Rolla: Yes, if you don't mind.

(Lisa Brewitt): Okay. No problem. My ID number is...

James Rolla: Okay.

(Lisa Brewitt): ...99718.

James Rolla: Okay. I know Rosa got that down, 99718. And we're going to follow up tomorrow. And HR will reach - well, Rosa will reach out to you once we connect with HR and let you know the status of that bonus.

We really appreciate you sending your daughter to us and we will make sure that you get a bonus.

(Lisa Brewitt): Okay. My second question is last night, which was yesterday, I went online to do the survey. And for some reason, when I entered my ID number, you know, it didn't go through.

Man: I'll take that one.

((Crosstalk))

James Rolla: Okay, go ahead, Thomas...

((Crosstalk))

(Lisa Brewitt): I clicked on - I'm sorry. I clicked on the link via text message. I clicked on the link. I pressed "English." And then it said to enter your ID number and press "Submit." I did that and it said it didn't register.

Thomas Cocozza: Right.

(Lisa Brewitt): Like my ID didn't register. It's...

Thomas Cocozza: Like an off-sale in here or whatever, right?

Rosa Marcus: Tom...

Thomas Cocozza: So...

Rosa Marcus: ...is it possible that she needs to enter "0"?

((Crosstalk))

Thomas Cocozza: Yes, that's exactly what it is, Rosa. So all of the ID numbers when they were like uploaded it to the system to make sure that you're a real employee and not just, you know, I don't know, (unintelligible) try to pretend they had put in (unintelligible) or something, they will put in with six digits because the newer employees have six digits.

So if your employee ID only has five numbers in it, you have to put a "0" at the front. If you put that in, you will be able to take the survey.

(Lisa Brewitt): Oh, okay. So you're telling me that I have to enter the "0" and then the rest of my ID number.

Thomas Coccozza: That's it.

(Lisa Brewitt): Okay. All right, I will do that as soon as the conference is done.

Thomas Coccozza: Thank you.

(Lisa Brewitt): No problem.

James Rolla: All right, good. And again, thank you for the referral. And we will make sure that you get that bonus.

(Lisa Brewitt): Thank you.

James Rolla: You're welcome.

Coordinator: Thank you. Our next question comes from the line of (Brenda).

(Brenda), your line is now open.

(Brenda): Hi, good night everyone.

James Rolla: Hi, (Brenda). How are you doing?

(Brenda): Oh, I'm good, thank you. I'm good.

James Rolla: Good. Good.

(Brenda): I have a question; I don't know if you will answer it now or when. But, you know - or if it's for you. I don't know. The plan of care that, you know, when you're going to patient home, resident home, the plan of care is there. We - do we still have to action this sort of plans of care or use whatever is on our phone? Because, you know, on the phone is a long, long stretch and, I mean all is there. But certain patient, what we have to do certain things or requirements, we normally have that on the page. Do we still look for that or just do what we're there and take that off on our plan of care on the phone? I use my cell phone.

James Rolla: That's a great question.

Thomas Cocozza: So...

James Rolla: Yes. Go ahead, Tom.

Thomas Cocozza: ...yes, I'll jump in on that, Jim, if you don't mind.

James Rolla: Of course.

Thomas Cocozza: There's a few things when you're using the - your cell phone or using the app on your cell phone and you will...

(Brenda): Yes.

Thomas Cocozza: ... - if you go in and you see every task that you could possibly enter...

(Brenda): Yes.

Thomas Coccozza: ...right? That means that there's something that we need to fix in the office, right? Because that means that for whatever reason, the plan of care, the paper plan of care that you would ask from the nurse didn't get put in the system in the right way. Because if it did, when you clock out, all you would see would be only those tasks. So if you go into that app...

((Crosstalk))

Thomas Coccozza: ...and you see everything, you should contact...

(Brenda): Yes.

Thomas Coccozza: ...your supervisor and let them know that the plan of care is not in the system. And then they can fix it so the next time you go to work, you can use the app and you'll only see those tasks. That's what's supposed to happen. And if that isn't - or if you don't, you know, receive any task, the same thing, just contact the office and let them know.

If that happens for right now, yes, definitely look for that paper plan of care or again you can call the office and say "There's no plan of care here. I don't see one," the office should be able to tell you what the plan of care is. And then those in...

((Crosstalk))

Thomas Coccozza: ...respond to.

(Brenda): Did you mean - excuse me, you mean although we have this on our phone we need to have a plan of care on the (fridge)?

Thomas Cocozza: No, you don't - what's supposed to happen -- and I want to be clear on this -- is that the phone should only tell you what the plan of care is. It shouldn't have 100 tasks. It should have the number of tasks...

(Brenda): Okay.

Thomas Cocozza: ...that are only on the plan of care, right? So you should see - ...

(Brenda): Yes.

Thomas Cocozza: ...when you went in, you shouldn't see shower, bed bath, tub bath, you can see all of that. There should be like, you know...

(Brenda): Yes.

Thomas Cocozza: ...there's only one or maybe not. So if you see everything, that means that there's something wrong.

(Brenda): Yes.

Thomas Cocozza: If you tell the office "Hey, there's something wrong, I see all the tasks," they need to fix something, right? That means that when they see stuff...

(Brenda): Yes.

Thomas Coccozza: ...put into the system, something get put in the system the right way and like maybe somebody missed a (unintelligible). Who knows? But we can fix it on our side so that when you clock out, all you see...

(Brenda): Yes.

Thomas Coccozza: ...are the tasks from the plan of care. That's what we want. We don't want you to have to look for a paper that may be hidden or, you know, whatever. We have to get in touch with the nurse to find out. Let us take care of that for you, okay? We want it to be easy...

(Brenda): Yes.

Thomas Coccozza: ...for you to use that app. When you use it, it should be, I know what's here and this is what it's telling me to do and that's what I have to respond to. That's the goal.

So if you see something that's amiss, this is something that looks weird like what you're saying here, I see every task, that means...

(Brenda): Yes.

Thomas Coccozza: ...there's a problem that we need to correct. So again if you want to give me your ID, I'll look and I'll see if that's the case right now which is I can fix it for you.

(Brenda): Okay. My ID is - I just see in that view you have to use the zero? When I got my (unintelligible) zero but now you have to put in the zero in front.

Thomas Coccozza: Well, that's...

(Brenda): So we might use the zero?

Thomas Coccozza: You can give me the zero if you want. You don't have to. It's up to you. But when you do that...

(Brenda): That's good.

Thomas Coccozza: Yes.

(Brenda): Okay. It's 99234.

Thomas Coccozza: Two, three, four, okay. All right. So I'm going to look in your cases right now and see if I can make those plan of cares attached to your cases the right way so when you go into work, you see it on the app.

(Brenda): Yes.

Thomas Coccozza: Okay?

(Brenda): Okay. Yes. And one more thing. I just figured out that there's a problem in homes when I go punching in and I ask them, you know, they will call me and tell me I have to fax paper and because, you know, it's (unintelligible), I did not punch out, I didn't - you know, all you know is (unintelligible) sometimes you know you punched out. You know you punched in. And yet your app will tell you, you were successful. But they will call you and say you did not. You did not.

So I talked to the supervisor. I talked to - with somebody in HR which was very helpful at times but now I see that, you know, everything is working out

for me. So (unintelligible) kudos whoever it is. Now I can punch out and (unintelligible), you know, finally I'm okay.

Thomas Cocozza: All right.

James Rolla: Good. Glad to hear that. Yes. Yes.

Thomas Cocozza: All right.

(Brenda): But I had a lot of problem. It wasn't easy.

Thomas Cocozza: Well, yes, I'm not glad to hear that you had the problems in the beginning...

(Brenda): Yes.

Thomas Cocozza: ...but I'm glad that those things are resolved, right? And now we want to make sure that is it your morning case, your afternoon case or both?

(Brenda): The most one was my afternoon case just because what is stated don't have - I don't think it's in service or something like that (unintelligible).

Thomas Cocozza: Yes. So that's - yes, your - that's - that can happen sometimes. So even if your phone says you don't have service and you don't want to like use your data, still clock out. When you go somewhere that does have service, it'll upload it back into the system, okay? It'll save what you did. And then when you get service beyond later, it'll bring it back up.

So don't worry about the - like if you're in a client's home that doesn't have Internet, right? You can...

(Brenda): Yes. Yes.

Thomas Cocozza: Yes. All right.

(Brenda): Okay. Yes, thank you so much for answering me. Thank you.

James Rolla: Of course. You're welcome.

Thanks, Tom. You did a good job with that. Better than I could have done.

Thomas Cocozza: (Unintelligible), Jim.

James Rolla: Yes.

Coordinator: Thank you. Our next question comes from the line of (Marilyn).

(Marilyn), your line is now open.

(Marilyn): Thank you. My name is (Marilyn) and how's everyone first of all? Good evening.

James Rolla: Hi, (Marilyn).

(Marilyn): I just want to let you know that I enjoy your meeting. I always try to make them. And if I don't, I listen to the recording.

James Rolla: Oh, thank you. I'm glad to hear that.

(Marilyn): They're very helpful, you know, when we have questions and they're answered already so that we...

James Rolla: Yes.

(Marilyn): ...know where we go for information.

James Rolla: Yes, thank you for that.

(Marilyn): I have a question about jury duty. I was promised for jury duty last week. I went for today. I submitted my certificate of completion to my supervisor. I didn't see my payment this week which is probably recent but I don't know exactly the details of how I get paid for jury duty and I was just wondering if someone could give me information on that.

James Rolla: Absolutely. I don't know off the top of my head. I could tell you that. You went when, last week?

(Marilyn): Last week, yes, for three days.

James Rolla: Last week. And you gave it to the supervisor which week?

(Marilyn): I passed it onto her on Friday.

James Rolla: Of last week, okay. Okay. So let's take your ID and see where that is - Rosa, do you know the - Loraine, do you know the policy off the top of your head?

Loraine Earle: I think the policy is they will be paid \$40. I don't - I think that's per day I think up to three days. I think that's the maximum.

James Rolla: Okay.

Loraine Earle: I could be - and that's what I remembered as much four days. But we can...

((Crosstalk))

Loraine Earle: ...I can check it out for her.

((Crosstalk))

Loraine Earle: ...make \$40.

James Rolla: Great. Thank you, Loraine. I knew you would know.

But it's also in the employee handbook, (Marilyn). Do you have that?

(Marilyn): Yes I do.

James Rolla: Okay. Do you see - you could refer to the policy there. What we'll do is take your ID number and we will track down that - you still have the certificate of completion, right?

(Marilyn): Yes.

James Rolla: Okay. Because just in case...

Rosa Marcus: (Marilyn), can I have your ID please?

(Marilyn): 117542.

Rosa Marcus: Thank you so much. Got it. Thank you.

James Rolla: All right. We'll follow up on that tomorrow.

Rosa Marcus: Thank you.

(Marilyn): Yes. Also as a second part to this question because I was summoned as well for federal jury duty. I don't know if they're going to call me later on. They said they will call me like in six months. So I want to be ready because you know federal might take longer. And they said - at the local court here they told me that they might or might not take my certificate of completion. So if I am called for federal jury duty, I want to be able to budget myself so that I have enough money. So I just need to know payments-wise how much VNS will cover if I am called for federal jury duty.

Rosa Marcus: I am not sure for the federal because that definitely can be much longer. But we can give you the answer for that when you call tomorrow too.

(Marilyn): Thank you.

Rosa Marcus: You're welcome.

James Rolla: All right. Thank you and I hope you get excused.

(Marilyn): Me too.

James Rolla: I mean, I know I shouldn't say that because it's an important part of the justice system but I know that it could be very disruptive.

(Marilyn): Three days. Thank you guys.

James Rolla: Thank you. Thanks for the feedback.

Coordinator: Thank you, (Marilyn). At this time speakers we don't have any question on queue. Once again to ask a question, please press star followed by the number 1. And to cancel, you may press star 2.

James Rolla: Okay. Well, I think we are at time. Maybe a minute under. And I'm happy to take a question or two if you have.

Again I want to thank you for your engagement. I want to thank you for joining this call. It gets bigger and bigger every time and that makes me very happy.

I'd love your feedback always. And so if there's something that we can do to make this call better or we can make this call more helpful to you or we can do something different or if you're enjoying it, I would love to hear that. So please let us know.

Look out for that survey. Tom, it's out, right? It's already out, right?

Thomas Coccozza: It's out, yes. People have been taking it...

James Rolla: Yes, yes.

Thomas Coccozza: ...the last day.

James Rolla: Yes. Yes.

Thomas Coccozza: And I'll tell you this, right? So we had a goal - I'll tell everybody. We had a goal: Try and get 25% of the HHA population to respond to the survey. And

after the first day, we're already at 19%. So now I want to be greedy. I want to see if we get at least 40% or 50% of everybody to respond.

So please if you haven't responded, to the survey already and you still have the links on your phone or in your e-mails, go check it out. Otherwise, we're going to send in another reminder tomorrow. Encourage your friends, everyone who works here if they got the link to respond to the survey and respond honestly. We really want that...

James Rolla: Yes.

Thomas Cocozza: ...feedback so that we can do whatever it is that we need to do.

James Rolla: Exactly. Thank you. So look out for that. Respond to it. And let us know how we're doing. I will look forward to seeing you in the office. I get many, many people who recognize me. I guess my picture is out there somewhere. And so when I walk around, they're like "I know you" and I love that feeling. It's really nice. And so I hope to see you. And are there any questions before we go?

Coordinator: It's me speakers. There is one question in queue from the line of (Donna).

(Donna), your line is now open.

(Donna Smith): Hello. Good night. My name is (Donna Smith). I just have a quick question.

What about the - I think it was \$28 if we use the HHA exchange app that we will receive.

James Rolla: Okay. Good question. Yes. I didn't talk too much about it but you're going to be getting more communication about it.

It's \$75 for the - for every quarter. So for every quarter that you - meaning every three months, you'll get \$75 if you are completing all your attendance completely on HHA app, on the mobile app.

So if you call in and you call out and you enter your task...

(Donna Smith): Yes?

James Rolla: ...on the care plan, right, everything on the care plan will be just talked about from the other caller.

(Donna Smith): Yes, yes.

James Rolla: If you do that - let's say you do that 100% of the time, you'll earn \$75 additional...

(Donna Smith): Okay.

James Rolla: ...for the quarter, okay? So if you do use it - do you have it? Do you have the...

(Donna Smith): Yes, I have been using it month...

((Crosstalk))

James Rolla: Oh, okay. Well, so I appreciate that.

(Donna Smith): (Unintelligible) on this. I use it (unintelligible).

James Rolla: Good. Well then, we - well, I have a job for you. I feel like you should come in and train everybody how to use it.

(Donna Smith): No, no, no. I just get to know when I use it right through non-staff.

James Rolla: Okay. Well, so you're going to - so then you will definitely qualify for the bonus and that'll be an easy way for you to earn that bonus.

(Donna Smith): Okay.

James Rolla: And I want to remind everybody like this is something that is expected - you're very good and that's great you're setting a great example. But for others that aren't using it as well and as often, I just want to remind everybody like that is part of the job. You have to be able to - you have to do that. Like, that's not really something that's optional. And so...

(Donna Smith): Yes.

James Rolla: ...yes. So we're incentivizing people to do it but we don't really need to because it's just part of the job. But it's an added bonus for people that are using it.

(Donna Smith): When you get to know it, it's easy. It's not hard. You just have to know, get used to it and it's like normal, easy, easy.

James Rolla: I love it. I love it. That's exactly it. I think most people are hesitant to use it just because it's unfamiliar and they just - it's...

((Crosstalk))

James Rolla: ...like it's intimidating, right? It looks like it's, you know? But when you do it, it just becomes second nature.

(Donna Smith): Right. And when you gets to, you know, know it, it's very easy.

James Rolla: All right. Well, any time you want to come in and train everybody on how to use this, you give me a call, okay?

(Donna Smith): Okay. Okay. Good night.

James Rolla: All right. You have a good night. Thank you.

((Crosstalk))

(Donna Smith): You're welcome. Bye-bye.

James Rolla: Bye-bye.

All right. Is that it, Operator? (Bea)? Did I say your name right? It's (Bea), right?

Coordinator: Right. Speakers we have two questions on queue. Would you like to take it?

James Rolla: Yes. And then we'll wrap it - and then that'll be the end.

Coordinator: That is noted. There is one question from (Juvelyn).

Your line is now open.

(Juvelyn): Hello, good night.

James Rolla: Hello. How are you?

(Juvelyn): I'm good. My name is (Juvelyn).

James Rolla: (Juvelyn).

(Juvelyn): What are the - yes. I just want to ask about the HHA handbook. I am unable to read it on my form. So I'm - I would like if you could re-email it out to me. I'll be so grateful. So I can have it.

James Rolla: You can't read it on your phone? Of course. Yes, yes.

Rosa Marcus: Okay. Hi, this is Rosa. I mean, unfortunately, the handbook is so big because it is a lot of pages that we encourage...

(Juvelyn): Yes.

Rosa Marcus: ...if you want a copy, can you pick it up in the office? And we'll be more than happy to print it out for you.

(Juvelyn): In the office?

Rosa Marcus: Yes. You know, where you pick up supplies, they have...

(Juvelyn): Yes, I know them. I know but I am so - I'm so busy. I have three patients, you know? So I am unable to come.

James Rolla: All right. Let's see what we can...

Rosa Marcus: I was just going to say let me get your ID number and see what we can do, okay? Give me your ID number.

(Juvelyn): It's 600203.

Rosa Marcus: Zero-three?

(Juvelyn): Six hundred, two, zero, three.

Rosa Marcus: Right. I got it. I'm going to follow up tomorrow and then I'm going to call you, okay?

(Juvelyn): Okay, because I'm so busy I had three patients as I'm on a case (unintelligible).

James Rolla: We understand. I know. And thank you for all that work. It's all right. We'll...

(Juvelyn): Yes.

James Rolla: ...see what we can do, okay?

(Juvelyn): Okay, thank you.

Rosa Marcus: I'll call you tomorrow, okay?

James Rolla: You're welcome.

(Juvelyn): Have a good night.

Rosa Marcus: Good night.

James Rolla: You too.

Coordinator: Speakers for the next question that comes from the line of (Lisa).

(Lisa), your line is now open.

(Lisa Brewitt): Okay. Good evening. It's me again, (Lisa).

James Rolla: Hi.

(Lisa Brewitt): There was one other question that I wanted to talk about. Today when I went to work, when I was clocking out, apparently instead of me clocking out in the afternoon, my finger kind of went downwards to tomorrow's case. And I quickly realized it but it was like a kind of too late.

So I end up going back and clocking out for today's case. I end up calling my supervisor. I waited, I waited, I waited to speak to my supervisor. So I end up calling a former supervisor, which she always answer the phone, but I end up calling another supervisor of mine. She didn't answer the phone, so I end up calling my first supervisor and then finally he answered the phone.

And I was telling him about the problem. And I told him tomorrow when I go to work, that app is going to give me a problem because it's not going to let me register for me to clock in. It's going to say that I already clocked in, which was a mistake. See I get off at 3 o'clock in the afternoon, Monday to Friday.

James Rolla: Okay.

(Lisa Brewitt): So right now, I - it's not the picture of, you know, the time is set at 3 o'clock. It's in red. I explained to him as much as I can and I told him he has to do it on his end to reject the, you know, the part for Friday. So when I go to work on Friday, I won't a problem. But before I came on to the call, you know, I went back on the app to see if it was rectified and it's still the same. When I go to work tomorrow starting at 9 o'clock - I go to work every day on time. I've never been late. And...

((Crosstalk))

(Lisa Brewitt): ...if I go to work tomorrow, it's going to not let me register.

James Rolla: Okay.

Thomas Cocozza: All right.

((Crosstalk))

Thomas Cocozza: I'm sorry, Jim.

James Rolla: Yes.

Thomas Cocozza: I'm jumping, right?

James Rolla: No, you can - this is definitely not something I can answer. So, Tom, go ahead.

Thomas Cocozza: I'm sorry. Can you give me your ID again? I think you gave it before but I don't have it written down. So I just want to make sure. I'm going to look at it right now and see if I can fix it tonight. It won't be immediately. (Unintelligible) while we're talking. So let me see if I can fix it tonight for you, okay?

(Lisa Brewitt): Okay. So my ID number is 99718

James Rolla: (Lisa), can you tell me who you called that didn't answer? You said you called a number of supervisors and could you tell me who they were?

(Lisa Brewitt): Okay. My supervisor for this case is (Gavin).

James Rolla: Okay.

(Lisa Brewitt): Okay?

James Rolla: Okay.

(Lisa Brewitt): And I'm going to tell you something about (Gavin). I don't like to complain about supervisors but when it gets out of hand like - it's just like he don't answer his phone at all. You can call him and leave messages and he don't call you back.

James Rolla: Okay. We're going to address that.

(Lisa Brewitt): But today when - his name is (Gavin). Today, when he...

James Rolla: Yes, I know - we know who's (Gavin).

(Lisa Brewitt): ... - okay. When he answer his phone today, I said, "Oh, thank you so much, (Gavin), for answering your phone. I'd really appreciate it." You know, I give him a thank you.

But sometimes when I can't get in touch with (Gavin), I call (Camilla). She is my former supervisor and she always answer her phone. But today, I think the time I called, maybe she was off or she didn't work. But usually when I call her, she answer her phone.

And if I call (Julie), she'll answer her phone. But when it comes to (Gavin), it's like...

James Rolla: Okay.

(Lisa Brewitt): ... - I'm sorry.

James Rolla: I'm not laughing. I'm just reacting to your - the explanation, and I appreciate that. And it's important that we know that. And that's not tolerable and we're going to address that, okay? So it's okay to complain about it...

((Crosstalk))

(Lisa Brewitt): But he did - he answer - he did answer me when I, you know, called him back.

James Rolla: Okay. Well, that's his job.

(Lisa Brewitt): And I did say thank you so much for answering the phone. I always give him a compliment when he answer the phone. But sometimes when he don't...

((Crosstalk))

(Lisa Brewitt): ... - I'm sorry?

James Rolla: You shouldn't have to thank him. That's his job, so.

(Lisa Brewitt): Okay.

Thomas Coccozza: That's something you do that were just a little bit of stuff you have to deal with that. I think that's Jim's point.

James Rolla: Yes.

Thomas Coccozza: I have the call by the way, (Lisa). I'm going to project it right now. You're going to be fine for tomorrow, okay?

(Lisa Brewitt): Okay. So it went - you rejected it. I'm good for tomorrow?

Thomas Coccozza: Yes. You - I mean, it obviously takes like a minute or two for it to refresh. But yes, you'll be okay for tomorrow. Okay?

(Lisa Brewitt): All right. Thank you so much. Thank you. God bless. Thank you.

James Rolla: All right, good. Thank you. And we're going to address the other issues, okay? It's important that we know that. Thank you for letting us know.

(Lisa Brewitt): All right, thanks. You're welcome.

James Rolla: Okay. All right. Well, I appreciate you all hanging in there. It's a great way to learn from others' questions. And especially if you have similar

experiences, we definitely want to know. It's a great way for you to learn and maybe get some of your own questions answered.

Okay. So I hope you have a great night. Thank you again. Thanks for sticking in. And I will - I hope you have a great week, weekend, and I will see you around the office. All right? So have a good night and be safe. Thank you.

Coordinator: Thank you. And that concludes today's conference. Thank you for participating. You may now disconnect.

END