

VISITING NURSE SERVICE OF NEW

Moderator: Allison Hancu

September 1, 2021

5:11 pm CT

Coordinator: Welcome to partner SVP, and thank you for standing by. At this time, all participants are listen-only mode. After the presentation, we'll conduct the question-and-answer session. To ask a question, please press Star and then 1. This call is being recorded. If you have any objections, you may disconnect at this point. Now, I will turn the meeting of to your host, James Rolla. Sir, you may begin.

James Rolla: Thank you, and good evening, everybody. I'm so glad to be here with you tonight. I know the weather is not so good. So, we're tucked safe inside, hopefully inside your houses right now, and we can have a nice call together. I am also very pleased to see the participation. I understand we have almost 30 participants and counting as we begin this call.

I appreciate your patience. I know we're starting a little bit late, but I'm very glad that you're here, and we are trying this time out, which seems to be a better time for people to join. I know that you're working during the day. And so, having this call at this time might be much easier and more convenient for everybody.

And it's really important that we have participation in this, because it's your opportunity to be able to talk with myself and my leadership team, and we can help you through your issues or concerns or just any questions that you may have

regarding your work experience here. So, thanks for joining, and thanks for spending the night - some of your evening with us tonight.

I want to start by saying, we don't have too much to talk about or to discuss prior to us getting into the Q&A, because I think it's really important that this meeting - that this forum be used for you as a way for you to ask your questions, voice your concerns, and get the support that you need.

So, we're going to allow for a lot of Q&A. But I do want to talk about something really important, and something that's really new, and something you're going to hear a lot about, and that is that New York State has now required the mandate, meaning that it's not a choice anymore, for everyone who works with patients in any healthcare setting, to be vaccinated against COVID-19.

And so, this is a big initiative, and it is an aggressive push by the State in order to control the virus and keep everybody safe. And so, I know that there are many deeply personal feelings about vaccinations and whether or not people want them and want to take them.

And it is - how do I say this? I don't want to say that it's unfortunate, but it's - the ability to be able to say, I would choose not to take the vaccine and, you know, continue to work, is no longer there. And so, in order for people - and I want to make this very, very clear, in order for anybody who works with a patient, and that goes for anyone in any healthcare setting, so it's nurses, it's physical therapists, it's anybody in a hospital, would be anybody in a nursing home, and anybody who sees patients in the community, is required to be vaccinated against COVID-19.

So, that means you and all of you on this call, and all of the people that you see in the home, from VNSNY or the nurses that come visit you, that come visit and supervise, everyone who interacts with a patient must have the vaccine. And that will become effective - so the mandate is effective now, but everyone has until October 7th, which is a month or so away, to get - to receive their first vaccination, or they will not be able to - you will not be able to continue work, and you will not receive any new assignments.

And so, I mean, I said I don't want to say unfortunate. What is unfortunate is that I know that many of you, hopefully all of you on this call, received this vaccination and that this doesn't come as a surprise or as bad news. But if it does, we do understand and realize that throughout the pandemic, how hard you worked and how much you were committed to your patients and you wore your PPE. You went to work every day, and you did everything that you could to keep yourself and your patients safe.

The situation is out of our control. It's not a Partners in Care or VNSNY requirement. It is the State of New York. And in order for us to be able to continue to operate, we must comply with the State of New York. And that's not to say that we don't feel that getting the vaccines is the right thing to do, or that it's the best way to protect yourself and your families against the virus.

So, I just want to make that very clear. Getting the vaccination is not a bad thing, but I do respect the fact that people have very intensely personal feelings about the vaccine. And, you know, we would all like to say and have the option not to if we don't want to. So, that's - you will be receiving an email and something in the regular mail, like a letter, and you'll probably have already received texts through Care Connect and your telephone about this new mandate.

So, I'm sure there's going to be a lot of questions and a lot of concerns. And if there are concerns, and there's a lot of instructions, right, about how do you - if you haven't been vaccinated, how do you get one? Where do you get one? We're going to do everything we can, and we already have plans about where you could go get it if you need it, how do you access it, how do you find a location?

We can make a referral. Rosa Marcus is also on this call, and will probably be able to offer some support and some suggestions, at least on this call, if you have any questions. But we will make the experience as simple and as stress free as we possibly can for you. So, we will provide you all the necessary support in order for you to be able to get the vaccination.

We are not anticipating that anybody is not going to want to get the vaccination and leave the organization. And if that's where you stand, and if that's how you feel, then

that's something we want to talk about with you as well. So, I'm sure that that's a lot of information and a lot of heavy decision-making that you're going to have to do now, but we are here to support you in that.

So, I don't know - I have members of the leadership team. I have Tom Coccozza on the line, who is the Director of Operations. I have Lorraine Earle, who's the associate - the Director of Support Services. Rosa Marcus is the Director of Support Services, and Debbie O'Hehir, who is the director of Quality and Education, on the call as well. I don't know if any of you want to add anything to what I said or, you know, provide any additional information.

Debbie O'Hehir: So, Jim, thank you for explaining clearly as to what's required and what's needed and the DOH mandate. Again, as Jim said, it's not optional. We have no - or you have no choice. I mean, you have a choice to get it or not get it, but in order to continue working, it is required.

And as Jim said, the first dose by October 7th. We hope that you don't wait till October 7th to get your first dose, but that is the date to get your first dose. So, I just want to like reinforce, so like during the pandemic and up to now, you've worked so hard, so diligently to protect your patients and to provide quality care to them.

The thinking - and keeping them safe. The thinking behind receiving the vaccine based upon research that's been done and conducted, and studies, is that getting the vaccine not only keeps you safe, it keeps your patients safe, and will keep your family safe as well.

So, I can't stress enough the importance of getting the vaccine for the reasons which I just said. So, as Jim said, we really hope that you get the vaccine and continue to provide the high quality of care you provide to your patients, and keeping them safe, which is no - we know that that's what you want to do. So, you know, just echoing Jim's remarks and saying them again.

James Rolla: Thanks, Debbie. Thanks. You said it really, really well. And I do want to underscore, you know, it is your choice not to get the vaccine if that's what you want to do,

because nobody can make you, but it does not become a choice when it - as related with respect to working.

And so, that's where there's not an option. Unlike the flu, because some of you may have that question too, where you could not - you could elect not to take the flu vaccination, but you could wear a mask. That's not an option. That's - the State is not allowing you to opt out or, you know, mask up instead of getting the vaccination.

And, you know, Debbie made a great point about the science behind it. Like it's not about, you know, the fact that PPE or what you've done or what we have done as an industry has not been effective in helping prevent the spread. It's just that the variants that are out there, and the Delta variant, which I'm sure you've heard of, and some of the other strains have - just are so much more deadly, and so much more concerning.

And those that do not have a vaccination are highly susceptible to, you know, what is a deadly virus. And so, that is, I think, a lot of what prompted the State to make this decision that, you know, you can't leave it really in the hands of people anymore to kind of decide they don't want to take it.

So, again, it's important that you take it. It's been proven safe and effective. And I'm not here to preach to you about whether or not you should take it. You'll have to make that decision. Just know that we want you to take it so that you can continue to work here, Okay? And so, Rosa, Tom, anything else you want to add?

Rosa Marcus: This is Rosa Marcus. The email, the texts, the letters that you will be receiving, has full instructions on what you need to do in the event that you don't have the vaccine protocol. There's a number there for you to reach us if you have more questions. But it also has in details how you can get documentation sent to us on a timely manner.

So feel free to look at it. There's also a link on sites where you can go to get the vaccine, and you can easily click on the link and it takes you to all the sites and you can make your own appointments. But at the end, if you need help, feel free to call us. Thank you.

James Rolla: Yes. And if I could add, if you've had the vaccine, some of you hopefully are sitting here saying, oh, hey, I had my vaccine, and you didn't send it to us, send it to us, and then we'll update the record, and then you're done. So, if you - because some of you - most - many of you, we have learned - as we've begun to work on this, have learned that many of you have been vaccinated, and we're not aware and we don't have the proof of it. So, send us the proof and then this is not an issue for you.

Debbie O'Hehir: My understanding - Jim, or Rosa, if you can, my understanding is that you were vaccinated at VNSNY in the clinic. So you do not need to submit documentation.

James Rolla: Right. Good point. Yes. I meant it if you went and got it on your own sense.

Debbie O'Hehir: Correct.

James Rolla: Yes. Right, thanks, Debbie. So, if you went and got the vaccination outside of the VNSNY clinic that we had, and you went to, you know, another place outside of VNSNY, we would need the proof of that. If you've been vaccinated by VNSNY, then we don't need the proof. We have it. I said that right, Debbie?

Debbie O'Hehir: That's correct. Yes.

James Rolla: Okay, great. Okay, so, Tom, is there anything that you want to cover before we open up to Q&A, Lorraine?

Lorraine Earle: No. nothing right now. Just as usual. If anybody is in the line, they're looking for work, I just want to let them know there's always work. Actually, the staff is actually there right now trying to find an aide for seven hours tomorrow. So, when this call ends and anybody's available for work, they can - I'll give them my number.

They can call me right back, but as usual, we always like to say there's lots and lots of cases and lots of work. Just ask you to be flexible and willing to do short hour cases. We try to merge them together, but there's all this work available. And even as we speak now, we're trying to place a seven-hour case for tomorrow,

So when the call ends, I'll give my number. They can call me back. And actually the

case is in Richmond Hill. Just want them to know there's work for everybody out there.

James Rolla: Yes. Great point, Lorraine. I want to add to that, not because you didn't say it well, but just because I want to reinforce the importance of it. We - and I'm sure that there are many of you on this call that receive maybe multiple calls a day from people looking, you know, asking you for work.

It's because we so desperately need more of you, and we have many, many, many more available hours (and) cases than we do have of you, right? So we need as many people as we can, working as much as they can. I understand that we don't always have work that may be 100% to your liking and convenience, but that's what we have.

And we really want to make sure that people are working as much as they want. And people need to realize - everyone needs to realize that there is a lot of work available for you to make a full day. But you can also make a short day if that's all you have. Whatever time and whatever availability you have, please, please, please let us know.

And if you're having a problem getting a case, if you're having a problem, nobody should ever be able - nobody should be saying or feeling as though they don't have enough work, or that they don't have a case. If you don't have a case, then we have to make sure that we get you one, and it won't be hard, okay?

We can find you a case right now. So, please communicate. Let us know if you're having a problem getting a hold of anybody to let them know about your availability. Rosa will give you contact information before the end of this call, or it may come up during the Q&A.

So, if another important thing to note. If you know anybody, I hope you know about our refer-a-friend bonus. If you know of anybody that wants to become a home health aide, or you have friends that already are a home health aide working at another agency, and maybe they're looking for more hours, or they're looking to make a

change, for every person that you refer to us, you will receive \$100 after they are hired and work for us.

And for every person that you refer, again, it's \$100. So, refer your friends. There's no better way to say that your employment experience here has been a good one other than by as much as it is to refer somebody here to work. So, we want to reward you for that. And the more you refer, the more \$100 you make. It adds up. So I would encourage you to do that.

What else am I forgetting now? Anything else, Tom? Anything you want to add before we open it up to questions? I just want to remind you - sorry, Tom. I just want to remind you about in-service. I'm sure that you're receiving your in-service notices, which should be coming through the Care Connect app.

If you're having difficulty accessing it, if you're having difficulty completing the course, please let us know. Debbie, is there anything you want to cover on the in-service?

Debbie O'Hehir: Just that we've released all 10 modules of in-service. We have over 1,000 Home Health Aides this morning that have completed all 10 courses. The sexual harassment was only released last week, and we have up to - close to 2,000 aides who've completed the first nine.

We also have approximately 700, six, 700 aides that have not started any training. So, I know that Faye Morgan and her team, have begun or continued to do the outreach. So, the training needs to be completed by the end of the year. The only two courses we'll be adding still or the one, two courses will be annual compliance, which we anticipate having out early October, and then the stage video of which you've seen every year it changes.

So, we've made great progress. You're doing a great job, but we just need to keep up the good work and achieve the goal of every class being completed by the end of the year. You can do it. We have the aides that are doing it. So, I know that the courses are working. The issues we had with the Chinese courses have been tested and are available and working at this point in time.

James Rolla: Okay, great. Now, Tom, any final thoughts?

Tom Coccozza: There are a couple of things that I'll (unintelligible). So, one, there's an HHA employee survey that's being sent out every day via Care Connect. I know it's now - there's a message about it on Santrax as well. We really encourage every HHA to take the survey.

It is anonymous. We're not going to see who said what or what they said, but this is really important feedback for us as a leadership team to know what's going on with the home health aide population, and then can make decisions based on that.

This is something that we do amongst the office staff every year. And changes come to improve the lives of the office staff members because of the survey. We want this - the same kind of benefit that happens to the Home Health Aides as well. So, please, if you haven't taken it yet, take it. Tell your colleagues that we really want you to take it.

I know that sometimes you think, oh, it says anonymous, but it's not. It really is. We'll never know. If you do have anything that you want to say that you're afraid of somebody hearing, we want honest feedback. If we don't know about a problem, we won't be able to fix the problem, okay? So, that's one.

And then two, in case any of the aides on the call here working in Long Island or Westchester, we talked about this in some of our prior calls. We are changing the computer systems that we use in the office from Sandata, which is the company that owns Santrax, the number that we call out on, the work, to HHAExchange.

So, you - we're going to start with the Long Island and Westchester aides in 10 days. You really won't have to do much different, but it will be a different phone number to use, and we just want to make sure that you guys are aware of this, that it's coming in, and that next week the Home Health Aides will see training material videos, written stuff about what this change means for you, how to do it, and you'll have an opportunity to ask questions and get help if needed, okay? So, that's all I have, Jim

James Rolla: Okay. Great, Tom. Thank you. Important updates, and you will be hearing a lot more as you participate in these calls about the system conversion as we roll it out across the larger organization. So, my final thought and my final comment before we turn it over to you is, I want to extend my appreciation and my gratitude and recognize how hard you all work every day.

As I listen to this call and I hear all the information that we're giving you, it's a lot of overwhelming information. It's a lot to do. It's a lot for you to keep track of. And meanwhile, you're out there every day in the community, taking public transportation, and, you know, going through a lot of challenging and difficult situations just to see your patients.

But the work that you do is so important and so necessary, and we are only as good as the people that we send out to work every day, and that's you. And I just want you to know how much we appreciate you and the work that you do. And when Tom talked about those surveys, like we really want to make sure that you have a voice, and this call is one way for you to have a voice.

But also, if you want to - if you have a quiet voice and you would rather speak anonymously, please let us know through that survey how we're doing. We cannot make changes unless we know how you're doing, and we care about you and how you feel about working here.

We recognize that you have many choices in which - places of which you can work. And so, we feel very lucky to have you here and we want you to stay here. So, with that, Operator, if you could maybe open up the queue.

Coordinator: Thank you. We will now begin the question-and-answer session. If you would like to ask a question, please press Star 1. Please unmute your phone and call your name clearly when prompted. Your name is required to introduce your question. To cancel the request, press Star 2. One moment, please, for the first question. At this time, speakers, we don't have any question in queue. Once again to ask a question, please press Star 1. Record your name clearly when prompted. To cancel the request, please press Star 2.

James Rolla: All right. Don't be afraid to ask any questions. I don't know - operator, how many callers, how many participants are on the call? Could you say?

Coordinator: Yes. As of the moment, we have 40 participants, approximately.

James Rolla: 40. Okay, 40 of you. That's fantastic. I'm so happy that 40 people are here with us. While we're waiting for - oh, yes. Go ahead.

Coordinator: We have questions on queue already. One moment, please, as I gather the information.

James Rolla: So, don't be shy, everybody, and you can ask any question you like about anything at all. It doesn't have to be anything that we talked about either.

Coordinator: Speakers, our first question comes from the line of Alta. Alta, your line is now open.

Alta: Okay. Good evening.

James Rolla: Good evening, Alta.

Alta: I appreciate you open the issue about the vaccine, because I have two questions. Okay, I have the vaccine, the two doses. They say we need a booster, right, after eight months. In October 15, I'll be the eighth month. I have the eight months in October 15th. And then I - can I go over there to Partners in Care (unintelligible) nurse, Partners in Care, to take the booster, or what can I do?

James Rolla: Okay. So, that's - first of all, thank you for asking that question, Alta. So, there has been no - and I'm going to speak from just my knowledge. I'll double-check this, but there has been no requirement of a booster vaccination at this point in time. You may have heard, and there is a lot of information circulating about whether or not a booster is necessary, whether or not it's going to become even available.

They're not - booster vaccinations are not even available at this time. Yes. So, there's no booster requirement, not even in the whole country, let alone for us. So, you don't

have to worry about a booster shot at all, okay? Now, you don't have to worry about a booster shot at all now.

If the federal government or, you know, the powers that be that are much bigger than me, decide that that's something that they recommend, then you'll - then we'll certainly make that information available to you. But there's no booster required at all.

Alta: Okay. Thank you.

James Rolla: So, you're good. If you've had your vaccine, you're good.

Alta: Yes. And then another question - is not a question, is a concern about a family member, my patients family member, because they say if Partners in Care put a mandatory - like not Partners in Care, the city, put it mandatory to take the vaccine from the aide, the family member of my patient say, oh, Alta, you have to let me know when you get it, because I don't want nobody - listen, that nobody taking the vaccine coming to my mother house. That's what they say.

And then okay, I have the vaccine. I have the vaccine already, but I don't let them to know because that's a patient privacy. I'm the patient. I can keep it quiet. I don't have to tell a thing. But in that moment, the Partners in Care say, okay, like now, in October 7th, everybody have to take at least one dose. And then they know for another area or whatever it is, Partners in Care put it mandatory too. What can I do with that?

James Rolla: Okay. So, I want to make sure that I understand the question and that I answer it correctly. So, there's a couple of points that you've brought up. And the first one is, with respect to your vaccination status, whether or not you took it or not, you're right. You don't - it is your - that's your right. You don't have to tell anybody that you took it, if you don't want to.

But if you did take it and you don't mind sharing that information with your patient, you're free to do that. That's your choice to do that. So, if you - if they want to know and you feel comfortable telling them, you can tell them. We can't tell them, and we wouldn't tell them.

But as now - so the question about whether or not anybody that comes into the house for your patient or anybody's patient starting October 7th, is going to be that - and it's going to be assumed that - not just assumed, but it's safe to assume that every single person that comes into their home, have been vaccinated because it's required. Is that - yes.

Alta: Right. And then - yes, that's what I say. Okay, maybe I say no, I don't take it. I don't take it, but maybe for - even for the neighbor, no has to be for another aide, for the neighbor have the same service with Partners in Care. They all know that they put in mandatory and they have to put it at every - each aide has to take the device.

And then that's why I consider. I don't want to - you know, they can say like, oh, you lied to me. You know, I have like a couple of years with the family. I don't want to be involved in something like that (unintelligible).

James Rolla: Oh, of course, and I understand that. And we don't want you to be in an awkward position either. So, if your patient has any questions about the mandate and whether or not you or anybody else that's coming into their home is going to be vaccinated, they can call us and we'll explain it to them. So if you wanted, just let them know to call the agency. We're happy to explain it to them on your behalf, okay?

Alta: Okay. Is it - the people - that people work in the city, you know, with the city, that they work with the city and then I can understand why they seem to like that about they see I have the vaccine. I can inspect another person. I can - in my mind, I can think he's right with this issue, you know, because they say, oh, no, if you take the vaccine, you can't inspect my mask. You pass the virus to my mask.

Debbie O'Hehir: So the vaccine - sorry, Jim. Do you mind if I ...

James Rolla: No, not at all. Go ahead. Yep.

Debbie O'Hehir: So, taking the vaccine does not - the vaccine itself does not - the vaccine - taking the vaccine will not allow you to infect someone else, taking the vaccine.

Alta: Of course. I understand that.

Debbie O'Hehir: Right. There are what they say breakthrough cases with the Delta variant, that it is possible after taking it, even if you've taken the vaccine, you can become infected. The part of that is that, you know, it's been shown that people who have the vaccines have mild symptoms, the majority are not hospitalized.

I think it's - I don't want to give a number, but it's a very low number of people who've received the vaccine who then need - who have more severe symptoms. So, that's what I want to say. Not everybody understands that. And in those cases, they can call the agency. And there'll be someone there that can explain it to them, any of their questions.

Alta: But I don't know. that's - yes, I said that you see like, I don't know, the visitor nurse or a social worker, oh, I don't know, what is the person can go to the - with the patient home and tell her - explain what's going on with that, because that's not the first family say that, you know.

I know we can infect nobody. We can pass the virus, not the day about the virus, you know. We can pass the virus, and even we (unintelligible) I know how you say we can get the virus. I know like the flu or whatever, any vaccine you can get the virus any way, any vaccine.

James Rolla: Yes. The other thing to remember, too, is - for you, Alta, and everybody is, even if you've been vaccinated, you still need to wear your PPE, right? You still need to wear your mask.

Alta: Of course. Yes.

James Rolla: Yes. So, I mean, I think that there's always going to be patients out there that are questioning about whether or not anybody, not just you, like not just the home health aide, but anybody that's coming into the house, if there's always the risk, right? There's always the risk.

I think that's something that can never be 100% guaranteed that people are not going

to be able to pass the virus. So, we wouldn't have the - right, we wouldn't have the problem that we have. But we do everything that we can to ensure that we're following the guidelines and that people are informed, and that having this mandate, having this vaccine mandate, is going to go a long way in alleviating a lot of concerns about this very thing.

So, if - I hear - you make a great point, if the nurse or social worker could explain, I don't know if we would be able to send somebody into every single home to do that, but we can certainly reinforce with the nurses that do come in. And as Debbie said, and I mentioned earlier, if your patient really has a question about the virus or how it's transmitted, or how many people, you know, they're at risk for when they're coming in and out and they have concerns, vaccine or no vaccine, we can help them.

Alta: Of course. Thank you for answering me.

James Rolla: All right. You're welcome.

Alta: Because I'm concerned about this, you know. Thank you.

James Rolla: Of course. Thanks for the question.

Alta: Thank you. I say thank you because I'm sorry, but I have to tell you, you do a great job because now we call, we talk with the supervisor. They've very nice. They're very polite, we ask, because I know that they - I call you, Jim, and then I let you know sometimes a supervisor like ...

James Rolla: I remember. Yes. I remember.

Alta: They refuse some cases, you know.

James Rolla: I remember.

Alta: But I like say thank you. Now I say thank you because they - you know, I don't know what they - you're doing or that everybody is doing there, but they're very polite now because I could get to you. I say this - I say thank you. Thank you.

James Rolla: Thank you. I appreciate that feedback, and that's really nice. I'm really glad to hear that. And I appreciate you saying that. So, we're going to - we have to still keep doing the good work. So, you let me know when we're not, all right?

Alta: Okay. And this to everyone.

James Rolla: Okay.

Alta: Okay. Have a good evening. Thank you.

James Rolla: You too. Yes.

Coordinator: Thank you. Our next question comes from the line of Florenda. Florenda, your line is now open.

Florenda: Hi, Jim. My name is Florenda. I'm just asking - my question is about the survey, because they said the surveys are anonymous. When I go to that link, they're asking about the employee ID before they begin the survey, and then when I put my employee ID, they said it's invalid.

James Rolla: Oh, okay, that's a good question. Okay, go ahead, Tom.

Tom Coccozza: All right. I'm sorry. This is - I'm very curious about this. So, I wanted to just first say, they ask you to enter your employee ID because they don't want me to answer the survey, right? They want to make sure that the person is a home health aide. Right. That's why they're asking you. They're not going to record that information anywhere as to who you are. They have a list of employee IDs. So, can you give me your employee ID, and I'm going to find out why that's not working, okay?

Florenda: Okay. My employee ID is 82039.

Tom Coccozza: 82039.

Florenda: Yes.

Tom Coccozza: Okay. All right. I'm going to give you a call tomorrow. 82039. I'll give you a call tomorrow once I find out, all right?

Florenda: Okay. Thank you so much.

Tom Coccozza: You're very welcome.

James Rolla: Thanks, Florenda. Any other question, Florenda? Was that it? Okay. Thank you.

Florenda: Oh, yes.

James Rolla: Oh, yes.

Florenda: About this - because I'm the - I get the positive COVID results on last March 2, and then I'm not walking for about a month, well, more than a month because ...

James Rolla: Do you need clearance?

Florenda: I called the Partners in Care, because they have assessment that they always - it's like a routine. Every day, you need to answer that if you are safe, you know.

James Rolla: Yes, it's a daily assessment. Yes.

Florenda: Yes. I mean - when I get the result, because I get the results after my work, I go to - like after my work, I go to the center, and I get the positive result. And then the next day, I called my supervisor to not go to work because I'm sick and you don't want me to allow.

So the only thing that I did is, I go through the assessment, the daily assessment, the

question I select was yes instead of no, because I don't want my patient got be - got contaminated on me, because - but I have no symptoms. I'm asymptomatic.

James Rolla: Okay. So let me ...

Florenda: And after that ...

James Rolla: Go ahead.

Florenda: When I call the supervisor after the one month, more than a month, and they said - she asking me if my patient is going back home. I said, I don't know. I have no idea. So, I called the daughter, and the daughter told me that her mom is in the hospital and they got the shingles, shingles all over the head, and that my patient is a COPD.

So, it's hard for her to breathe, especially she got also the shingles. So, it's more and more difficult for her to breathe. So, until she passed away. I called every day my supervisor, if she's going to get me another case, because I cannot wait my patient, because my patient is - I don't know when they're going to discharge in the hospital. So, in a short story, I lost my insurance. You know, if you don't get the 100-hour, you never get the - you're going to lose your insurance, for the 1199.

James Rolla: Yes.

Florenda: So, until now, I don't have insurance. So, all my appointments, I cancel everything.

James Rolla: Okay. Florenda, are you working? Do you need work or are you cleared to work?

Florenda: I get the case when I go to the Santrax. But my supervisor would never give me any case. So, I need to feed. I need the income. So, I go to the Santrax because I have a Santrax. And I get that just in the past few months, I get just only one hour, three hour, four hour.

Now, in the middle of July, I get the regular eight hours for three days. Until now, he's

matching my regular now. But you see my concern is my 1199, which I don't have 1199 insurance. And now I receive that I need to pay the COBRA for 2,280. For what? That is my question. For what?

James Rolla: Okay, so let's - we have your ID. Tom is going to look into the survey. At the same time, Rosa is going to look and see what you're working. And as far as the COBRA goes, that's for - you know, that's required if you wanted to continue. In other words, you're saying that you're not working enough hours to maintain the health insurance. And again, that's an 11199 requirement.

Florenda: Yes, but I called the COBRA and I said that I must wait.

James Rolla: Okay. Then you don't need to take it. In other words, COBRA ...

Florenda: (unintelligible) my insurance, but I don't know why they send me the bill, was about 2,280. And the insurance is terminated last June, June 30. And so like ...

James Rolla: Right. So what I think ...

Florenda: I have a lot of appointment, doctor's appointment in July, but I can't see everything. Before I received the letter that my insurance is terminated, I received a phone call from my primary doctor. The secretary told me that my insurance is inactive.

James Rolla: Okay. So, what we'll do ...

Florenda: Before I received the terminated paper.

James Rolla: Okay, so what we're going to do, if there's a way that you can - are you able to maybe fax or send that letter in? We probably can find a copy of it, but what we're going to do - what I think - without seeing it, what I think you got is a letter saying that if you need to continue your health insurance, then you would have to pay this amount in order to keep your health insurance active. That's what COBRA means. It's meaning that you're no longer entitled ...

Florenda: But that is too expensive.

James Rolla: Oh, I understand. But if you're working and you're going to make the hours, then you won't need to take COBRA. So, let's sort that out. We'll do that. We have your information. Rosa will work on this at the same time that Tom is looking into the survey question, okay?

Florenda: Okay.

James Rolla: All right.

Florenda: So you just - you're going to let me know about ...

James Rolla: Yes, absolutely. You'll hear from Rosa. Yes.

Florenda: Okay, thank you so much.

James Rolla: You're welcome.

Florenda: Because I need the insurance.

James Rolla: I understand.

Florenda: Yes. Thank you so much. Have a nice evening.

James Rolla: You're welcome. You too.

Florenda: Okay. Bye.

Coordinator: Speakers, we have another question on queue. One moment as I gather the information.

James Rolla: Okay. While we're waiting for that, I did - there was a question that was submitted in advance of this call that I'd like to just go over. It was a question regarding the phone

system, and it's difficult to speak to the supervisor, and that there's not a message telling you that you can leave a message.

Oh, I'm sorry. So, the question is - let me read the question. My question is, how is that there's a phone system when you call to speak to your supervisor and you don't get her? There's a message telling you that you could leave a message, but yet you leave numerous messages and never get a single call back.

Okay. So, we've been - the question and the issue is that they've been leaving messages for the supervisor for over two weeks and then never got a call back. I think we looked into this earlier, and the supervisor may have been out on leave or vacation. Is that right, Rosa, or Tom? I think that I see that.

Tom Coccozza: Yes. Supervisors are out on leave. She's recently returned. So, that put them through. So, I guess - I'm not - you know, it depends on the situation. So, if that voicemail is going right to that supervisor's inbox, they're only getting it now.

James Rolla: Right. Okay.

Tom Coccozza: So if he's been leaving his - is that person like - you don't only have to (unintelligible) messages, like it depends. You will have someone else field that call because you can talk about this a little bit more, but there are options going through the call system. But I don't want people to feel like if they want to talk to somebody, that's the only person that could do it, right.

James Rolla: Okay.

Rosa Marcus: Yes. Tom, what you're trying to say is, if you want to speak to your supervisor, and for some reason you can't get through and she's not returning your call, just call the queue back and get back in touch with anyone in the group, and they will be able to help you.

Don't feel like you only have to speak to your supervisor. They're there and it's the best thing to do when you call, but they work as a team. And they - if one can help you, the other one will. So, feel comfortable to trust that.

James Rolla: But we will also look into like - we will also make sure - Rosa is going to research this a little bit more. We just want to make sure that if messages were left, that we retrieved the messages and got the message (unintelligible, right? That's, I think, the bigger issue.

Rosa Marcus: Right.

James Rolla: Okay, great. Thank you. Tom, we had a little trouble hearing you, but I think we got it.

Tom Coccozza: I'm sorry about that. There's a bad storm.

James Rolla: I know. Okay. All right. Operator, I'm sorry. Wanted to get that - make sure that we got that call that came in advance.

Coordinator: Speakers, we have one question in queue from the line of Eve. Eve, your line is now open.

Eve: Kind of a mix. I have a few questions and comments. My first one, is it the option to use the COVID test as opposed to the vaccines?

James Rolla: I'm sorry. Say the question one more time?

Eve: Is it an option for you to get the COVID test every week as opposed to the vaccine?

James Rolla: Oh.

Rosa Marcus: No.

Eve: But you didn't mention about that tonight.

James Rolla: No, you're right. And that's a good point. I said about you're going to have to wear a mask, but you also can opt to test. Yes, there's no option to test.

Eve: Okay. My next question ...

Rosa Marcus: So, the only - I just want to add one other thing. The only option to opt out to the site is medical reasons. There is no ability to look for a exemption for religious reasons. That is not an option. The only way ...

Eve: So, that's where I was coming next, because I got my rights. That's why I was calling in. So, there's no - what you said about that. Can you repeat again?

Rosa Marcus: So, the only exemption that's available is due to medical reasons. There's no exemption for religious reasons.

James Rolla: For any other reason.

Rosa Marcus: Correct.

James Rolla: The only way that - the State is only granting exceptions that are for medical exemption that a doctor is prescribing. So, there's no exemption for any reason or anything else.

Eve: Okay. So how come if I have to take the vaccine and the client - it's not mandatory for the clients we work with to take the vaccine? We work with a lot of clients that is not vaccinated, and they said they are not going to be vaccinated. So I'm protecting them but they're not protecting me.

James Rolla: So, I understand.

((Crosstalk))

Eve: Not taking the vaccine. I'm one of them not going to take the vaccine. So, I'm trying to make my choice here now.

James Rolla: I understand.

Debbie O'Hehir: So, if you take the vaccine, you are protecting yourself. So you also protect others because the ability for you to transmit the virus is much less. But you are - I hear what you're saying about the patient, but you getting the vaccine alone, protects you from getting any - most - you may get the virus, but it would be very mild with less symptoms. So, the vaccine itself, regardless of whether or not someone else gets it, does protect yourself.

Eve: So, who am I speaking to?

Debbie O'Hehir: My name is Debbie O'Hehir. I'm the Director of Quality.

Eve: Oh, okay. All right. Okay. My next question is - I'm sorry.

Debbie O'Hehir: Just so you know, I'm a registered nurse. So, I am a nurse.

Eve: Okay. My next question is, how do I go about if I want to resign? Because I have choices here. I'm one of them against taking this vaccine.

James Rolla: Okay.

Eve: How do I go about if I want to resign from the company?

Debbie O'Hehir: So, before you go to that, you know, one of our suggestions is that you speak to your physician or your care provider, whether it could be a nurse practitioner, and have that discussion with your provider, your doctor, your nurse practitioners, to get their information so that they can then potentially explain things better than we can do here about the importance and the benefits of getting the vaccine. How you would go about resigning, Jim, that I don't know, but we would really want you to talk to your doctor first.

Eve: Yes. Well, thanks for the suggestion, but I did that already. The two doctors I have, all they do is pushing vaccine. I've got issues with this vaccine beside my religion. So, many people take this vaccine and are still getting sick. Janet Jackson, Texas governor, all of them. Why are you taking vaccines and still have COVID-19?

Something is not adding up. Something is not adding up. This vaccine is not working. And they're trying to fool me with it. So, I have options. If they want to mandate people. So I have options, and I could oppose and choose not to take the vaccine, and choose to remain free. So that's what I want to know. How do I go about resigning?

I personally don't think that it's free. All of them coming up and mandating vaccine and people use against my doctors. The two doctors I have, every time I go, they push vaccines. they're pushing vaccine. That's all they do, and the vaccine is not working. They're fooling people, but they're not fooling me.

But I have my religious beliefs. How come I could take the vaccine and the Jewish people can't take the vaccine? I have my reasons to believe what my religious reasons. I cannot take the vaccine. So if you're not getting it, I'm asking, how do I resign?

(Crosstalk)

Debbie O'Hehir: So any healthcare provider in all of New York State, is not allowed to be exempted for religious reasons, whether they're Jewish, whether or not they're Christian, or Hindu. So, the Muslims. The ability for an exemption due to religious reasons in all of New York State is not an option. So, it doesn't matter what your religion is. I just want to make sure that that's clear.

(Crosstalk)

James Rolla: So, let me just say this. I just want to say this, if I can. So, do you want to - let me say this. It's your - you have your right to resign, if that's what you want to do. It's not what we want, but you - we can't stop you from doing that. And I understand why you feel that that would be your best choice, because if it's - if you're not willing to take the vaccine, then really there are no other choices. But I just want to ask you this.

Eve: Yes, (unintelligible) and I'm sorry.

James Rolla: Okay. I just want to ask you one question. Are you resigning - so when you say you're resigning, would you be resigning from home health aide work? Is that what you're looking to do? Because if you resign from Partners in Care, you would - and you want to ...

Eve: Yes, because all the agencies are getting (unintelligible).

(Crosstalk)

James Rolla: Right. So that was my point.

Eve: (unintelligible) all the agency in New York State is going to mandate you to take the vaccine? No. I just leave and go home to my country where they can't mandate this nonsense, because to me this is bullshit. All of these people take the vaccine, nobody (unintelligible) and they're getting sick, right?

The vaccine is not working. How many people we could call? Texas governor, and all these things. They're trying to control people's lives. I have my reasons. Now they're saying like about - they don't know that you could go and have legal rights where you could go and get things for this.

How many people did and sue and they win? Right. The company choice. I was going for the choice taking the COVID. Now they're mandating this thing here. We're not giving people a choice. They want to control the people life. Controlling people life. I'm just saying, these are really just reasons to panic. This is nonsense.

James Rolla: Well, so you are in control of your own life, and if you decide that you want to resign, then you have the right to do that. The process for resigning is to submit a written notification, like just a letter to the - to HR. You can send it to - Rosa, do you want to come to it? We can send it - you can send an email. You can send it in writing. You can either send it to the 220, okay?

You could just let us know in writing that you want to resign and when your last day is. That's not my wish for you to do that, but I understand you.

Eve: But then you know it's very hypocritical, right, because we have to do all of these kind of things to stay in line with the agency and the health department, but the clients we go with is not doing it. And they have the first option anyway, right, because that's how everybody gets paid, right, check again and the money comes out on the floor.

But I mean, the government - this thing - I don't want to say anymore. I just needed to know how do I go about resigning, because I'm pretty sure - I was going along with the COVID tests. I don't like it, but I want to choose that over being vaccinated. And you're telling me, my religion really don't stand? Okay, so who is in control? This thing is not working.

And one more thing I'm going to say like somebody had thought, the thing about this is that if they had - look at this way. Maybe other people on the line think that way too. If they're getting a certain quote amount by July 4th, like they say, they wanted to push a mandate, nobody should take the vaccine because the amount that the president wanted by the president.

And now the blame is on the people who was going to the hospital, not vaccinated. When they get a certain amount, people fear going back to the hospital and still coming and still going. So, I'm waiting to hear what's the next story. Dr. Fauci and all of them is a bunch of liars and bullshit.

That's my thing. And I'm not saying any more. I'm done. You already answered my question. The back and forth, back and forth, back and forth. We're vaccinated. Why the hell do we have to wear masks? Where I work, I have to wear two masks for a lot of different reasons, not actually nothing. People are dying in these places here, and then you're got vaccine. You got COVID shots, and you still have to be (unintelligible) even when it's not hot. Anyway, I'm just ...

((Crosstalk))

James Rolla: All right. Yes, I got it. I understand.

Eve: I'm just frustrated. That's all.

James Rolla: I know. I hear you.

Eve: Anyway, I'm finished. I'll let somebody else get online.

James Rolla: Okay.

Eve: I get your answer. Thank you.

James Rolla: All right. You're welcome. Thank you.

Coordinator: Speakers, at this time, there is no question on queue.

James Rolla: Okay. All right. Well, so that was a good discussion, and I hope that - I don't want to end on a bad note. I hope that you use all of the information and the resources that are out there, both in the community as well as at the organization. Know that we're here to support you through the process.

We understand that it's not easy. We understand that it's a very weighty decision. I respect the last speaker's position on it, and I am not in any way disagreeing with anything that was said. We are just in a position where we have to impose what is a mandate that we expect there to be this kind of feeling about.

And we're hoping that we can do as much as we can to get as many people vaccinated that are willing, maybe change some minds, if that's what it will take, because we really don't want to lose any workers, and we don't want to lose any workforce. When it comes to the patients, I will say that we don't control the patients. We don't control you either.

So, I just want to make that very clear. You all are free to do what you need to do. But when it comes to the patients, we are providing a service to them, and we are - we will do our best. Part of protecting them is making sure that everybody is vaccinated. If they don't want to, that's not something that the State is imposing, that healthcare organizations need to ensure that their patients are vaccinated.

We encourage that they be vaccinated because it's in their best interest to be. But, you know, we are acting as an employer and our responsibility is to our employees and to our workforce and to our team members. And so, that's why it feels a little hypocritical and it feels a little one-sided that, you know, the patients can do what they want, but, you know, we don't have the right to choose.

Let me say that you do have the right to choose. I think I've said that before. Your choices is your choice. Whatever that may be, we hope it's not to leave. But if it is, then - and, of course, that's - that will have to be. So, at any rate, I do appreciate the participation, and I do appreciate that everybody has stayed with us as long as they have on this call.

I hope it has been helpful. There will be - it's a monthly call. So, we have this every month. And I will probably keep it around this time because it seems to be a better time for people. But my final thought is, if you have something to say or a concern or an issue, you don't need to wait for a call like this.

You can call us at any time. I'm available to you at any time. I may not be able to get back to you right away, but if you do call and leave a message or you email me, I will respond. Okay, so for that, stay safe. Have a good night. I hope you stay dry. I think it's raining very hard right now. And so, hopefully you are all tucked inside, all right? So, have a good night. Thank you.

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

END