



Shadowfacts

SHADOWFAX NEWSLETTER

JULY 2021

Full speed ahead!

Shadowfax will honor its history and record of service, while forging a new course forward as we cross the midpoint of 2021 and prepare for 2022. By Chris Nigon, the new guy in the corner office!

Thank you for a warm reception to Shadowfax throughout the month of June. I feel welcome and very much "at home". I endeavored to meet and chat with as many of you as possible in my first 30 days. I fell short of meeting everyone, but I will continue my quest in July. Do not be surprised if I darken the door to your office, unannounced. Please introduce yourself when you see me in the halls; I am most interested in your Shadowfax experience and your advice for me as I learn the business.

I am pleased to report that we are working diligently to improve all aspects of our operations in order to deliver superior service to individuals while conforming to every regulatory requirement.

You may notice consultants leading meetings in our conference rooms more often in July. They are subject matter experts, guiding our improvement process. I expect this activity will continue at a brisk pace all summer and beyond. If you are asked to work with one of the committees or teams dedicated to the process, please give it your best effort.

Thank you again for your kind and hospitable reception to me. I look forward to meeting and working with you all.

All the best,

Chris Nigon

***Congratulations to the following
Staff who were recently promoted:***

Rick Evans - Lead at Prog. 26

Darla Hodson - HR Specialist



Congratulations to:

Wendy Albright

Day Program CSS at Tremont Street

Prize winner of the drawing sponsored in last
month's newsletter.

She won a large LLBean canvas bag!



From the Training Office



Wayne Keith
Training Manager

Marlo Sell
Assistant
Training Manager



Contact us with your questions
about training! 717-848-4349

Congratulations to everyone who completed their training by June 30!

A great accomplishment! You are keeping us strengthened
as a company in the Human Services field!

We want to encourage everyone to stay on top of trainings and other important info by checking your Office365 email (in Staff Resources) and in the Relias Learning Center. As always, if you need assistance with training, or you have questions about the Staff Resources, please give us a call and we would be glad to help you in any way we can! (717) 848-4349

A couple of things to keep in mind...

There are two new trainings required for all DSPs and Management of the Day and Residential Programs:

Boundaries - to be completed by 7/30/2021

Client/Patient Rights - to be completed by 7/2/2021

Also, **Hoyer Lift training** is now required for all DSP staff.

A bed and new Hoyer Lift are being purchased for training at Tremont Street. Hoyer Lift practicums will be required for all staff who work in a home that uses the Hoyer on a regular basis. The practicums will be scheduled in the respective homes. Dates of trainings TBD.

D.E.I. training starts in August. "What's D.E.I.?" you say? Stay tuned for more information—in next month's Shadowfacts Newsletter!



DIVERSITY EQUITY INCLUSION

Being Different Together: Our Greatest Strength for Creative Achievement & Meaningful Service

"Shade is so pleasant on a hot afternoon, and the nicest shade comes from leaves. But leaves need branches, branches need a trunk, and the trunk needs roots. Roots need soil, soil needs rain, rain comes from clouds, and clouds need the wind to get them where they're supposed to go. And no one knows where wind comes from or where it goes. But they all work together to give you the cooling shade."

—Anonymous—



Choose High-quality In-network Care



County	Enhanced Value Level	Standard Value Level
Dauphin	Penn State Health Milton S. Hershey Medical Center Penn State Children’s Hospital	UPMC Pinnacle Community Osteopathic UPMC Pinnacle Harrisburg
Adams	WellSpan Gettysburg Hospital	
Lancaster	WellSpan Ephrata Community Hospital Lancaster General Hospital	UPMC Pinnacle Lancaster UPMC Pinnacle Lititz
York	WellSpan York Hospital	UPMC Pinnacle Memorial UPMC Pinnacle Hanover
Cumberland	Geisinger Holy Spirit Hospital	UPMC Pinnacle Carlisle UPMC Pinnacle West Shore

Enhanced Value Level providers help keep costs down.

Having a Primary Care Provider is another way to manage healthcare costs.

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Highmark Choice Blue Plan Summary

Benefit	In-network Enhanced Level	In-network Standard Level	Out-of-network
General Provisions			
Deductible			
Individual	\$500	\$1,500	\$3,000
Family	\$1,000	\$3,000	\$6,000
Plan Pays	100% after deductible	80% after deductible	60% after deductible
Out-of-pocket limit			
Individual	None	\$1,250	\$2,500
Family		\$2,500	\$5,000
Total Maximum out-of-pocket			
Individual	\$6,850		Not Applicable
Family	\$13,700		Not Applicable
Copays			
Primary Care Provider Office Visit	\$15 copay	\$30 copay	60% after deductible
Specialist Office Visit	\$30 copay	\$60 copay	60% after deductible
Urgent Care Visit	\$30 copay	\$60 copay	60% after deductible
Telemedicine Visit	\$10 copay		Not applicable
Outpatient Therapy Visit	\$30 copay	\$60 copay	60% after deductible
Emergency Room Visit	\$250 copay; waived if admitted to the hospital		

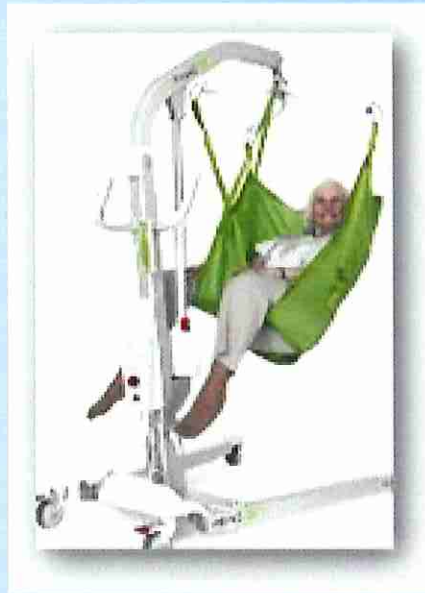


Safety Corner: Hoyer Lift Safety

Hoyer Training is now required annually for all staff working directly with individuals.

Before lifting the patient, perform safety checks on the Hoyer:

- ♦ *Examine all hooks and fasteners to ensure they will not unhook during use.*
- ♦ *Double-check position and stability of straps and other equipment before lifting the patient.*
- ♦ *Ensure clips, latches and bars are securely fastened and structurally sound.*
- ♦ *For electric lifts, make sure batteries are always charged.*



Staff Profile of the Month: Wayne Keith

Congratulations to Wayne Keith for being the Staff Profile of the Month! Wayne joined the team recently as the Training Manager, and is enjoying interacting with and getting to know everyone. Wayne has worked in the Human Services for most of the last seven years, including several years as a DSP, and later as a Program Manager. He currently serves on the Shadowfax Policy Committee.

Wayne was born and raised in Glen Rock, York County, and graduated from Susquehannock High School. He has two older brothers, and comes from a very large Swiss family with well over 100 cousins! He currently lives in his home in Spring Grove with Amanda, his best friend and wife of only eight months. They have a big family, though, which includes eight pets: two cats, two guinea pigs, a bearded dragon, a hermit crab, a leopard gecko, and a Kenyon sand boa! Wow! They have a houseful!

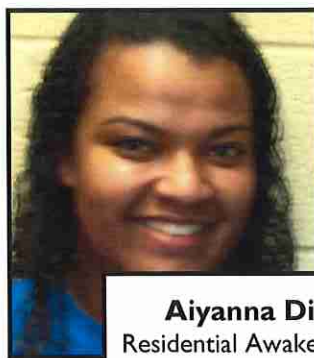
Wayne's favorite food is homemade potpie. When he and Amanda want a special outing, they go to either Olive Garden or Roburritos. Or they vacation in Playa Del Carmen, Mexico! Wayne is an avid golfer, hitting the course at least once a week, sometimes twice. He and Amanda plan to retire early and eventually move to a condo closer to the beach.

Wayne plans to continue his Human Services career, helping as many people as possible, and investing his future in strengthening the mission at Shadowfax. When asked what he likes most about the company, he is quick to say he loves the family atmosphere, and appreciates how much everyone has been welcoming and helpful. Thank you, Wayne, for your commitment to our cause! We appreciate you and are glad you have come on board with us.





Yael Goldman
Day CSS PT On-call



Aiyanna Dickson
Residential Awake Overnight



Dnaja Lucas
Residential DSP FT



Jennifer VanOrmer
Day CSS PT On-call



Josiah Hampton
Residential DSP PT 27.5



Lindsay Williams
LPN

Med Appointment Form

When contacting a physician or pharmacy, please complete a **Med Appointment Form**, and:

- ♦ Scan it to your AD & your nurse, being as detailed as possible!
- ♦ Documentation must be **clear, concise, & comprehensive**.
- ♦ COMMUNICATE with your team in writing on "Transfer of Care."
- ♦ Also COMMUNICATE verbally at shift change.
- ♦ Continue to provide updates to your team as the problem reaches a resolution.

*Good documentation
may be the only thing
that saves you
in the end.*

*It is considered a
Best Practice.
Make it a priority!!*

We're Going Live!!!

Hey Everyone!!

Just a reminder that we will be going LIVE with the use of the swipe clock solely on July 12!

Trainings will be held at core mtgs and house meetings, as well as doing one-on-one trainings as needed. If you have questions or need assistance of any kind, please contact Colleen or Cathy at Pattison Street, (717) 854-7742.

We hope that you are as excited as we are to begin this new digital payroll transformation!!

**The
Employee Giving
Committee**

needs new members!

If you'd like to help on this team, please contact Amy Brillinger, Acting CEO/Director of HR at (717) 848-4349, or send an email to: amyb@shadowfax.org.

Very Important!

Two claims have recently been received for current staff members as a result of **identity theft**.

Please read the memo that is included with this newsletter (on the following page) from the Dept. of Labor & Industry regarding **fraudulent claims**.

All claims are reviewed as soon as they're delivered. If one is received on your behalf, **you will be notified immediately** regarding legitimacy.

If it is not legitimate, **you must file a police report and report it to the unemployment department** using the links listed in the memo. Contact Darla Hodson, HR Specialist, at (717) 848-4349, if you have questions about this important matter.

Years of Service Celebrated

Congratulations to the following Staff who hit a benchmark for years of service at Shadowfax!

5 Years - Sara DeVore

Congratulations **Referral Bonus** **Recipient!**

The following staff is currently receiving a referral bonus:

Jessica Mummert

You could be next!

Referral Forms are available at Pattison Street or Tremont Street.

SMILES are highly contagious—
be a **SUPER SPREADER!**

**Pass on a SMILE to everyone you see—
family, friends, neighbors,
the stranger you pass.**

**Add a "Hi! How are you?"
or "Have a good day!"**

**And, by the way, I can tell when you're
SMILING, even when you're
wearing a MASK !!!**



Referral/Recruitment Bonus

Refer hard-working, reliable, caring and conscientious people by filling out referral forms within 3 days of when they apply. If hired & they work at least 90 days you'll receive:

\$275 Bonus
paid over 6-month period
(as long as the person remains on staff)

Referrals must be submitted to HR within 3 days of receipt of the application. Forms are available on the Staff Portal, or at the reception desks.

From: LI, UCMS Announcement <RA-LI-UCMS-ANNC@PA.GOV>

Sent: Friday, June 25, 2021 9:26 AM

To: UCMS-Email-Distribution@LISTSERV.PA.GOV

Subject: Reporting Fraudulent Unemployment Compensation Claims

Fraudulent claims filed via identity theft are on the rise nationally in an unprecedented way. Here are some warning signs that a fraudulent unemployment claim was filed involving you or your company:

- **You receive paperwork/notice for an employee who never worked for you.** We hear employers say: "I don't know why this person would have entered me as their employer. I never heard of this person." The answer is: because it probably wasn't a person. It was probably *a robot filing multiple claims at a time and choosing random Pennsylvania employers*. Mark "Never worked here" on the form and send it back to us per the enclosed instructions.
- **You receive paperwork/notice for an employee who is fully employed by you.** Talk to the employee to ask if he/she opened a claim. *Most times, they have no idea this is happening and are unaware that their identity is being used by a fraudster*. If they did not file the unemployment claim, instruct the employee to report the fraud to us on our website. We recently updated our fraud reporting links:
 - [Unemployment compensation fraud](#)
 - [Federal Pandemic Unemployment Assistance \(PUA\) fraud](#)

These forms can also be completed over the phone by calling the PA UC Fraud Hotline at 800-692-7469.

You receive paperwork for yourself. Your identity was stolen and you should report the fraud to us using the appropriate method as mentioned, above.

If you do receive paperwork, it does not necessarily mean that payments have or will be made on that claim. Regardless, it is important for you to report it to us as soon as possible. In the end, you will not be charged for benefits paid to fraudsters through identity theft. If payments are not stopped upfront, then there will be an overpayment set up when the situation is investigated. As always, overpayments credit your account and you are not charged for benefits which were overpaid.



Department of Labor & Industry

*Included as attachments
to this newsletter...*

Competency Model

AleraGroupRX Enrollment Package

- * All the information that you will need for ordering your maintenance meds, at no cost to you!

HCOU Trainings, July-September

- * Check out these Zoom trainings to see what may be available to strengthen your knowledge and skills!

Summary of Material Modifications

- * Review a modification to the 403(b) plan.

Beneficiary Information

All full-time staff receive life insurance coverage on the 1st of the month upon completion of 90 days of employment. Be sure to keep your beneficiary information current for both the life insurance and 403B plans. Keeping the information current with the HR Dept. will ensure that money is allocated correctly in the event of a tragedy.

Thank you!

Going Green

"I Want To Be Recycled"

During 2021, we are presenting a series on common household items & their recycling processes.

Glass

WHAT IS IT USED FOR?

Food and beverage containers.

WHY IT WANTS TO BE RECYCLED

Glass can be recycled over and over without any loss in purity or quality. For every ton of glass that is recycled, over a ton of natural resources are saved, including 1,300 lbs of sand, 410 lbs of soda ash, 380 lbs of limestone and 160 lbs of feldspar. Using recycled glass cuts energy costs—about 2-3% of every 10% of recycled glass used, and reduces greenhouse gas emissions. For every six tons of recycled glass used, a ton of carbon dioxide is reduced. Recycle a jar or bottle and help save the planet!

HOW CAN I RECYCLE IT?

Curbside, school or work recycling bin or local recycling drop-off center. In some states, refund programs are in place. It is important not to include dishware, light bulbs, heat resistant glass (Pyrex), mirror or window glass and crystal or any computer screen glass in your recycling bin. These damage the furnace and cause impurities in new containers.

WHAT DOES IT BECOME?

Approximately 65% to 80% is purchased to make new containers. Recycled glass can also be used in kitchen tiles, counter tops and wall insulation. To be recycled, glass is mixed, sorted by color (clear, green, amber), then goes to a processor for further cleaning, sorting and crushing. It is mixed with sand, soda ash and limestone and then heated and molded for reuse.

From iwanttoberecycled.com, "Recycling Explorer"

403(b)

Staff Can Attend Quarterly 403(b) Meetings

with Brock Hively, held at Pattison St. Contact Amy Brillinger, Acting CEO/Director of HR at (717) 848-4349, for the date & time of the next meeting.

The Shadowfax Corporation

386 Pattison Street, York PA 17403 (717) 854-7742 www.shadowfax.org



To set the standard for quality in the human service field through consistent demonstration of dependability, integrity, collaboration, innovation, and commitment to our stakeholders.

amazonsmile

Support [The Shadowfax Corporation](http://TheShadowfaxCorporation). When you shop at <https://smile.amazon.com/ch/23-2368549> Amazon donates.

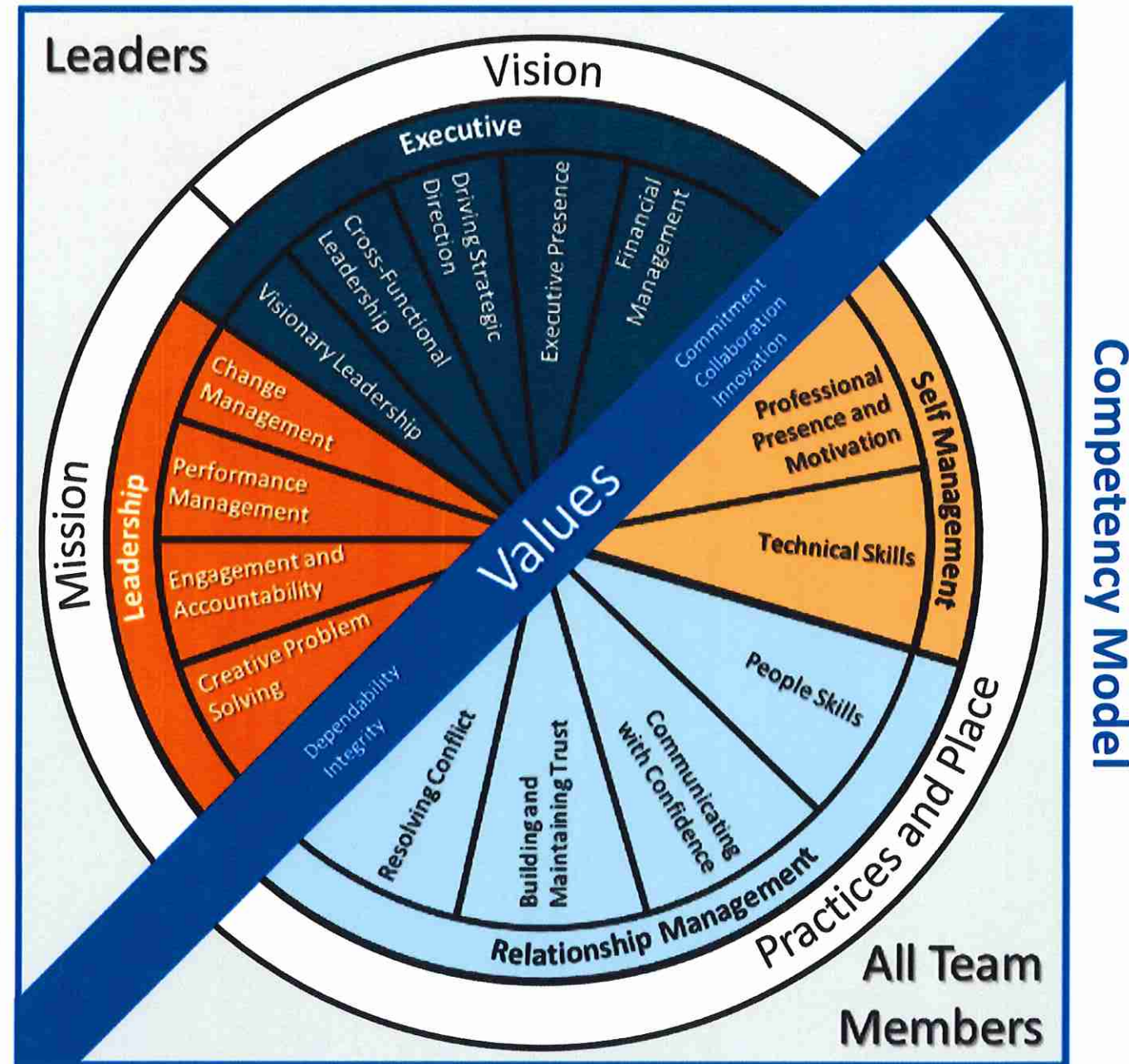


Vision:

Shadowfax will boldly support and hold itself accountable to the principles of Everyday Lives for its clients, employees and community.

Mission:

To set the standard for quality in the human service field through consistent demonstration of dependability, integrity, collaboration, innovation and commitment to our stakeholders.



Competency Model

About us:

AleraGroupRX is an international mail order option for eligible Employees and their Dependents enrolled in a PPO health plan through your employer.

This program provides eligible members maintenance medications at **no out of pocket expense**. For your convenience, a list of eligible medications is located on the back of this page.

Program Savings:

All member copayments have been **waived** for this program **only**. In addition, by enrolling in this program you will save your health plan substantially on the cost of these medications. It is truly a WIN/WIN for both you and the health plan.

✓ **FREE Brand Name Medications - ZERO Cost!**

✓ **No Shipping and Handling Charges to You!**

Getting Started:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

**Similar to a number of states in the US, some CRX pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CRXDocs.com. If not included, a CRX representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be tried for 30 days before ordering through **AleraGroupRX**.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



BY FAXING TO: 1-866-215-7874 (TOLL FREE)

Faxed prescriptions are ONLY accepted if sent directly from the physician's office.

OR



BY MAILING TO: AleraGroupRX

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR

P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

More forms are available:

Additional forms may be obtained by visiting www.AleraGroupRX.com or by contacting our Customer Service Representatives toll free at **1-866-488-7874**.

WELCOME TO ALERA GROUP 

ABILIFY (G) 2MG	BYSTOLIC 20MG	EXFORGE HCT	KOMBIGLYZE XR	PRISTIQ 50MG	TRIBENZOR 40/5/12.5MG
ABILIFY (G) 5MG	CADUET 5/10MG	160/12.5/5MG	5MG/1000MG	PRISTIQ 100MG	TRIBENZOR 40/5/25MG
ABILIFY (G) 10MG	CADUET 5/20MG	EXFORGE HCT	LATUDA 20MG	PROMETRIUM 100MG	TRIBENZOR 40/10/12.5MG
ABILIFY (G) 15MG	CADUET 5/40MG	160/12.5/10MG	LATUDA 40MG	PROTOPIC OINT 0.03%	TRIBENZOR 40/10/25MG
ABILIFY (G) 20MG	CADUET 5/80MG	EXFORGE HCT	LATUDA 60MG	PROTOPIC OINT 0.1%	TRILEPTAL (G) 150MG
ABILIFY (G) 30MG	CADUET 10/10MG	160/25/5MG	LATUDA 80MG	QTERN 10-5MG	TRILEPTAL (G) 300MG
ACIPEX 20MG	CADUET 10/20MG	EXFORGE HCT	LATUDA 120MG	QVAR REDHALER 40MCG	TRILEPTAL (G) 600MG
ACTIVELLA (G) 1MG/0.5MG	CADUET 10/40MG	160/25/10MG	LESCOL XL 80MG	QVAR REDHALER 80MCG	TRINTELLIX 5MG
ACTONEL 5MG	CADUET 10/80MG	EXFORGE HCT	LEXAPRO (G) 10MG	RANEXA 500MG	TRINTELLIX 10MG
ACTONEL 30MG	CAMBIA 50MG	320/25/10MG	LEXIVA 700MG	RAPAFLO 4MG	TRINTELLIX 20MG
ACTONEL 35MG	CARDURA XL 4MG	FARESTON 60MG	LIALDA 1.2GM	RAPAFLO 8MG	TRIUMEQ 600-50-300MG
ACTONEL 150MG	CARDURA XL 8MG	FARXIGA 5MG	LINZESS 72MCG	RAPAMUNE 0.5MG	TUDORZA PRESSAIR
ACTOPLUS 15MG-850MG	CELEBREX 100MG	FARXIGA 10MG	LINZESS 145MCG	RAPAMUNE 2MG	400MCG
ACULAR (G) 0.5%	CELEBREX 200MG	FELDENE 10MG	LINZESS 290MCG	RELPAK 20MG	TWYNSTA 40/5MG
ACULAR LS (G) 0.4%	CLARINEX 5MG	FELDENE 20MG	LIPITOR (G) 10MG	RELPAK 40MG	TWYNSTA 40/10MG
ACZONE 5%	CLIMARA PATCH 25MCG	FETZIMA 20MG	LIPITOR (G) 20MG	RENAGEL 800MG	TWYNSTA 80/5MG
ADCIACA 20MG	CLIMARA PATCH 50MCG	FETZIMA 40MG	LOTEMAX GEL 0.5%	REVELA 800MG	TWYNSTA 80/10MG
ADVAIR DISKUS 100MCG	CLIMARA PATCH 75MCG	FETZIMA 80MG	LOTEMAX OINT 0.5%	RESTASIS MULTIDOSE	UCERIS 9MG
ADVAIR DISKUS 250MCG	CLIMARA PATCH 100MCG	FETZIMA 120MG	LOTEMAX SUSP 0.5%	0.05%	ULORIC 80MG
ADVAIR DISKUS 500MCG	COLAZAL (G) 750MG	FINACEA GEL 15%	LOTRISONE CREAM (G)	RESTASIS VIALS 0.05%	UROCIT-K 10MEQ
ADVAIR HFA 45/21MCG	COMBIGAN 0.2-0.5%	FLAREX 0.1%	1%/0.05%	RETIN A GEL (G) 0.025%	URSO 250MG
ADVAIR HFA 115/21MCG	COMBIVENT RESPIMAT	FLOVENT 44MCG 50MCG	LOVENOX 40MG	RETIN A MICRO GEL PUMP	VAGIFEM 10MCG
ADVAIR HFA 230/21MCG	20MCG/100MCG	FLOVENT 110MCG 125MCG	LOVENOX 60MG	0.04%	VALTREX (G) 500MG
AKLIEF 50MCG/G	COMTAN 200MG	FLOVENT 220MCG 250MCG	LOVENOX 80MG	RETIN-A MICRO GEL PUMP	VALTREX (G) 1000MG
ALOCRIL 2%	CORGARD (G) 80MG	FLOVENT DISKUS 100MCG	LOVENOX 100MG	0.1%	VECTICAL 3MCG/GM
ALOMIDE 0.1%	CRESTOR (G) 5MG	FLOVENT DISKUS 250MCG	LUMIGAN 0.01%	REXULTI 0.25MG	VELPHORO 500MG
ALPHAGAN-P 0.15%	CRESTOR (G) 10MG	FOSRENOL CHEW 500MG	MESNEX 400MG	REXULTI 0.5MG	VENTOLIN HFA 90MCG
ALREX 0.2%	CRESTOR (G) 20MG	FOSRENOL CHEW 750MG	MESTINON TS 180MG	REXULTI 1MG	VESICARE 5MG
ALVESCO 80MCG 100MCG	CRESTOR (G) 40MG	FOSRENOL CHEW 1000MG	METRO CREAM 0.75%	REXULTI 2MG	VESICARE 10MG
ALVESCO 160MCG 200MCG	CRINONE GEL 8%	FROVA 2.5MG	METROGEL (G) 0.75%	REXULTI 3MG	VIIBRYD 10MG
ANAPROX DS 550MG	CYMBALTA (G) 20MG	GENVOYA 150-150-200-10MG	METROGEL PUMP 1%	REXULTI 4MG	VIIBRYD 20MG
ANORO ELLIPTA 62.5/25MCG	CYMBALTA (G) 30MG	GEODON (G) 20MG	MICARDIS (G) 20MG	RHINOCORT AQ 32MCG	VIIBRYD 40MG
APTIOIM 200MG	CYMBALTA (G) 60MG	GEODON (G) 40MG	MICARDIS (G) 40MG	RYBELSUS 3MG	VIMOVO 375/20MG
APTIOIM 400MG	CYTOTEC (G) 200MCG	GEODON (G) 80MG	MICARDIS (G) 80MG	RYBELSUS 7MG	VIMOVO 500/20MG
APTIOIM 600MG	DALIRESP 500MCG	GILENYA 0.5MG	MICARDIS HCT 40/12.5MG	RYBELSUS 14MG	VIREAD 300MG
APTIOIM 800MG	DDAVP (G) 0.2MG	GLUCAGEN HYPOKIT 1MG	MICARDIS HCT 80/12.5MG	SAPHRIS 5MG	VIVELLE-DOT 25MCG
ARAVA (G) 10MG	DEPAKOTE (G) 250MG	GLUMETZA ER 1000MG	MICARDIS HCT 80/25MG	SAPHRIS 10MG	VIVELLE-DOT 37.5MCG
ARAVA (G) 20MG	DEPAKOTE (G) 500MG	GLYXAMBI 10MG/5MG	MIGRANAL 4MG/ML	SEASONIQUE	VIVELLE-DOT 50MCG
ARNUITY ELLIPTA 100MCG	DETROL 1MG	GLYXAMBI 25MG/5MG	MINIPRESS (G) 1MG	0.15/0.03/0.01MG	VIVELLE-DOT 75MCG
ARNUITY ELLIPTA 200MCG	DETROL 2MG	HEPSERA (G) 10MG	MINIPRESS (G) 2MG	SENSIPAR 30MG	VIVELLE-DOT 100MCG
AROMASIN 25MG	DETROL LA 2MG	IMITREX STATDOSE	MINIPRESS (G) 5MG	SENSIPAR 60MG	VRAYLAR 1.5MG
ARTHROTEC 50MG	DETROL LA 4MG	6MG/0.5ML	MIRAPEX ER 0.375MG	SEREVENT DISKUS 50MCG	VRAYLAR 3MG
ARTHROTEC 75MG	DEXILANT DR 30MG	IMITREX NASAL SPRAY	MIRAPEX ER 0.75MG	SEROQUEL XR 50MG	VRAYLAR 4.5MG
ASACOL HD 800MG	DEXILANT DR 60MG	5MG-2DOSE	MIRAPEX ER 1.5MG	SEROQUEL XR 150MG	VRAYLAR 6MG
ASMANEX TWISTHALER	DIFFERIN CREAM 0.1%	IMITREX NASAL SPRAY	MIRAPEX ER 2.25MG	SEROQUEL XR 200MG	VTORIN 10/10MG
110MCG	DIFFERIN GEL 0.1%	20MG-2DOSE	MIRAPEX ER 3MG	SEROQUEL XR 300MG	VTORIN 10/20MG
ASMANEX TWISTHALER	DIFFERIN GEL 0.3%	IMURAN (G) 50MG	MIRAPEX ER 3.75MG	SEROQUEL XR 400MG	VTORIN 10/40MG
220MCG	DIOVAN (G) 40MG	INCRUSE ELLIPTA 62.5MCG	MIRAPEX ER 4.5MG	SIMBRINZA 1%/0.2%	VTORIN 10/80MG
ASTAGRAF XL 1MG	DIOVAN (G) 80MG	INDERAL LA 60MG	MIRVASO 0.33%	SINGULAIR (G) 4MG	WELCHOL 625MG
ASTAGRAF XL 5MG	DIOVAN (G) 160MG	INDERAL LA 80MG	MOTEGRITY 1MG	SINGULAIR (G) 5MG	WELCHOL PACKET 3.75G
ASTELIN 137MCG	DIOVAN (G) 320MG	INDERAL LA 120MG	MOTEGRITY 2MG	SINGULAIR (G) 10MG	WELLBUTRIN XL (G)
ATACAND 4MG	DIPENTUM 250MG	INDERAL LA 160MG	MULTAQ 400MG	SINGULAIR GRANULES (G)	150MG
ATACAND 8MG	DIPROLENE OINT 0.05%	INSPIRA (G) 25MG	MYRBETRIQ 25MG	4MG	WELLBUTRIN XL (G)
ATACAND 16MG	DITROPAN XL (G) 5MG	INSPIRA (G) 50MG	MYRBETRIQ 50MG	SOLARAZE (G) 3%	300MG
ATACAND 32MG	DITROPAN XL (G) 10MG	INVEGA 3MG	NAMENDA 10MG	SOOLANTRA 1%	XADAGO 50MG
ATACAND HCT 16MG/12.5MG	DIVIGEL 0.25MG	INVEGA 6MG	NASONEX 50MCG	SPIRIVA 18MCG	XADAGO 100MG
ATACAND HCT 32MG/12.5MG	DIVIGEL 0.5MG	INVEGA 9MG	NATAZIA 3/2-2/2-3/1MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 2.5MG
ATELVIA DR 35MG	DIVIGEL 1MG	INVOKAMET	NESINA 6.25MG	STALEVO (G) 50MG	XARELTO 10MG
ATROVENT HFA 20UG	DUAVEE 0.45-20MG	50MG-500MG	NESINA 12.5MG	STALEVO (G) 100MG	XARELTO 15MG
AUBAGIO 14MG	DULERA 100MCG/5MCG	INVOKAMET	NESINA 25MG	STALEVO (G) 125MG	XARELTO 20MG
AVODART (G) 0.5MG	DULERA 200MCG/5MCG	50MG-1000MG	NEUPRO 1MG	STIOLTO RESPIMAT	XELJANZ 5MG
AXERT 12.5MG	DYMISTA 137/50MCG	INVOKAMET	NEUPRO 2MG	2.5/2.5MCG	XELJANZ 10MG
AZELEX 20%	EDARBI 40MG	150MG-500MG	NEUPRO 3MG	STRATTERA 10MG	XELJANZ XR 11MG
AZILECT 0.5MG	EDARBI 80MG	INVOKAMET	NEUPRO 4MG	STRATTERA 18MG	XENICAL 120MG
AZILECT 1MG	EDARBYCLOR	150MG-1000MG	NEUPRO 6MG	STRATTERA 25MG	XIGDUO XR 5/1000MG
AZOPT 1%	40MG/12.5MG	INVOKANA 100MG	NEUPRO 8MG	STRATTERA 40MG	XIGDUO XR 10/500MG
AZOR 20/5MG	EDARBYCLOR	INVOKANA 300MG	NEXIUM 20MG	STRATTERA 60MG	XIGDUO XR 10/1000MG
AZOR 40/5MG	40MG/25MG	IRESSA 250MG	NEXIUM 40MG	STRATTERA 80MG	XIIDRA 5%
AZOR 40/10MG	EDECRIIN 25MG	JALYN 0.5MG/0.4MG	NEXIUM DR 10MG	STRATTERA 100MG	YASMIN 28
BANZEL 200MG	EDURANT 25MG	JANUMET 50/500MG	NEXLIZET 180MG-10MG	SYNAREL NASAL	YAZ 3/0.02MG
BANZEL 400MG	EFFIENT (G) 5MG	JANUMET 50/1000MG	NORITATE CREAM 1%	SYNJARDY 5MG/500MG	ZELAPAR 1.25MG
BECONASE AQ 42MCG	EFFIENT (G) 10MG	JANUMET XR	OMNARIS 50MCG	SYNJARDY 5MG/1000MG	ZETIA (G) 10MG
BENICAR (G) 20MG	ELIDEL 1%	50MG/500MG	ONGLYZA 2.5MG	SYNJARDY	ZIANA 1.2%-0.025%
BENICAR (G) 40MG	ELIQUIS 2.5MG	JANUMET XR	ONGLYZA 5MG	12.5MG/500MG	ZOMIG (G) 2.6MG
BENICAR HCT (G)	ELIQUIS 5MG	50MG/1000MG	ORILISSA 150MG	SYNJARDY	ZOMIG NASAL SPRAY 5MG
20MG/12.5MG	ELMIRON 100MG	JANUMET XR	ORILISSA 200MG	12.5MG/1000MG	ZOMIG ZMT 2.5MG
BENICAR HCT (G)	ENABLEX 7.5MG	100MG/1000MG	OSPHERA 60MG	TARKA 2/180MG	ZOVIRAX CREAM 5%
40MG/12.5MG	ENABLEX 15MG	JANUVIA 25MG	OTEZLA 30MG	TARKA 4/240MG	ZYCLARA PACKET 3.75%
BENICAR HCT (G)	ENTOCORT 3MG	JANUVIA 50MG	PAXIL CR (G) 12.5MG	TASMAR 100MG	
40MG/25MG	ENTRESTO 24MG-26MG	JANUVIA 100MG	PAXIL CR (G) 25MG	TAZORAC CREAM 0.05%	
BENZACLIN PUMP	ENTRESTO 49MG-51MG	JARDIANCE 10MG	PAZEO 0.7%	TAZORAC CREAM 0.1%	
BEPREVE 1.5%	ENTRESTO 97MG-103MG	JARDIANCE 25MG	PENTASA 500MG	TAZORAC GEL 0.05%	
BETIMOL 0.25%	EPIDUO FORTE 0.3%/2.5%	JENTADUETO	PLAQUENIL (G) 200MG	TAZORAC GEL 0.1%	
BETIMOL 0.5%	EPIDUO GEL PUMP	2.5MG-500MG	PRADAXA 75MG	TECFIDERA 120MG	
BETOPTIC S 0.25%	0.1%/2.5%	JENTADUETO	PRADAXA 150MG	TECFIDERA 240MG	
BEYAZ	EPIPEN 0.3MG	2.5MG-850MG	PRANDIN (G) 0.5MG	TEKTURNA 150MG	
3MG-0.02MG-0.45MG	EPIPEN JR 0.15MG	JENTADUETO	PRANDIN (G) 1MG	TEKTURNA 300MG	
BIKTARVY	EPIVIR / HBV 100MG	2.5MG-1000MG	PRANDIN (G) 2MG	TIVICAY 50MG	
50MG-200MG-25MG	ESTROGEL 0.06%	JUBLIA 10%	PRED FORTE 1%	TOBREX OINT 0.3%	
BINOSTO 70MG	EUCRISA 2%	KAZANO 12.5/1000MG	PREMARIN 0.3MG	TOPICORT CREAM (G)	
BONIVA (G) 160MG	EVISTA 60MG	KEPPRA (G) 250MG	PREMARIN 0.625MG	0.25%	
BREO ELLIPTA 100/25MCG	EXELON 4.6MG/24HR	KEPPRA (G) 600MG	PREMARIN 1.25MG	TOVIAZ 4MG	
BREO ELLIPTA 200/25MCG	EXELON 9.5MG/24HR	KEPPRA (G) 750MG	PREMARIN CREAM	TOVIAZ 8MG	
BRILINTA 60MG	EXELON 13.3MG/24HR	KEPPRA (G) 1000MG	0.625MG/GM	TRADJENTA 5MG	
BRILINTA 90MG	EXFORGE (G) 5/160MG	KOMBIGLYZE XR	PREMPRO 0.3MG/1.5MG	TRAVATAN Z 0.004%	
BYSTOLIC 2.5MG	EXFORGE (G) 5/320MG	2.5MG/1000MG	PREVACID SOLUTAB 15MG	TRELEGY ELLIPTA	
BYSTOLIC 5MG	EXFORGE (G) 10/16MG	KOMBIGLYZE XR	PREVACID SOLUTAB 30MG	100-62.5-25MCG	
BYSTOLIC 10MG	EXFORGE (G) 10/320MG	5MG/500MG	PREZISTA 800MG	TRIBENZOR 20/5/12.5MG	

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-488-7874 toll free to verify the availability of your medication through this program.

For more information, please call:

TOLL-FREE PHONE: 1-866-488-7874

NAME OF EMPLOYER

CURRENT MEDICATIONS / VITAMINS *THIS IS NOT A PRESCRIPTION.*

LIST ALL: **PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER** MEDICATIONS; **HERBAL, NUTRITIONAL AND VITAMIN** SUPPLEMENTS.

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. ***PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.***

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) ☐ MALE ☐ FEMALE

2. **HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):**

3. **MEDICAL CONDITIONS** (ONGOING - EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) — **NOTE:** Please refrain from using generic terms such as “heart disease” as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. DRUG ALLERGIES: ☐ YES ☐ NO IF YES, PLEASE SPECIFY.

AUTHORIZATION - IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: _____ Date: _____ (MM/DD/YYYY)

AUTHORIZATION - IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: _____ **Date:** _____ (MM/DD/YYYY)

TERMS OF AGREEMENT

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CRX International Inc. at Christ Church, Barbados (referred to as “CRX”) so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my “U.S. physician”) and the medicine that I ask CRX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CRX to assist me in obtaining is medicine that I have already taken, under my U.S. physician’s orders and supervision, for at least 30 days prior to placing an order for the medicine through CRX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CRX or any CRX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CRX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CRX, I will immediately contact my U.S. physician.
14. All information that I give to CRX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CRX and its delegates and contractors (collectively referred to as “CRX”) as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CRX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CRX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CRX (and any CRX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me (“Personal Medical History”), including but not limited to all medical records, medical reports, progress notes, nurses’ notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician’s jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CRX from my U.S. physician’s office the original signed copy of the prescription.
6. CRX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CRX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CRX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CRX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CRX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CRX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CRX selected pharmacy.
2. CRX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CRX selected physician and have enlisted the services of CRX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CRX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CRX selected pharmacy.
6. I acknowledge that CRX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CRX Privacy Policy in detail as provided below:

1. CRX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CRX and CRX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CRX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CRX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CRX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CRX’s transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CRX will obtain health information about me, and is obligated in accordance with the CRX Privacy Policy to protect such information. I can visit www.CRXIntl.com/privacy-policy/ at any time to view the most updated version of the CRX Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CRX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CRX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.



July 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Summer Safety	This training provides an overview of the health risks that are more prevalent during the summer months as well as strategies to minimize those risks.	7/6/21	9:00 a.m.- 10:00 a.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we make coffee filter flowers. You will need white paper coffee filters, washable markers, pipe cleaners, and a spray bottle of water. https://us02web.zoom.us/j/3696772627?pwd=bnA1bnN1eFcyWkk4djhsMDN1eEZIZz09 Meeting ID: 369 677 2627 Passcode: 776249	7/7/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom
Trauma Informed Care	This training provides an overview of trauma informed care, including the definition, signs and symptoms of trauma, and strategies to create a trauma informed system of care.	7/9/21	2:00 p.m.- 4:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org



July 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Liver Cirrhosis	This training provides an overview of liver cirrhosis, including risk factors, symptoms, treatments, and prevention strategies.	7/12/21	11:00 a.m.- 12:00 p.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we jump into the world of funny animals! Get ready to laugh as we watch and talk about the funny things animals do. https://us02web.zoom.us/j/9236826949 Meeting ID: 923 682 6949	7/14/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Lyme Disease	This training provides an overview of Lyme disease, including risk factors, symptoms, treatment options, and prevention strategies.	7/15/21	3:00 p.m.- 4:00 p.m.	Virtual via Zoom
Aging and IDD	This training provides an overview of healthy aging for individuals with IDD, including potential barriers to healthy aging and strategies to support individuals as they age.	7/20/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kfl@theadvocacyalliance.org



July 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU to make some noise! Bring things you find around your house that will make noise and we will create our own band. We will also enjoy listening to some of our favorite songs. For maracas: plastic Easter eggs, plastic spoons (4 for a set of maracas), popcorn kernels, rice, or dry beans, white tape, markers to decorate. https://us02web.zoom.us/j/2128723037?pwd=anR2bFhvNHlmZjRqa1BoeTdmUHJ4QT09 Meeting ID: 212 872 3037 Passcode: 12345	7/21/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Asthma	This training provides an overview of asthma, including risk factors, symptoms, treatments, and prevention strategies.	7/23/21	3:00 p.m.- 4:00 p.m.	Virtual via Zoom
Endocrine System (part 1)	In part 1 of a 3-part series, this training provides an overview of the hypothalamus and pituitary glands, including anatomy, functions, and common disorders.	7/26/21	10:00 a.m.- 11:00 a.m.	Virtual via Zoom
Intermittent Explosive Disorder (IED)	This training provides an overview of IED including risk factors, symptoms, treatment, and support strategies.	7/29/21	2:00 p.m. – 3:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org

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August 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Mental Health Therapy and IDD	This training provides an overview of mental health therapy, including the purpose of therapy, different roles of those involved in therapy, and where to find resources for therapy.	8/3/21	10:00 a.m.- 11:00 a.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we get creative making a vision board. You will need poster board, scissors, magazines, stickers, photos, letters, markers, glue, and goals for the future. https://us02web.zoom.us/j/3696772627?pwd=bnA1bnN1eFcyWkk4djhsMDN1eEZIZz09 Meeting ID: 369 677 2627 Passcode: 776249	8/4/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom
Women and Healthy Aging	This training provides an overview of healthy aging with a focus on issues specific to women as they age.	8/6/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom
Urinary Tract Infections (UTI) and Sepsis	This training provides an overview of UTI and sepsis, including causes, symptoms, treatments, and potential complications.	8/9/21	9:00 a.m.- 10:00 a.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org



August 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we discuss making our meals healthy and delicious. We will demonstrate how to cook the meal and talk about how the ingredients fit into a balanced diet. https://us02web.zoom.us/j/9236826949 Meeting ID: 923 682 6949	8/11/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Bereavement	This training provides an overview of bereavement, including the stages of grief, ways in which grief may present itself, and strategies to support the person experiencing a loss.	8/12/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom
Men and Healthy Aging	This training provides an overview of healthy aging with a focus on issues specific to men as they age.	8/16/21	11:00 a.m. – 12:00 p.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we embark on a scavenger hunt to locate fun items to share with the group. https://us02web.zoom.us/j/9236826949 Meeting ID: 923 682 6949	8/18/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kfl@theadvocacyalliance.org



August 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Delusional Disorder	This training provides an overview of delusional disorder, including signs, treatments, and support strategies.	8/19/21	11:00 a.m.- 12:00 p.m.	Virtual via Zoom
Compromised Skin Integrity	This training provides an overview of compromised skin integrity, including the role of the skin as an organ, risk factors for skin breakdown, the stages of breakdown, treatments, interventions, and barriers to healing.	8/24/21	10:00 a.m.- 12:00 p.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we paint flowerpots and carton birdhouses. You will need a flowerpot, empty carton, acrylic paints of your choice, scissors, yarn/string, and paper/drop cloth/canvas to keep your work surface clean. https://us02web.zoom.us/j/2128723037?pwd=anR2bFhvNHlmZjRqa1BoeTdmUHJ4QT09 Meeting ID: 212 872 3037 Passcode: 12345	8/25/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Effective Communication	This training provides an overview of effective communication, including the role of listening, barriers to communication, and strategies to improve communication skills.	8/27/21	1:00 p.m. – 2:30 p.m.	Virtual via Zoom
The Endocrine System (part 2)	In part 2 of a 3-part series, this training provides an overview of the thyroid, parathyroid, thymus, and pineal glands including anatomy, functions, and common disorders.	8/30/21	10:00 a.m.- 11:00 a.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org.

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September 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we create some healthy snacks. You will need celery, carrots, apple, peanut butter, Greek yogurt (full fat), and a ranch seasoning packet to make 2 snacks. https://us02web.zoom.us/j/3696772627?pwd=bnA1bnN1eFcyWkk4djhsMDN1eEZIZz09 Meeting ID: 369 677 2627 Passcode: 776249	9/1/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom
Responding to a Crisis	This training provides information on how to identify a crisis, the stages of crisis, and management strategies that can be used when a crisis occurs.	9/3/21	9:00 a.m.- 10:00 a.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we get ready to smile making a happiness jar. You will need a 16oz Mason jar, 6x6 inch square of fabric, 14 inches of ribbon, paper cut into small 3x3 inch squares, and a marker for writing. https://us02web.zoom.us/j/9236826949 Meeting ID: 923 682 6949	9/8/21	1:00 p.m.- 2:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org



September 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Understanding Behavior and De-Escalation	This training provides an overview of behavioral de-escalation and factors contributing to challenging behaviors.	9/9/21	10:00 a.m.- 11:30 a.m.	Virtual via Zoom
Fall Risk and Prevention	This training provides an overview of falls, including risk factors, complications, and prevention strategies.	9/10/21	2:00 p.m. – 3:00 p.m.	Virtual via Zoom
Deep Vein Thrombosis (DVT) and Peripheral Vascular Disease (PVD)	This training provides an overview of DVT and PVD, including risk factors, symptoms, treatments, and prevention strategies.	9/13/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as explore “Something Fishy”. We will tour different aquariums and learn about the animals that call them home. https://us02web.zoom.us/j/2128723037?pwd=anR2bFhvNHlmZjRqa1BoeTdmUHJ4QT09 Meeting ID: 212 872 3037 Passcode: 12345	9/15/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
The Endocrine System (part 3)	In the final session of the series, this training provides an overview of the pancreas and adrenal glands, including anatomy, functions, and common disorders.	9/16/21	10:00 a.m. – 11:00 a.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org

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September 2021

South Central PA Health Care Quality Unit Training Syllabus

TITLE	DESCRIPTION	DATE	TIME	LOCATION
Understanding Common Lab Tests	This training provides an overview of common lab tests, why they may be ordered, what abnormal results could indicate, and tips for a successful visit.	9/20/21	11:00 a.m.– 12:00 p.m.	Virtual via Zoom
Hanging with the HCQU Consumer Activity (registration not required)	Join the HCQU as we celebrate Autumn in Pennsylvania. Learn what's special about this time of year and discover different free or low-cost community activities to help you enjoy the fall season. https://us02web.zoom.us/j/3696772627?pwd=bnA1bnN1eFcyWkk4djhsMDN1eEZlZz09 Meeting ID: 369 677 2627 Passcode: 776249	9/22/21	1:00 p.m. – 2:00 p.m.	Virtual via Zoom
Overview of Personality Disorders	This training provides an overview of personality disorders, including symptoms, diagnosis, treatments, and support strategies.	9/24/21	1:00 p.m.- 2:30 p.m.	Virtual via Zoom
Seizures	This training provides an overview of seizures, including the different types of seizures, treatments, first aid, and emergency management.	9/28/21	10:00 a.m.- 11:30 a.m.	Virtual via Zoom
Schizophrenia	This training provides an overview of schizophrenia, including symptoms, treatment options, and support strategies.	9/29/21	3:00 p.m. – 4:00 p.m.	Virtual via Zoom

To register please email Katie Freeman-- kf1@theadvocacyalliance.org

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THE SHADOWFAX CORPORATION 403(B) PLAN

SUMMARY OF MATERIAL MODIFICATIONS

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the The Shadowfax Corporation 403(b) Plan effective 06/30/2021. This change has affected the information previously provided to you in the Plan's Summary Plan Description. The revised portion of the Summary Plan Description is described below.

ELIGIBILITY FOR PARTICIPATION

The Plan document has been amended and/or restated into a new Plan document. If you were eligible to participate in the prior Plan, you will continue to be eligible to participate in this Plan without satisfying any additional age or service requirements.

Am I eligible to receive Matching Contributions?

Once you meet the eligibility requirements below, you will be eligible to receive Matching Contributions unless you fall into one of the following categories.

- You are: Highly Compensated Employees and any individuals receiving residential and day program services.