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## Efforts Underway to Protect Access to Care New Law Aligns Rates for Inmate Medical Services Close to MediCare

(Sacramento, CA) A major effort is underway at headquarters that is crucial to ensuring access to care at all of the 33 California Department of Corrections and Rehabilitation (CDCR) institutions. From an office suite in Sacramento, 25 workers are busy contacting physicians, hospitals, and ambulance transportation companies to negotiate rates that comply with a new law.

As the State budget was passed last month, SBX4 13 by Senator Denise Ducheny (D-Chula Vista) was among the accompanying budget trailer bills. It is designed to cut \$50 million in costs and help make the budget math work. The bill caps the amount vendors can charge California Prison Health Care Services (CPHCS) in excess of current MediCare rates.

Previously, some outpatient hospitals and physicians charged far more than the MediCare rates. The new law caps payments to contract providers at 130% of the MediCare rate for Hospital Services, 110% of the MediCare rate for Physicians, and 120% of the Medicare rate for Ambulance Services. The CPHCS Contracts administrative team is busy calling and negotiating with vendors to help protect access to care because all non-contract providers of hospital or physician services must be paid at flat MediCare rates until an individual contract that complies with the new law is in place. Some field personnel worry that the change could result in a lack of available services.

"Our goal of increasing quality while decreasing costs is not easy to achieve, but we are committed to doing so through thoughtful, carefully managed, and fair policies" says Federal Receiver J. Clark Kelso. "We must always demand fair prices, especially in these tough economic times."

Marnell Voss, the Contracts Manager for CPHCS says she's aware that there are concerns and even frustrations out in the field. She says CPHCS providers and vendors should both call in if they feel the new law is causing problems. But in general, she says the institutions and the marketplace are adapting well to the new law.

"Solid numbers of providers have agreed to new rates." She adds, "we have a process in place to provide full coverage and in those rare instances where access to care may truly become an issue, we have a safety valve to remedy the situation." Voss is talking about a provision in the bill that allows the Receiver to establish emergency regulations with exemptions to the law, but only in cases of extreme risk that care will be denied because of a lack of accessible providers. A team of experts is currently drafting the emergency regulations and regional conference calls are being conducted to survey all institutions and ensure that vendors are available.

## Employees Brace for Larger Tax Withholdings Total May be Less than Expected / We Have Tips to Lessen the Blow



Assembly Bill (AB) 17 passed by the California Legislature, with the 2009 Budget Act, provides that wages paid for each payroll period ending on or after November 1, 2009, will have a sum withheld equal to 10% more than the sum specified for the purpose of State tax withholding under the Personal Income Tax (PIT) program.

What does that mean and how does it translate to the State taxes that are withheld from your check? Simply put – the State is not increasing State tax liability for the 2009/2010 tax years. Rather, it will be collecting additional State taxes over and above what the tax tables reflect California taxpayers owe (based on marital status and number of allowances claimed) in order to generate an estimated 1.7 billion in general fund revenue in fiscal year 2009/2010. When you file your tax return, any excess taxes withheld will be refunded.

To demonstrate what this means to your "net" (take home) amount, the following example is provided: This



"They did an excellent job... no one had to be told to stay over!"

## CIM's Nurses Praised for Teamwork During Riot Response

It had been a relatively mild weather day, but inside CIM's Reception Center-West (RCW) on the evening of August 8th, tensions were boiling. For days there had been concerns that racial tensions among inmates were about to explode. Then, at about 8:20pm, they did. For four hours, inmate factions battled each other and soon most of the eight RCW dormitories were torched.

As custody officers worked to re-establish order, the roughly 35 clinical personnel who were still on-site at CIM learned they were needed at RCW. Some were about 2 hours shy of finishing their 16 hour shifts and heading home. Instead, with the riot raging, they volunteered to stay and were diverted from other units and the infirmary to RCW to act as first responders. To make matters more complicated, the inmates had to be treated separately to keep racial violence from re-erupting. Yet, only 16 outside nurses were asked to provide additional help.

When they began, the CIM nurses gathered all available medical equipment, especially suturing gear and medicine. Then they established a system of triage and coordination to get the inmates who were pulled from the riot to the necessary EMS units or medical stations for care. CIM's Acting Director of

Nursing, Jorge Gomez says, "I'm very grateful. They did an excellent job. Everyone was very responsive to our needs and no one had to be told to stay over. I'm extremely grateful for all their hard work.



The racially-motivated riots continued through the night. Most of the RCW dormitories are burnt.

Gomez himself ended his family vacation on a moment's notice to return to CIM and lead his staff. Chief Nurse Executive Karen Rea says the "courage, leadership, composure and professional judgment Nurse Gomez displayed was inspirational" resulting in "a horrific situation being handled better than most." Gomez credits his crew. He says the CIM Nursing Staff displayed extraordinary teamwork.

It wasn't until 7:00 am the next day that the Reception Center was secured. By then, of the more than 1300 inmates involved and triaged, 400 were injured and required medical care, and 54 were sent to local hospitals.

Nurse Rea, who worked closely with the CIM nurses throughout the crisis, quickly dispatched a Certificate of Appreciation to all the CIM nurses.



Karen Rea, Chief Nurse Executive, sent the CIM Nursing Crew a certificate of Appreciation

The certificate reads in part: "nursing has provided exemplary service, support, and collaboration with the rest of the crisis response team. I am tremendously grateful to have such dedicated staff as part of our Nursing Team. For your actions and accountability, I commend you."



CIM Nurses coordinated the Triaging and Treatment of 1300 inmates.

## CPHCS LAUNCHES CLINICAL DATA REPOSITORY PILOT



The first piloted release of the Clinical Data Repository (CDR) has begun. It lays the foundational infrastructure for an Electronic Medical Record. The goal in this release is to set up a clinical database and leverage technologies which provide interfaces to Pharmacy (Maxor) and Laboratory vendors (Quest & Foundation), provide unique inmate-patient identification through an Enterprise Master Patient Index (EMPI), and present information in the CDR through a Clinical Web Portal. From a user's perspective, the first release will be like a "glass bottom boat" that brings together information from a variety of source systems (Maxor, Quest & Foundation), associates this information with a unique patient-inmate via the EMPI, and makes this information available for viewing at the point of care via a web portal. The Clinical Data Repository is being piloted at three institutions – Valley State Prison for Women, ( Please see Clinical Data Repository on Page 8)

**Karen's Corner-** California, especially the Central Valley, is known for high levels of Asthma sufferers. 20% of the population is diagnosed with this illness. Nurses are usually a patient's first medical contact and disease educator. Are you ready?

**Be aware of environmental triggers.** Asthmatics are highly sensitive to changes in pollen or chemicals. Know your institutional geographic area and special considerations for asthma.

**Restlessness and disrupted sleep patterns** are common, but ignored, symptoms of asthma. Doing a thorough assessment and having clear documentation can help create a useful patient history for cases that might become chronic.

**Exercise induced asthma** is common. Be proactive and educate patients to self-monitor before they have to come see you again. Remember, it's important to document the education given to the patient.

**Always coughing is a warning sign** of asthma. Assessment is the most important part of the nurse's contact with a patient. You may be the first person to ask asthma related questions of your patient's cough.

**Tightness in the chest** can lead many to fear a heart attack. Be calm so that the patient can feel reassurance from you instead of becoming more anxious and making a bad situation worse.

**Healthy lungs aren't an accident.** Does your patient smoke or work with chemicals and ignore safety equipment? Be sure to encourage healthy behaviors and document all education given to the patient.

**Easier to keep an airway open** than it is to re-open a closed one. Being proactive with patient education will help both you and the patient in your next asthma-related encounter.

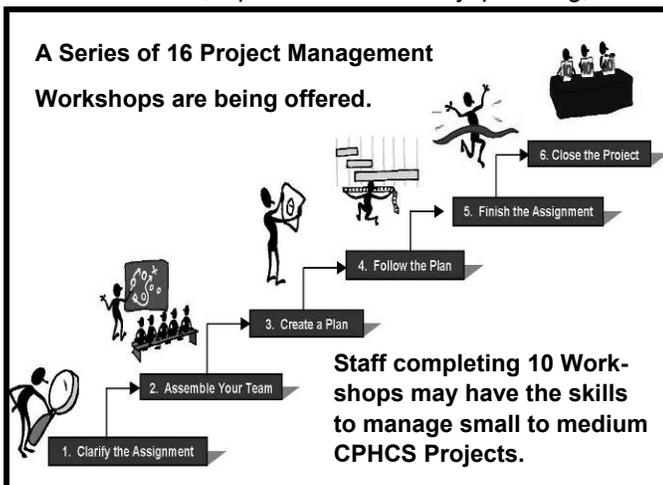


# Project Management Training Units Offered for Free Classes

The CPHCS Project Management Office staff is offering a series of 16 Project Management workshops for managers and staff. The classes are free and cover basic to intermediate project management concepts and skills in the areas of project management fundamentals, business requirements, risk and issue management, program work flows development, project scheduling using Open Work Bench, project change management and communications, operational recovery planning, transi-

tioning projects to maintenance and operations, and project budgeting. The workshop facilitators and instructors will also cover how to receive Project Management Institute Professional Development Units (PMI PDU's) for completing this coursework or contributing to the workshop presentations. The classes are offered, in Sacramento, in a classroom setting at 501 J Street, and may be attended either in person or online via WebEx. Staff completing 10 or more workshops will receive the CPHCS Project Management Certificate issued by the CPHCS Training Unit and may be considered as having the skills to manage a small to medium CPHCS project. The first sessions began July 23, 2009, and will be repeated quarterly beginning August 31<sup>st</sup>. The training program information, schedule, and registration process can be accessed on the CPHCS Lifeline Intranet site (<http://lifeline/LinkClick.aspx?fileticket=v6LHC%2bJwhrc%3d&tabid=397>).

Please contact Bob Morthole ([Bob.Morthole@cdcr.ca.gov](mailto:Bob.Morthole@cdcr.ca.gov)) or Brianna Long ([Brianna.Long@cdcr.ca.gov](mailto:Brianna.Long@cdcr.ca.gov)) or the CPHCS Training Unit for further information on this series of workshops. You are heartily encouraged to attend at least the Project Management Overview workshop and then set a goal for you to earn the CPHCS Project Management Certificate.





## Health Records Center Boasts Big Numbers on it's First Anniversary



HIM is defined by the American Health Information Management Association as being the "discipline that focuses on health care data and the management of health care information, regardless of the medium and format." Specifically,

HIM professionals design, manage, and support health information practices to guarantee the adherence to medical, legal, and ethical standards. They play a crucial role in the management of health information that is used by doctors, nurses, and other health care providers.

Almost a year ago, the Health Records Center (HRC) was established to bring all paroled and discharged patient-inmate Unit Health Records (UHRs) for the California Department of Corrections and Rehabilitation (CDCR) adult inmate institutions to one centralized location. The HRC is a 73,000 square foot facility in Sacramento that has an atmosphere of both a warehouse and an office. The HRC, in partnership with health records staff and operations in each of our 33 adult institutions, provides essential health records management services in support of our patient-inmate population.

Now in it's second year, the HRC is home to more than 150,000 UHRs for paroled patient-inmates and an estimated 500,000 UHRs for discharged patient-inmates. The HRC currently receives an average of 645 UHRs daily. They also receive an average of 671 chart requests

on a daily basis from the 33 institutions and 13 Community Correctional Facilities (CCFs), and more than 236 Release of Information requests from the Department of Social Services, Attorney General's Office, District Attorney's, Health Care Professionals and from inmates themselves. The HRC has an estimated 50,000+ inches of loose filing that spans several years of services. However, they have implemented changes at HRC that allow staff to keep up with new loose filing demands and prevent the loose filing backlog from growing. The work has also begun on the reduction of the 50,000 inches of backlog.

In addition, the HRC is planning additional improvements in its third year of operation (09/10). To accomplish this work, the HRC employs a devoted staff of 50 individuals, consisting of a Clinical Records Administrator, HRT II Supervisors, an HRT II Specialist, HRT I staff, Office Technicians, and Office Assistants.

Mamie Hao is the newly appointed Clinical Records Administrator for the Health Records Center. Mamie is an RHIA with more than 24 years of HIM management experience. Her expertise is in designing workflows, implementing programs, process improvement, and record management. She was most recently a consultant and subject matter expert for SOURCECORP and was a consultant at Health Records Center since February, 2009. Mamie has also implemented two electronic medical record systems, is Epic Certified, and assisted in the design and implementation of the Epic Medical Records product for Sutter Health. (Written by Richard Westerfeld HRT II Supervisor and Mamie Hao, Clinical Records Administrator)

## Nutritional Choices Can Lead to Better, More Cost-Efficient Patient Outcomes



Proper nutrition plays an important role in improving the health and healing of those with acute as well as chronic conditions such as diabetes, celiac disease, heart disease, and kidney and liver disease. For example, in corrections we find increasing numbers

of patient-inmates with Hepatitis C, alcoholism, and uncontrolled diabetes; conditions that have resulted in life-threatening liver and kidney disease, which are difficult and expensive to treat. These patient-inmates may be malnourished, and often present numerous metabolic complications that can be improved by appropriate medical nutrition intervention. Eating properly can reduce their need for additional health care services. In the institutions, the term "dietary services" is used in reference to medical facilities, whereas "food services" generally denotes general population feeding. In accordance with California Title 22 Regulations, dietary services provides a complete continuum of nutrition care services to patient-inmates housed in licensed medical facilities, and provides some services for outpatients in the general population.

Dietary Services:

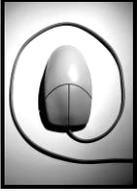
- Have registered dietitians providing medical nutrition therapy by conducting nutrition assessments, diagnosis, intervention, and monitoring and evaluation of patient-inmates.
- Provides therapeutic diets designed to maximize positive health outcomes for patient-inmates housed in licensed beds.
- Prepares specific therapeutic diets for patient-inmates in the general popula-

tion. These diets presently include: gluten-free meals for patient-inmates with diagnosed celiac disease and renal meals for those receiving renal dialysis.

- Provides diet instruction for patient-inmates whose nutrition and health may be improved and whose treatment may be made more cost-effective by making appropriate food choices from the CPHCS heart healthy meals.

An example would be insulin-dependent diabetics learning how to balance carbohydrates in their diet. The dietary service's team in the institution is normally led by a Food Administrator who is a registered dietitian and includes specially trained Correctional Supervising Cooks or Cook Specialists. A registered dietitian is the recognized expert in applying the science of food and nutrition to health, and as such is an important member of the health care team.

Since CPHCS has a Chief of Dietary Services (registered dietitian) at headquarters, this resource can now work closely with other health care leaders on dietary service needs while also providing the much needed support and leadership for dietary services in the field. Several projects are presently underway, including: updating the Correctional Treatment Center's menus, updating the CPHCS diet manual, revising dietary policy, and improving dietary staffing. All of these projects are focused on providing improved quality nutrition care by bringing standardized policies, procedures, and accountability to a new statewide nutrition care process. We have a ways to go, but we are determined and committed to make CPHCS dietary services a recognized crucial element of patient-inmate health care. (Written by: Sue Summersett, MPH, RD, Chief, Dietary Services (A))



## CPHCS and CDCR are Leaders in Defining New State E-mail Service Delivery Model

California Prison Health Care Services (CPHCS), the California Department of Corrections and Rehabilitation (CDCR) and Prison Industry Authority (PIA) are partnering on a new initiative which moves the Agency's 38,000 employee e-mail boxes to the Office of Technology (O-TECH), previously known as Department of Technology Service (DTS). By migrating e-mail to OTECH, we can now offer CPHCS customers an enterprise class e-mail solution utilizing the latest Microsoft technologies. The partnership is of mutual benefit both at a State and Agency level. CPHCS and CDCR lead the way for other State Departments to take advantage of the new, improved State e-mail offering by migrating a quarter of the State of California employees into the new environment. Partnership has been the key to the project's success. All three organizations are leveraging existing hardware, software, licensing and consulting services, which has proved to be extremely cost effective. All CPHCS employee mailboxes are scheduled to be migrated by March 2010. The new State E-mail service will offer the following advanced features:

### •Send and Receive Faxes via E-mail

Send and receive faxes directly from e-mail. No paper, no ink cartridges, no hassle.

### •Encrypted Outgoing Mail

Encrypting outgoing mail ensures that only the recipient of a message can read it while the message is in transit, stored in intermediate mailboxes, or in the recipient's mail file.

### •Improved User Interface for Outlook Web Access

Outlook Web Access has been redesigned for Exchange Server 2007 to create a new look, add new features, and improve usability. The 2007 web version of Outlook will look and feel almost identical to the desktop version.

### •Enhanced Ability to Perform E-Discovery and E-mail Archiving for Litigation Purposes

Ensure continuous information availability and complies with the current Agency e-mail retention policy and litigation hold requirements.

## CPHCS Launches New Data Center



The Information Technology Services Division recently launched the new CPHCS Data Center which lays the foundation for delivering complex clinical systems. Clinical Data Repository (CDR), Dictation and Transcription, Mental Health Tracking System (MHTS) and Third Party Administrator (TPA) are the first four systems scheduled to use the facility.

The CPHCS Data Center was designed to host mission critical clinical information systems, with fully redundant technologies and the highest level of security, including biometric access controls.

The contract to build out the CPHCS facility was finalized December 2008. During a 5 month span, multiple teams worked around the clock to ensure that the data center was delivered on time and within budget. The successful launch ensures that clinical systems requiring the data center can meet their objectives identified in the Receiver's Turnaround Plan of Action. The team credited for completing the project include: Jamie Mangrum, Executive Sponsor; Liana Bailey-Crimmins, Project Sponsor; Jenny Kennedy, Program Manager; Chris Berry, Information Security Officer; Denise Harris, Project Manager; Larry Angus, Subject Matter Expert; Jeff Baker, Subject Matter Expert; Verizon Business; Nexus IS, Inc.; CyberTrust.

## CPHCS Launches a New LAN/WAN Infrastructure at 3 Institutions



The Information Technology Services Division (ITSD) launched a new robust local area network (LAN) and a high speed wide area network (WAN) at LAC, VSPW and CCWF. These Institutions are the first to pilot the new Clinical Data Repository (CDR) and Dictation and Transcription applications. The network provides each Institution with fiber optic technologies which promotes high-speed data transactions and increased productivity.

As each Institution receives the new healthcare network, new, improved clinical information systems will be deployed to improve inmate patient care. These systems may include, but are not limited to, Content Management for Medical Records, Radiology Imaging Files, Health Care Scheduling and Inmate Appeals. In addition, the new healthcare network provides the vehicle for enhanced Medical devices and other more mature technologies, including Tele-medicine, thus allowing the Medical staff to be where and when they are needed, without having to physically travel to those locations. The effective implementation of technology will put CPHCS at the forefront of delivering improved clinical care and provides clinical staff the technology infrastructure and clinical systems needed to provide a constitutional level of access to care to our patients.



## HUMAN RESOURCES



### Calling All Staff ...our employees matter!



Calling all Medical, Mental Health, and Dental staff: we need to hear your voice. We are building a reputation that speaks for our quality, competency and job satisfaction, and we need your input.

An Employee Satisfaction Survey has been developed that covers many issues based on information that has been gathered from new and established staff regarding various work environment issues. Your responses are confidential, unless you choose to provide your name.

We request that you answer honestly in order to provide the most valuable information. Encourage your colleagues to participate as well. You will have many opportunities throughout the survey to write a personal response if you choose, or you can select one of the multiple responses offered.

The time has come to let your collective voices be heard and contribute to building a new reputation you can be proud of!

The Employee Satisfaction Survey will be coming your way shortly.

### Rural Health Care Equity Program Eliminated

The 2009/2010 State Budget contains language that permanently eliminated the Rural Health Care Equity Program (RHCEP) for active State employees **effective July 1, 2009**.



For State employees who were eligible for the RHCEP, the last period for reimbursement of deductible and co-insurance expense will be the fiscal year July 1, 2008 through June 30, 2009. September 15, 2009 is the final day for members to submit their FY 08/09 claims to the third party administrator Application Software Incorporated.

Questions regarding the RHCEP premium reimbursement should be directed to Larry Sanchez with the Department of Personnel Administration at (916) 327-1439.

### Employee Benefits Open Enrollment Is Around the Corner!

Open enrollment for Health and Dental benefits, FlexElect, CoBen Cash and Dependent Care Reimbursement accounts is **September 14 - October 9, 2009**. During this period, eligible employees may enroll in, cancel or change plans and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel or change their current options. Enrollments, changes and deletions during open enrollment will be **effective January 1, 2010**.

No action is necessary for currently enrolled employees who don't want to change their benefit enrollment. However, Permanent-Intermittent employees must re-enroll in the FlexElect/CoBen Cash Option during open enrollment if they want to remain in the program next year.

If you are currently enrolled in either the FlexElect or CoBen Cash Option and decide to enroll yourself and/or dependents in a health and dental plan during open enrollment, you must cancel the cash option plan. Additionally, employees who want to continue enrollment next year in a FlexElect Medical or Dependent Care Reimbursement Account must re-enroll during open enrollment.

For more information and rates, visit the Department of Personnel Administration website at <http://www.dpa.ca.gov/benefits/main.htm>



## FAQs

**Q: I am trying to plan ahead for my retirement. Will I be able to apply for Social Security benefits as well as receive my State pension?**

**A:** Not all state employees are covered by Social Security. Some are covered only by the California Public Employees Retirement Plan (CalPERS) and others are covered by both Social Security and CalPERS.

Unless you have paid into Social Security for the number of required quarters at some time during your career, you will not be eligible for benefits.

If, however, you have been employed in a job, or jobs, that did require paying Social Security taxes, your Social Security Statement will show your current status, including what you will be

eligible for at the time of your planned retirement.

For more information, regarding eligibility, please visit [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1-800-772-1213. For deaf or hearing impaired, call the TTY number: 1-800-325-0778 or contact your local Social Security office.



## Teach Learn TRAINING

### CORNER

**T**he Budget has been signed, but restrictions on travel and training may last for a while. Use this as an opportunity to take advantage of free online webinars, classes, and tutorials available on the web. Learn more about Microsoft Office products you use everyday or research and read a book online using Safari available to State workers.

#### Useful Links

Microsoft Office training programs: <http://office.microsoft.com/en-us/training/default.aspx>

Safari Books: <http://proquest.safaribooksonline.com/>

Healthcare New Employee Orientation (HCNEO) for Sacramento area staff is continuing. The next session will be held September 28<sup>th</sup>-October 1. (To sign up please contact [Lisa.Blutman@cdcr.ca.gov](mailto:Lisa.Blutman@cdcr.ca.gov)). However, HCNEO for field staff is currently on hold due to the budget restrictions on traveling. Institution-based CPHCS staff are directed to attend the IST New Employee Orientation until further notice.

#### Upcoming Events:

- Wellness Workshops — (contact Lisa Blutman for more information)
- HCNEO: September 2009 (contact Lisa Blutman for more information)

## Simple Changes May Help Lessen New Tax Withholding

(Continued from Pg. 1)

additional withholding affects wages earned in the November 2009 — June 2010 pay periods. For Example: If, based on your marital status and number of allowances claimed, the California tax tables reflect \$51.65 is to be withheld from your monthly paycheck, an additional 10% or \$5.17 will be also withheld, for a total of \$56.82.

DEDUCTIONS	AMOUNT
FEDERAL TAX	220.90
STATE TAX	51.65
*RETIREMENT	163.88
SOC SEC	219.78
MEDICARE	51.40
CASDI	41.70
*F PERSCHSE	95.70
*F DLTACARE	.00
VISION-VSP	.00
*401K PLAN	50.00
SEIU1000D	58.86
*PARKING	150.00

	November 1st Paycheck	December 1st Paycheck
State Taxes	\$51.65	\$51.65
Additional 10% in State Taxes Withheld	N/A	\$5.17
<b>TOTAL WITHHELD</b>	<b>\$51.65</b>	<b>\$56.82</b>

What other State Tax options do you have? You can complete a STD 686 "Employee Action Request" (EAR) form to increase the number of State allowances claimed for tax withholding purposes. The form is available in the personnel office or on the Lifeline INTRANET. But be careful - too little withholding will result in you owing additional taxes when you file your tax return! To calculate

the tax that will be withheld based on the number of exemptions claimed, you can enter your payroll information and various numbers of exemptions into the State Controller's Office' paycheck calculator. Note the "additional exemptions State" field where you can claim additional exemptions over and above what you claim for Federal Tax withholding purposes. Keep in mind that the calculator has not yet been updated to reflect the additional 10% to be withheld so don't forget to factor that in.

Here's the link:

[http://sco.ca.gov/ppsd\\_se\\_paycheck\\_calc.html](http://sco.ca.gov/ppsd_se_paycheck_calc.html)

If you are unsure of the correct number of allowances to claim, you should consult with a tax preparer or accountant. Personnel office employees are not tax professionals and are not authorized to offer tax advice. If you decide to change the number of allowances claimed, your personnel office will need the EAR form found on the HR Lifeline INTRANET page at (<http://lifeline/hr/HumanResources/tabid/366/Default.aspx>) by the 10<sup>th</sup> of the month in order to change the withholding amounts for the next monthly paycheck. Any additional questions regarding this information should be submitted to your personnel office.

## Clinical Data Repository Begun

(Continued from page 2)

Central California Women's Facility, and Los Angeles County. Subsequent institutions will be selected at the completion of the pilot during the Implementation Phase.

Future releases of the CDR will leverage infrastructure implemented in Release 1 to interface with a host of internal & external systems, such as Health Care Scheduling, Digital Radiology Systems (PACS & RIS), Clinical forms etc. Additional functionality such as Disease Management and content management can be implemented as plug-in modules to the CDR infrastructure.

In July 2009, the production "Solution Build" phase of the CDR project was started; the CDR project team assembled the necessary computer hardware and software to create the production CDR environment at the CPHCS Data Center. The system was populated with clinical information, and the project has now moved into the Testing Phase, which will be followed by user training and Release 1 roll-out to 3 pilot institutions in the late August and September 2009 timeframe.

The image shows a portion of the Employee Action Request (EAR) form. Key sections visible include:
 

- WITHHOLDING ALLOWANCE CHANGE OF NEW EMPLOYEE:** A section with checkboxes for 'MARRIED' and 'SINGLE', and a field for 'NUMBER OF ALLOWANCES CLAIMED'.
- DEPENDENT EXEMPTIONS:** A section with checkboxes for 'MARRIED' and 'SINGLE', and a field for 'NUMBER OF DEPENDENT EXEMPTIONS'.
- PERSONNEL OFFICE USE:** A section with checkboxes for 'APPROVED' and 'REJECTED', and a field for 'DATE'.

**CALIFORNIA PRISON HEALTH CARE SERVICES**  
 P.O. Box 4038 Sacramento, CA 95812-4038  
 Phone: 916-323-1923 [www.cphcs.ca.gov](http://www.cphcs.ca.gov)

**RECRUITMENT : DO YOU KNOW SOMEONE INTERESTED IN JOINING OUR HEALTH CARE TEAM?**  
[www.ChangingPrisonHealthCare.org](http://www.ChangingPrisonHealthCare.org) 1-877-793-HIRE (4473)

**RECEIVERSHIP'S MISSION**  
 Reduce unnecessary morbidity and mortality and protect public health by providing patient-inmates timely access to safe, effective and efficient medical care, and integrate the delivery of medical care with mental health, dental and disability programs.

**Inmate health-related concerns or complaints? Call the CALIFORNIA PRISON HEALTH CARE SERVICES HOTLINE: (916) 324-1403**

**EMAIL STORY IDEAS, COMMENTS, OR QUESTIONS TO: [lifeline@cdcr.ca.gov](mailto:lifeline@cdcr.ca.gov)**

**FOR CPHCS EMPLOYEES: TO ACCESS THE CPHCS INTRANET, GO TO [HTTP://LIFELINE/](http://lifeline/) OR JUST TYPE "LIFELINE" INTO YOUR BROWSER'S ADDRESS BAR**