### 2005-2006 2003-2004 LEGISLATURE

LRB<del>-4038/T</del> DAK:<del>jld:pg</del>

2003 ASSEMBLY BIEL 920

heading + CO MEDICAL ASSISTANCE

March 2, 2004 7 Introduced by Representatives Pope Boberts Krusick, Boyle, Miller, Bence Wyoung and Vruwink, cosponsored by Senators Hansen and Jauch. Referred to Joint Committee on Finance.

LPS: Please Proof amended Proof stats. W/Folio

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DO NOT CATALOG

1 AN ACT to renumber 46.277 (1m) (a); to amend 46.277 (1), 46.277 (2) (intro.),

2 46.277 (3) (a), 46.277 (3) (b) 1, 46.277 (3) (b) 2, 46/277 (4) (a), 46.277 (4) (b),

3 46.277 (5) (g) and 46.277 (5g) (a), and to create 46.277 (1m) (ag) and 46.277 (4)

(c) of the statutes; relating to provision of home and community-based

services under a community integration program to persons relocated from

facilities, during the period of the relocation.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers a Community Integration Program (commonly known as "CIP II"), under which Medical Assistance (MA) moneys are paid to counties to provide home and community-based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA-reimbursed nursing home care or are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. Wadow 2003 Wisconsin Act 33 (the bienaid budget DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county when the person's relocation.

This bill authorizes DHFS to provide CIP II funding for home and community-based services to an MA-eligible person who relocates from a facility to

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the community. Reimbursement is not conditioned on delicensure of a nursing home bed upon the person's relocation. The funding begins on the date of the relocation and ends on the date that the person discontinues program participation or no longer meets the level of care requirements for MA reimbursement in a nursing home. Funding in the aggregate for these relocated persons may not exceed the total MA costs for the persons if served in nursing homes. DHFS may provide an enhanced reimbursement rate for the services. The total number of persons who may participate in this particular aspect of CIP II is not restricted by limitations on numbers participating in the remainder of CIP II.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

### The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 46.277 (1) of the statutes is amended to read:

46.277 (1) LEGISLATIVE INTENT. The intent of the program under this section is to provide home or community—based care to serve in a noninstitutional community setting a person who meets eligibility requirements under 42 USC 1396n (c) and is relocated from an institution other than a state center for the developmentally disabled or meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, except that the number of persons who receive home or community—based care under this section is not intended, other than under sub. (4) (c), to exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. The intent of the program is also that counties use all existing services for providing care under this section, including those services currently provided by counties.

**SECTION 2.** 46.277 (1m) (a) of the statutes is renumbered 46.277 (1m) (ak).

**SECTION 3.** 46.277 (1m) (ag) of the statutes is created to read:

46.277 (1m) (ag) "Delicensed" means deducted from the number of beds stated on a facility's license, as specified under s. 50.03 (4) (e).

**SECTION 4.** 46.277 (2) (intro.) of the statutes is amended to read:

46.277 (2) Departmental powers and duties. (intro.) The department may request a waiver from the secretary of the federal department of health and human services, under 42 USC 1396n (c), authorizing the department to serve medical assistance recipients, who meet the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, in their communities by providing home or community—based services as part of medical assistance. The Except under sub. (4) (c), the number of persons for whom the waiver is requested may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. If the department requests a waiver, it shall include all assurances required under 42 USC 1396n (c) (2) in its request. If the department receives this waiver, it may request one or more 3—year extensions of the waiver under 42 USC 1396n (c) and shall perform the following duties:

**Section 5.** 46.277 (3) (a) of the statutes is amended to read:

46.277 (3) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to county participation in this program, except that services provided in the program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility who meets the level of care requirements for medical assistance reimbursement to that facility rather than for care provided at a state center for the developmentally disabled. The Except in sub. (4) (c), the number of persons who receive services provided by the program under this paragraph may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b),

that are delicensed as part of a plan submitted by the facility and approved by the department.

**SECTION 6.** 46.277 (3) (b) 1. of the statutes is amended to read:

46.277 (3) (b) 1. If Except under sub. (4) (c), if the provision of services under this section results in a decrease in the statewide nursing home bed limit under s. 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all or part of the facility that is approved by the department.

**SECTION 7.** 46.277 (3) (b) 2. of the statutes is amended to read:

46.277 (3) (b) 2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, other than under sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

**SECTION 8.** 46.277 (4) (a) of the statutes is amended to read:

46.277 (4) (a) Any medical assistance recipient who meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility is eligible to participate in the program, except that the number of participants may not exceed, other than under par. (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department. Such a recipient may apply, or any person may apply on behalf of such a recipient, for participation in the program. Section 46.275 (4) (b) applies to participation in the program.

**SECTION 9.** 46.277 (4) (b) of the statutes is amended to read:

46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under par. (c), if a person discontinues participation in the program, a medical assistance recipient may participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

**SECTION 10.** 46.277 (4) (c) of the statutes is created to read:

46.277 (4) (c) The department may, under this paragraph, provide funding under this section for services for a medical assistance recipient who relocates from a facility to the community, beginning on the date of the relocation and ending on the date that the individual discontinues participation in the program or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. Funding for medical assistance costs for individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for the individuals if served in facilities. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section.

Figure Section 11. 46.277 (5) (g) of the statutes, as created by 2003 Wisconsin Act 33, comp.

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003,

if the nursing home bed that was used by the individual is delicensed upon relocation
of the individual or if the individual is relocated under sub. (4) (c). The department
shall develop and utilize a formula to determine the enhanced reimbursement rate.
SECTION 12. 46.277 (5g) (a) of the statutes is amended to read:
46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served
under this section may not exceed the number of nursing home beds that are
delicensed as part of a plan submitted by the facility and approved by the
department.

(END)

### STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

1/21/05 From Steve Milioto: 0344
Revise draft; when person in n. h. is relocated to community, bed must be reserved for that person's potential future use until person dies.
to community, bed must be reserved for
that reison's potential Luture use until
reson dies.
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### Kennedy, Debora

From:

Milioto, Steve

Sent:

Friday, January 21, 2005 8:50 AM

To: Cc: Kennedy, Debora Johnston, James

Subject:

Draft 344

Importance:

High

Hi Debora --

I have a last minute change for you in regard to draft 344.

The Governor hates the Life Lease concept and name. So, the only change he wants is to reduce a bed when a person relocated to the community under CIP II dies. In effect, this would mean a reduction in the statewide bed cap each year (dependent, of course, on whether relocations continue at a steady clip or not.)

Please revise draft 344 to reflect this idea. Feel free to give me a call about this. Best, Steve



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## State of Misconsin 2005 - 2006 LEGISLATURE

LRB-0344/≵ ペ DAK:wlj:

DOA:.....Milioto, BB0019 - Life Lease

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION



AN ACT ...; relating to: provision of home and community-based services under a community integration program to persons relocated from facilities, during the period of the relocation.

# Analysis by the Legislative Reference Bureau HEALTH AND HUMAN SERVICES

#### MEDICAL ASSISTANCE

Currently, DHFS administers a Community Integration Program (commonly known as "CIP II"), under which Medical Assistance (MA) moneys are paid to counties to provide home and community—based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA—reimbursed nursing home care or are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county if the nursing home bed used by the person is delicensed upon the person's relocation.

This bill authorizes DHFS to provide CIP II funding for home and community-based services to an MA-eligible person who relocates from a facility to the community. Reimbursement is not conditioned on delicensure of a nursing home bed upon the person's relocation. The funding begins on the date of the relocation

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the relocated jerson of the deliceuse the nursing how
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For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

### The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

**SECTION 1.** 46.277 (1) of the statutes is amended to read:

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**SECTION 2.** 46.277 (1m) (a) of the statutes is renumbered 46.277 (1m) (ak).

**SECTION 3.** 46.277 (1m) (ag) of the statutes is created to read:

46.277 (1m) (ag) "Delicensed" means deducted from the number of beds stated on a facility's license, as specified under s. 50.03 (4) (e).

SECTION 4. 46.277 (2) (intro.) of the statutes is amended to read:

46.277 (2) Departmental powers and duties. (intro.) The department may request a waiver from the secretary of the federal department of health and human services, under 42 USC 1396n (c), authorizing the department to serve medical assistance recipients, who meet the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility, in their communities by providing home or community—based services as part of medical assistance. The Except under sub. (4) (c), the number of persons for whom the waiver is requested may not exceed the number of nursing home beds that are delicensed as part of a plan submitted by the facility and approved by the department. If the department requests a waiver, it shall include all assurances required under 42 USC 1396n (c) (2) in its request. If the department receives this waiver, it may request one or more 3—year extensions of the waiver under 42 USC 1396n (c) and shall perform the following duties:

**SECTION 5.** 46.277 (3) (a) of the statutes is amended to read:

46.277 (3) (a) Sections 46.27 (3) (b) and 46.275 (3) (a) and (c) to (e) apply to county participation in this program, except that services provided in the program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility who meets the level of care requirements for medical assistance reimbursement to that facility rather than for care provided at a state center for the developmentally disabled. The Except in sub. (4) (c), the number of persons who receive services provided by the program under this paragraph may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

SECTION 6.	46.277	(3)	(b)	1.	of the	statutes	is	amended	to	read:
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46.277 (3) (b) 1. If Except under sub. (4) (c), if the provision of services under this section results in a decrease in the statewide nursing home bed limit under s. 150.31 (3), the facility affected by the decrease shall submit a plan for delicensing all or part of the facility that is approved by the department.

**SECTION 7.** 46.277 (3) (b) 2. of the statutes is amended to read:

46.277 (3) (b) 2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, other than under sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

**SECTION 8.** 46.277 (4) (a) of the statutes is amended to read:

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**SECTION 9.** 46.277 (4) (b) of the statutes is amended to read:

46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under par. (c), if a person discontinues participation in the program, a medical assistance

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recipient may participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

SECTION 10. 46.277 (4) (c) of the statutes is created to read:

46.277 (4) (c) The department may, under this paragraph, provide funding under this section for services for a medical assistance recipient who relocates from a facility to the community, beginning on the date of the relocation and ending on the date that the individual discontinues participation in the program or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. Funding for medical assistance costs for individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for the individuals if served in facilities. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section.

### **SECTION 11.** 46.277 (5) (g) of the statutes is amended to read:

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003, if the nursing home bed that was used by the individual is delicensed upon relocation of the individual or if the individual is relocated under sub. (4) (c). The department shall develop and utilize a formula to determine the enhanced reimbursement rate.

1	<b>SECTION 12.</b> 46.277 (5g) (a) of the statutes is amended to read:
2	46.277 (5g) (a) The Except under sub. (4) (c), the number of persons served
3	under this section may not exceed the number of nursing home beds that are
4	delicensed as part of a plan submitted by the facility and approved by the
5	department.
6	(END)

### STATE OF WISCONSIN – **LEGISLATIVE REFERENCE BUREAU** – LEGAL SECTION (608–266–3561)

LINSERT 5-13
(no#) A nursing home bed corresponding to the
bed that was used by the individual shall
be reserved by the nursing home for
the individual & potential future use of Lyon
the death of the individual, the bed shall
be decrensed by the departments

#### Life Lease Statutory Change

Proposed Statutory Change:

Step 1: Withdraw Life Lease changes in DHFS Request (LRB-0344)

Step 2: Make the following change to current law s. 46.277(5)(g):

46,277(5)(g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home bed by a county department on or after July 26, 2003, if the nursing home bed that was used by the individual is delicensed upon relocation of the individual\_as long as the number of people served under this section does not exceed the number of nursing home beds that have been delicensed. The Department shall develop and utilize a formula to determine the enhanced reimbursement rate.

facilities and superfront by the department

### Kennedy, Debora

From: Sent:

Milioto, Steve

F

Friday, January 28, 2005 3:14 PM Kennedy, Debora

To: Cc:

Johnston, James

Subject:

FW: Life Lease Stat language

Importance:

High



Hi Debora --

I hesitate to ask but is it too late to make the change contained in the attachment below? This would be for draft 344. All DHFS and DOA requested changes prior to the one contained below would no longer apply.

I am extremely apologetic for the last minute nature of this and will certainly understand if this has to appear as an errata on our part. Best, Steve

----Original Message----

From: Forsaith, Andrew

Sent: Friday, January 28, 2005 2:28 PM To: Johnston, James; Milioto, Steve Subject: Life Lease Stat language

### Kennedy, Debora

From:

Johnston, James

Sent:

Monday, January 31, 2005 2:19 PM

To: Cc: Bove, Fredi-Ellen; Forsaith, Andrew Milioto, Steve; Kennedy, Debora

Subject:

FW: CIP II language

We are also planning to update the applicability date for the new language so that the enhanced rate for relocations, under the changes we are making to s. 46.277(5)(g), applies to relocations that take place after the effective date of the bill

----Original Message-----

From: Johnston, James

Sent: Monday, January 31, 2005 1:50 PM

**To:** Forsaith, Andrew **Cc:** Bove, Fredi-Ellen

Subject: CIP

CIP II language

As long at the number of people served under this section does not exceed the number of nursing home beds that have been delicensed as part of plans submitted by facilities and approved by the department.



### State of Misconsin 2005 - 2006 LEGISLATURE

LRB-0344/**¥**3 DAK:wlj:j**ŧ** 

DOA:.....Milioto, BB0019 - Life Lease

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION

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- 1 AN ACT ...; relating to: provision of home and community based services under
- 2 a community integration program to persons relocated from facilities, during

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that are delicensed as part of a plan submitted by the facility and approved by the department.

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**SECTION 7.** 46.277 (3) (b) 2, of the statutes is amended to read:

46.277 (3) (b) 2. Each county department participating in the program shall provide home or community-based care to persons eligible under this section, except that the number of persons who receive home or community-based care under this section may not exceed, other than under sub. (4) (c), the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

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SECTION 9. 46.277 (4) (b) of the statutes is amended to read:

46.277 (4) (b) To the extent authorized under 42 USC 1396n and except under par. (c), if a person discontinues participation in the program, a medical assistance recipient may participate in the program in place of the participant who discontinues if that recipient meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or intermediate care facility, except that the number of participants may not exceed the number of nursing home beds, other than beds specified in sub. (5g) (b), that are delicensed as part of a plan submitted by the facility and approved by the department.

**SECTION 10.** 46.277 (4) (c) of the statutes is created to read:

46.277 (4) (c) The department may, under this paragraph, provide funding under this section for services for a medical assistance recipient who relocates from a facility to the community, beginning on the date of the relocation and ending on the date that the individual dies, discontinues participation in the program, or no longer meets the level of care requirements for medical assistance reimbursement in a skilled nursing facility or an intermediate care facility. A nursing home bed corresponding to the bed that was used by the individual shall be reserved by the nursing home for the individual's potential future use. Upon the death of the individual, the bed shall be delicensed by the department. Funding for medical assistance costs for individuals relocated under this paragraph may not exceed, in the aggregate, total medical assistance costs for the individuals if served in facilities. The total number of individuals who may participate in the program under this paragraph is not restricted by any otherwise applicable limitation on the number of individuals who may participate in the program under this section.

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of nursing home beds that are delicensed
as part of plans Submitted by nursing
homes and approved by the department

the effective date

The paragraph ... [remon wests date]

### Kennedy, Debora

From:

Milioto, Steve

Sent:

Tuesday, February 01, 2005 2:29 PM Johnston, James, Kennedy, Debora

To: Subject:

Community Relocations draft

Importance:

High

Jim and Debora --

I was rereading draft 344 this afternoon. I'm less certain today than I was yesterday about the enhanced reimbursement and how it will work for those relocations that have occurred since July 26, 2003.

Since the draft now refers to the effective date of the bill and deletes the July 26, 2003 reference, the post-July 26, 2003/pre-effective date relocations that enjoy enhanced reimbursement may fall into a kind of limbo where there is no governing language for these relocations.

I guess I would feel more comfortable if we specified in 46.277(5)(g) that relocations made with the enhanced reimbursement after July 26, 2003 but before the effective date of the bill would still be able to enjoy the enhanced reimbursement.

If it's not too late to make this change, I would like to make it. If not, this may be a candidate for the errata list. Best, Steve

2/1/05: From Steve milioto; they decided not to make this change.

Dotk: word "section" should be changed to "paragraph"; Steve a great



# State of Misconsin 2005 - 2006 LEGISLATURE

LRB-0344/**3** 4 DAK:wlj:

DOA:.....Milioto, BB0019 - Life Lease

FOR 2005-07 BUDGET -- NOT READY FOR INTRODUCTION



Do Not Gen
AN ACT ...; relating to: the budget.

### Analysis by the Legislative Reference Bureau

### HEALTH AND HUMAN SERVICES

#### MEDICAL ASSISTANCE

Currently, DHFS administers a Community Integration Program (commonly known as "CIP II"), under which Medical Assistance (MA) moneys are paid to counties to provide home and community—based services, under a waiver of federal Medicaid laws, to elderly and physically disabled persons who meet the level of care requirements for MA—reimbursed nursing home care or who are relocated from facilities. DHFS must establish a uniform daily rate for CIP II and reimburse counties up to that rate for each person enrolled in CIP II. DHFS may provide enhanced reimbursement for CIP II services for a person who is relocated to the community from a nursing home by a county if the nursing home bed used by the person is delicensed upon the person's relocation.

This bill authorizes DHFS to provide enhanced CIP II funding for home and community-based services to an MA-eligible person who relocates from a facility to the community, if the number of persons served does not exceed the number of nursing home beds delicensed as part of plans submitted by nursing homes and approved by DHFS.

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For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 46.277 (1m) (ag) of the statutes is created to read:

46.277 (1m) (ag) "Delicensed" means deducted from the number of beds stated on a facility's license, as specified under s. 50.03 (4) (e).

**SECTION 2.** 46.277 (5) (g) of the statutes is amended to read:

46.277 (5) (g) The department may provide enhanced reimbursement for services provided under this section to an individual who is relocated to the community from a nursing home by a county department on or after July 26, 2003 the effective date of this paragraph .... [revisor inserts date], if the nursing home bed that was used by the individual is delicensed upon relocation of the individual number of individuals served under this section does not exceed the number of nursing home beds that are delicensed as part of plans submitted by nursing homes and approved by the department. The department shall develop and utilize a formula to determine the enhanced reimbursement rate.

(END)



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