

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



August 27, 1987

ALL COUNTY LETTER NO. 87-117

TO: ALL COUNTY PUBLIC WELFARE DIRECTORS

SUBJECT: CHANGE IN THE DEFINITION OF AN INDIVIDUAL
CONSIDERED SEVERELY IMPAIRED (SI) FOR IN-
HOME SUPPORTIVE SERVICES (IHSS)

The State Department of Social Services was requested by the Legal Aid Foundation of Los Angeles to review our interpretation of Welfare & Institutions Code (W&IC) Section 12304(e). This section lists the services that qualify an IHSS recipient as a severely impaired individual. After a careful review, the Department has concluded that meal preparation is to be counted as a separate service, as is consumption of food, in determining whether an individual is severely impaired.

Effective September 1, 1987, the definition of a severely impaired individual will be changed to mean a recipient with an individual assessed need for 20 hours or more per week of service in any or all of the following areas:

1. Nonmedical personal services, limited to:
 - (a) Bowel and bladder care
 - (b) Respiration
 - (c) Consumption of food (feeding)
 - (d) Routine bed baths
 - (e) Bathing, oral hygiene and grooming
 - (f) Dressing
 - (g) Rubbing of skin to promote circulation, etc.
 - (h) Moving into and out of bed
 - (i) Care of and assistance with prosthesis
 - (j) Routine menstrual care
 - (k) Ambulation.
2. Preparation of meals.
3. Meal cleanup when preparation of meals and consumption of food (feeding) are required
4. Paramedical services.

Case Management Information and Payrolling System (CMIPS)
Procedures:

CMIPS will recalculate all cases with an individual assessed need for preparation of meals to determine if, by including that service itself, an individual will be considered severely impaired.

- o Those who were considered non-severely impaired (NSI) with an unmet need and will now be SI will have authorized service hours increased which will generate both a Turnaround Document (TAD) SOC 293 and a Notice of Action (NOA) NA 690.
- o All other NSI individuals who will now be considered SI will be sent a NOA to advise them of their right to receive an advance IHSS payment.
- o Three county listings will be generated by this automation effort:
 1. A listing of all cases actually automated.
 2. An exception list of affected cases that cannot be automated because of
 - overdue assessment - that is, an active case with an assessment due date of June 30, 1987, or earlier, and
 - cases that have more than one delivery mode.
 3. An exception listing of providers that cannot be automated.

Each of the steps is discussed below:

A. TADs SOC 293

1. All eligible recipients will receive a change from NSI to SI.
2. All eligible NSI recipients with unmet needs who change to SI will have more hours authorized - up to the SI maximum payment.

3. A TAD SOC 293 will be generated which will reflect, as appropriate:

- Increased Hours in Field K3 or L1
- Change of Beginning Date in Field M2
- Change of Gross Amount in Field M4
- Change of Hours in Field M5
- Change to SI in Field M7
- Changes on the Assessment Grid, Field AA - YY
- Change of Beginning Date in Field ZZ3
- Recomputation of all fields in Line aa.

4. The TAD will have an identifying message on the top which will read:

"SI: Meal Preparation Change"

B. NOAs NA 690

1. An automated NOA will be generated for all affected recipients. Because we have a five month supply of NOA stock, a special message will be printed on all NOAs sent to this affected recipient group and will be on all future NOAs until new NOAs are printed:

"Note: Effective September 1, 1987, 'Prepare Meals' is counted in the criteria for 20 hours or more in starred (*) services - see above."

2. For those recipients whose hours are increased, message number 382 or 383 will print:

382 "Your unmet need for IHSS is decreased because the state payment maximum has been increased to \$1051. MPP 30-765."

383 "You no longer have an unmet need for IHSS because the increased state payment maximum of \$1074 will cover the cost of your assessed need for service. MPP 30-765."

This number will be printed in the NOA Message Field R on the TAD SOC 293.

C. TAD SOC 311

1. For all affected Individual Provider (IP) served cases with one recipient/one provider relationship indicated in # of Provider Field E3, there will be a TAD SOC 311 generated with changes in Beginning Date Field F2 and Hours Field F4.
2. The TAD will have an identifying message on the top which will read:

"SI: Meal Preparation Change"
3. For all other non one-to-one providers, the TAD SOC 311 must be manually updated with the appropriate entries in Hours Field F4 and Rate Field F6.

D. Exception Listing

Cases that are identified on an exception listing must be manually updated by the social service worker.

1. For overdue assessments, the worker must complete a reassessment and enter a new Ending Date in Field ZZ4. CMIPS will then recompute the case file and generate both a corrected TAD SOC 293 and NOA.
2. For mixed mode cases, the worker must enter the hours of one of the service delivery modes in Mode/Rate/Hours Field K1 or L1 and a Beginning Date in Field ZZ3 on the TAD SOC 293. CMIPS will then recompute the case file and generate both a corrected TAD and NOA.
3. The TAD SOC 293 will have no identifying message on top of the form. The action will be treated as a reassessment change.

State of California - Health & Welfare Agency - Department of Social Services
IN-HOME SUPPORTIVE SERVICES
NOTICE OF ACTION-

Note: This notice relates ONLY to your Social Services.
 It does NOT affect your receipt of SSI/SSP or Social Security.
 KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

YOUR
 IHSS
 OFFICE

Case Number
Date Mailed

<p style="text-align: center;">NOW</p> <p>Your Countable Income: \$ _____</p> <p>Minus SSI/SSP Benefit Level: \$ _____</p> <p>Your Share of Cost: \$ _____</p> <p>Minus Assessed IHSS Cost: \$ _____</p> <p>Income in Excess of Assessed Cost: \$ _____</p> <p>SERVICES</p> <p>DOMESTIC SERVICES per month: _____</p> <p>Clean floors, wash kitchen counters, stoves, refrigerators, bathroom; store food, supplies; take out garbage; dust, pick up; bring in fuel, change and make bed.</p> <p>HEAVY CLEANING (one month only): _____</p> <p>RELATED SERVICES per week:</p> <p>** Prepare Meals: _____</p> <p>** Meal Cleanup, Menu: _____</p> <p>Routine Laundry: _____</p> <p>Shopping for Food: _____</p> <p>Other Shopping Errands: _____</p> <p>NON-MEDICAL PERSONAL SERVICES per week:</p> <p>* Respiration Assistance: _____</p> <p>* Bowel, Bladder Care: _____</p> <p>* Feeding: _____</p> <p>* Routine Bed Baths: _____</p> <p>* Dressing: _____</p> <p>* Menstrual Care: _____</p> <p>* Ambulation: _____</p> <p>* Move In/Out of Bed: _____</p> <p>* Bathe, Oral Hygiene/Grooming: _____</p> <p>* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle: _____</p> <p>* Care/Assistance with Prostheses: _____</p>	<p style="text-align: center;">WAS</p> <p>Your Countable Income: \$ _____</p> <p>Minus SSI/SSP Benefit Level: \$ _____</p> <p>Your Share of Cost: \$ _____</p> <p>Minus Assessed IHSS Cost: \$ _____</p> <p>Income in Excess of Assessed Cost: \$ _____</p> <p>SERVICES</p> <p>TRANSPORTATION SERVICES per week:</p> <p>Medical Appointment: _____</p> <p>To Alternative Resources: _____</p> <p>YARD HAZARD ABATEMENT:</p> <p>Remove Grass, or Weeds, Rubbish (one month only): _____</p> <p>Remove Ice, Snow, per week: _____</p> <p>PROTECTIVE SUPERVISION per week: _____</p> <p>TEACHING/DEMONSTRATION per week: (no more than three months duration) _____</p> <p>* PARAMEDICAL SERVICE per week: _____</p> <p>TOTAL WEEKLY HOURS X 4.33: _____</p> <p>ADD DOMESTIC SERVICE HOURS: _____</p> <p>ADD HEAVY CLEANING: _____</p> <p>ADD REMOVE GRASS, ETC.: _____</p> <p>TOTAL MONTHLY HOURS</p> <p style="text-align: center;">NOW WAS</p> <p>Restaurant Meal Allowance: \$ _____ \$ _____</p>
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"Since you meet the criteria for 20 hours or more in starred (*) services you can get an advance payment to pay your own provider. If you want to get advance payment, contact your service worker. Double starred (**) services are included in the 20 hours only when assistance with feeding, preparation of meals and meal cleanup are required."

The above action(s) is supported by Federal Law (Social Security Act), State Law (Welfare and Institutions Code), Federal Regulations (Code of Federal Regulations), State Regulations (California Administrative Code and State Department of Social Services Manual of Policies and Procedures):

NOTE: EFFECTIVE SEPTEMBER 1, 1987, PREPARE MEALS IS COUNTED IN THE CRITERIA FOR 20 HOURS OR MORE IN STARRED (*) SERVICES - SEE ABOVE.

You must report immediately any changes that might affect your eligibility or need for In-Home Supportive Services such as change in income, property, living arrangement, medical condition or ability to work. If you have any questions or think additional facts should be considered contact: District Office: Service Worker: SW#: Telephone:

YOU HAVE THE RIGHT TO FILE A WRITTEN OR ORAL REQUEST FOR A STATE HEARING. PLEASE SEND YOUR WRITTEN REQUEST TO THE COUNTY ADDRESS ON THE TOP RIGHT HAND CORNER OF THIS FORM.

PLEASE SEE REVERSE SIDE OF THIS NOTICE FOR FURTHER DETAILS

Note: This notice relates ONLY to your Social Services.
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IF REQUESTING A STATE HEARING, PLEASE!

Or

YOUR
 IHSS
 FEE

Case Number
Date Mailed

<p>NOW</p> <p>Your Countable Income: \$ _____</p> <p>Minus SSI/SSP Benefit Level: \$ _____</p> <p>Your Share of Cost: \$ _____</p> <p>Minus Assessed IHSS Cost: \$ _____</p> <p>Income in Excess of Assessed Cost: \$ _____</p> <p>SERVICES</p> <table border="0"> <tr> <th style="text-align: left;">HOURS NOW</th> <th style="text-align: left;">PREVIOUS HOURS</th> <th style="text-align: left;">(+/-) INCREASE OR DECREASE</th> </tr> <tr> <td colspan="3">DOMESTIC SERVICES per month:</td> </tr> <tr> <td>Clean floors, wash kitchen counters, stoves, refrigerators, bathroom; store food, supplies; take out garbage; dust, pick up; bring in fuel; change and make bed.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">HEAVY CLEANING (one month only): _____</td> </tr> <tr> <td colspan="3">RELATED SERVICES per week:</td> </tr> <tr> <td>* Prepare Meals: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Meal Cleanup, Menu: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Routine Laundry: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Shopping for Food: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other Shopping Errands: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">NON-MEDICAL PERSONAL SERVICES per week:</td> </tr> <tr> <td>* Respiration Assistance: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Bowel, Bladder Care: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Feeding: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Routine Bed Baths: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Dressing: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Menstrual Care: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Ambulation: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Move In/Out of Bed: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Bathe, Oral Hygiene/Grooming: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Rub Skin, Repositioning, Help On/Off Seats, In/Out of Vehicle: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>* Care/Assistance with Prosthesis: _____</td> <td>_____</td> <td>_____</td> </tr> </table>	HOURS NOW	PREVIOUS HOURS	(+/-) INCREASE OR DECREASE	DOMESTIC SERVICES per month:			Clean floors, wash kitchen counters, stoves, refrigerators, bathroom; 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YOUR
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Case Number
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NOW			WAS					
Your Countable Income:	\$	_____	Your Countable Income:	\$	_____			
Minus SSI/SSP Benefit Level:	\$	_____	Minus SSI/SSP Benefit Level:	\$	_____			
Your Share of Cost:	\$	_____	Your Share of Cost:	\$	_____			
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SERVICES	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE	SERVICES	HOURS NOW	PREVIOUS HOURS	(+) INCREASE OR (-) DECREASE	
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4. An automated NOA will be generated to the recipient with message number 382 or 383 and that number will be printed in the NOA Message Field R on the TAD SOC 293.

E. Printing of Documents

All TADs and NOAs will be printed at the printer sites by on-line counties; batch counties will have documents printed by Electronic Data Systems and mailed to the recipient and county, as appropriate.

F. Document Changes

There is a five month supply of both the TAD SOC 293 and NOA NA 690. Until forms have been reordered, all social service staff should remember that ** Preparation of Meals on the SOC 293 will be treated as * Preparation of Meals in determining whether an individual is severely impaired. The NA 690 will have a special message printed in the message area (see above under B 1. for the wording). For illustration, a copy of a NOA is on the last page.

Questions regarding CMIPS procedures should be addressed to Ms. Roberta Christensen at (916) 363-6431. Questions regarding program issues should be addressed to your Adult and Family Services Operations Consultant at (916) 445-0623.



LOREN D. SUTER
Deputy Director
Adult and Family Services

cc: CWDA

Attachment

SECTION II: DISTRIBUTION OF MULTI-FUNCTION SALARIES

MULTI-FUNCTION POOL (List from Section I)	CLERICAL SUPPORT PERSONNEL					ADMINISTRATIVE SUPPORT PERSONNEL				
	CLERICAL SUPPORT SALARIES	SOCIAL SERVICES	ELIGIBILITY	WELFARE FRAUD	EMP SERVICES	ADMIN SUPPORT SALARIES	SOCIAL SERVICES	ELIGIBILITY	WELFARE FRAUD	EMP SERVICES
F	Soc. Service Eligibility 8,937	Casework Hours 9/ Intermediate Ratio 10/ 2,539.25	3,627	4,462.50	0	Casework Hours 9/ Intermediate Ratio 10/ 0				
G	Soc. Service Emp. Service 986	Casework Hours 9/ Intermediate Ratio 10/ 2,539.25	882	0	299.50	Casework Hours 9/ Intermediate Ratio 10/ 0				
H		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Dist. Admin. Sal. 11/				
I		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Casework Hours 9/ Intermediate Ratio 10/				
J		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Dist. Admin. Sal. 11/				
K		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Casework Hours 9/ Intermediate Ratio 10/				
L		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Dist. Admin. Sal. 11/				
M		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Casework Hours 9/ Intermediate Ratio 10/				
N		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Dist. Admin. Sal. 11/				
O		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Casework Hours 9/ Intermediate Ratio 10/				
P		Casework Hours 9/ Intermediate Ratio 10/ 2,539.25				Dist. Admin. Sal. 11/				
AA	Total Salaries by Function 12/		4,123	5,696	0					0
BB	Add Function — General Salaries 13/		1,450	34,654	0					1,045
CC	GRAND TOTAL SALARIES BY FUNCTION 14/		5,573	40,350	0					1,045

- 9/ Enter casework hours from the DFA 325 1, Column 6, for the functions applicable to each multifunction pool.
- 10/ To develop the intermediate function ratios, divide the casework hours for each function by the sum of the casework hours for all the functions in the multifunction pool.
- 11/ To distribute the appropriate clerical or administrative support salaries to the applicable functions, multiply the multifunction pool salaries by the intermediate function ratios for each function.

- 12/ To obtain the total salaries by function, add the applicable distributed clerical or administrative salaries for each multifunction pool.
- 13/ Enter the applicable function — general salaries from line B, C, D, or E from Section I of the TEMP DFA 7A.
- 14/ Enter the GRAND TOTAL salaries by function on the TEMP DFA 325 1, lines A, B, C, or D in Columns 2 or 3 as applicable.

**DIRECT COST DETAIL SCHEDULE
CLERICAL AND ADMINISTRATIVE SUPPORT
SALARY DISTRIBUTION TO PROGRAM
EFFECTIVE MAY 1987**

COUNTY	Any
QUARTER	June 1987

C (1)	D (1)	PROGRAM TITLE	(3)	(4)	SOCIAL SERVICES PROGRAMS		(6)	(7)	(8)
					CLERICAL SALARIES FROM TEMP DFA 7A 2/	ADMINISTRATIVE SALARIES FROM TEMP DFA 7A 2/			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A1		HSS PROVIDER SERVICES	0					0	0
A2		EMERGENCY ASSISTANCE	118					118	0
A3		CHILD WELFARE SERVICES	37,672					37,672	0
		CMS-TITLE IVE		777.5	.4502	16,960		20,712	0
		CMS-NON TITLE IVE		949.5	.5498	20,712		37,672	0
A4		COUNTY SERVICES BLOCK GRANT	4,311					4,311	0
A5		ADPTIONS							
		ADPTIONS ASSISTANCE							
		GENERAL ADPTIONS							
		FOSTER CARE ADPTIONS							
		ADPTIONS GENERIC							
A6		SSI/SFP OUT-OF-HOME CARE						1,000	
A7		REFUGEE RESETTLEMENT PROG							
		RFP-CWS							
		RFP-CSBG							
		RFP-UNACC MINORS							
A8		EARLY PERIODIC SCREENING, DETECTION AND TREATMENT						1,000	
A9		LICENSING							
		LIC-FOSTER FAMILY HOME							
		LIC-DAY CARE							
A10		CCCP	2,279					2,279	0
A11		CHILD CARE AND DEVELOPMENT PROGRAM							
A12		SEVERELY EMOTIONALLY DISTURBED							
A13		ADDITIONAL PROGRAMS							
A14									
A15									
A16									
A17									
A18									
A19									
A		TOTAL CLERICAL AND ADMINISTRATIVE SUPPORT SALARIES IDENTIFIED TO SOCIAL SERVICES PROGRAMS						44,380	0

1/ Program code as identified on the reverse side of the TEMP DFA 7.

2/ Report clerical and administrative support salaries from the appropriate columns on the TEMP DFA 7A lines Q through X.

3/ Report the total casework hours as reported for each program line on the DFA 47, column 3. NOTE: Steps 3 and 4 are not necessary for program costs reported on a single line.

4/ Develop intermediate casework hour ratios by dividing the casework hours for each component of a program by the sum of the casework hours of all components in the program.

5/ Where a single program line is used, enter the amount directly from the appropriate line in column 3. Where multiple program lines are used, multiply the amount from the appropriate line in column 3 by the intermediate casework hour ratios in column 6. Enter the amounts shown for each program on the DFA 325.1B, column 4, and identify as clerical support salary, Personal Services.

6/ Where a single program line is used, enter the amount directly from the appropriate line in column 4. Where multiple program lines are used, multiply the amount from the appropriate line in column 4 by the intermediate casework hour ratios in column 6. Enter the amounts shown for each program on the DFA 325.1B, column 4, and identify as administrative support salary, Personal Services.

7/ Total all clerical and administrative support salaries which are identified Direct to Program and enter on the TEMP DFA 325.1, lines Z through AC, in column 2 or 3.

- ✓ Program code as identified on the reverse side of the TEMP DFA 7.
- ✓ Report clerical and administrative support salaries from the appropriate columns on the TEMP DFA 7A lines Q through X.
- ✓ Report the total casework hours as reported for each program line on the DFA 323. NOTE: Steps 3 and 4 are not necessary for program costs reported on a single line.
- ✓ Develop intermediate casework hour ratios by dividing the casework hours for each component of a program by the sum of the casework hours of all components in the program.
- ✓ Where a single program line is used, enter the amount directly from the appropriate line in column 3. Where multiple program lines are used, multiply the amount from the appropriate line in column 3 by the intermediate casework hour ratios in column 5. Enter the amounts shown for each program on the DFA 325, 1B, column 4, and identify as clerical support salary, Personal Services.
- ✓ Where a single program line is used, enter the amount directly from the appropriate line in column 4. Where multiple program lines are used, multiply the amount from the appropriate line in column 4 by the intermediate casework hour ratios in column 5. Enter the amounts shown for each program on the DFA 325, 1B, column 4, and identify as administrative support salary, Personal Services.
- ✓ Total all clerical and administrative support salaries which are identified Direct to Program and enter on the TEMP DFA 325, 1, lines Z through AC, in column 2 or 3.

C (1)	PROGRAM TITLE	C (2)	C (3)	C (4)	C (5)	C (6)	C (7)	C (8)	C (9)	C (10)	C (11)	C (12)	C (13)	C (14)	C (15)	C (16)	C (17)	C (18)	C (19)	C (20)	C (21)	C (22)	C (23)	C (24)	C (25)	C (26)	C (27)	C (28)	C (29)	C (30)	C (31)	C (32)	C (33)	C (34)	C (35)	C (36)	C (37)	C (38)	C (39)	C (40)	C (41)	C (42)	C (43)	C (44)	C (45)	C (46)	C (47)	C (48)	C (49)	C (50)	C (51)	C (52)	C (53)	C (54)	C (55)	C (56)	C (57)	C (58)	C (59)	C (60)	C (61)	C (62)	C (63)	C (64)	C (65)	C (66)	C (67)	C (68)	C (69)	C (70)	C (71)	C (72)	C (73)	C (74)	C (75)	C (76)	C (77)	C (78)	C (79)	C (80)	C (81)	C (82)	C (83)	C (84)	C (85)	C (86)	C (87)	C (88)	C (89)	C (90)	C (91)	C (92)	C (93)	C (94)	C (95)	C (96)	C (97)	C (98)	C (99)	C (100)	C (101)	C (102)	C (103)	C (104)	C (105)	C (106)	C (107)	C (108)	C (109)	C (110)	C (111)	C (112)	C (113)	C (114)	C (115)	C (116)	C (117)	C (118)	C (119)	C (120)	C (121)	C (122)	C (123)	C (124)	C (125)	C (126)	C (127)	C (128)	C (129)	C (130)	C (131)	C (132)	C (133)	C (134)	C (135)	C (136)	C (137)	C (138)	C (139)	C (140)	C (141)	C (142)	C (143)	C (144)	C (145)	C (146)	C (147)	C (148)	C (149)	C (150)	C (151)	C (152)	C (153)	C (154)	C (155)	C (156)	C (157)	C (158)	C (159)	C (160)	C (161)	C (162)	C (163)	C (164)	C (165)	C (166)	C (167)	C (168)	C (169)	C (170)	C (171)	C (172)	C (173)	C (174)	C (175)	C (176)	C (177)	C (178)	C (179)	C (180)	C (181)	C (182)	C (183)	C (184)	C (185)	C (186)	C (187)	C (188)	C (189)	C (190)	C (191)	C (192)	C (193)	C (194)	C (195)	C (196)	C (197)	C (198)	C (199)	C (200)	C (201)	C (202)	C (203)	C (204)	C (205)	C (206)	C (207)	C (208)	C (209)	C (210)	C (211)	C (212)	C (213)	C (214)	C (215)	C (216)	C (217)	C (218)	C (219)	C (220)	C (221)	C (222)	C (223)	C (224)	C (225)	C (226)	C (227)	C (228)	C (229)	C (230)	C (231)	C (232)	C (233)	C (234)	C (235)	C (236)	C (237)	C (238)	C (239)	C (240)	C (241)	C (242)	C (243)	C (244)	C (245)	C (246)	C (247)	C (248)	C (249)	C (250)	C (251)	C (252)	C (253)	C (254)	C (255)	C (256)	C (257)	C (258)	C (259)	C (260)	C (261)	C (262)	C (263)	C (264)	C (265)	C (266)	C (267)	C (268)	C (269)	C (270)	C (271)	C (272)	C (273)	C (274)	C (275)	C (276)	C (277)	C (278)	C (279)	C (280)	C (281)	C (282)	C (283)	C (284)	C (285)	C (286)	C (287)	C (288)	C (289)	C (290)	C (291)	C (292)	C (293)	C (294)	C (295)	C (296)	C (297)	C (298)	C (299)	C (300)	C (301)	C (302)	C (303)	C (304)	C (305)	C (306)	C (307)	C (308)	C (309)	C (310)	C (311)	C (312)	C (313)	C (314)	C (315)	C (316)	C (317)	C (318)	C (319)	C (320)	C (321)	C (322)	C (323)	C (324)	C (325)	C (326)	C (327)	C (328)	C (329)	C (330)	C (331)	C (332)	C (333)	C (334)	C (335)	C (336)	C (337)	C (338)	C (339)	C (340)	C (341)	C (342)	C (343)	C (344)	C (345)	C (346)	C (347)	C (348)	C (349)	C (350)	C (351)	C (352)	C (353)	C (354)	C (355)	C (356)	C (357)	C (358)	C (359)	C (360)	C (361)	C (362)	C (363)	C (364)	C (365)	C (366)	C (367)	C (368)	C (369)	C (370)	C (371)	C (372)	C (373)	C (374)	C (375)	C (376)	C (377)	C (378)	C (379)	C (380)	C (381)	C (382)	C (383)	C (384)	C (385)	C (386)	C (387)	C (388)	C (389)	C (390)	C (391)	C (392)	C (393)	C (394)	C (395)	C (396)	C (397)	C (398)	C (399)	C (400)	C (401)	C (402)	C (403)	C (404)	C (405)	C (406)	C (407)	C (408)	C (409)	C (410)	C (411)	C (412)	C (413)	C (414)	C (415)	C (416)	C (417)	C (418)	C (419)	C (420)	C (421)	C (422)	C (423)	C (424)	C (425)	C (426)	C (427)	C (428)	C (429)	C (430)	C (431)	C (432)	C (433)	C (434)	C (435)	C (436)	C (437)	C (438)	C (439)	C (440)	C (441)	C (442)	C (443)	C (444)	C (445)	C (446)	C (447)	C (448)	C (449)	C (450)	C (451)	C (452)	C (453)	C (454)	C (455)	C (456)	C (457)	C (458)	C (459)	C (460)	C (461)	C (462)	C (463)	C (464)	C (465)	C (466)	C (467)	C (468)	C (469)	C (470)	C (471)	C (472)	C (473)	C (474)	C (475)	C (476)	C (477)	C (478)	C (479)	C (480)	C (481)	C (482)	C (483)	C (484)	C (485)	C (486)	C (487)	C (488)	C (489)	C (490)	C (491)	C (492)	C (493)	C (494)	C (495)	C (496)	C (497)	C (498)	C (499)	C (500)	C (501)	C (502)	C (503)	C (504)	C (505)	C (506)	C (507)	C (508)	C (509)	C (510)	C (511)	C (512)	C (513)	C (514)	C (515)	C (516)	C (517)	C (518)	C (519)	C (520)	C (521)	C (522)	C (523)	C (524)	C (525)	C (526)	C (527)	C (528)	C (529)	C (530)	C (531)	C (532)	C (533)	C (534)	C (535)	C (536)	C (537)	C (538)	C (539)	C (540)	C (541)	C (542)	C (543)	C (544)	C (545)	C (546)	C (547)	C (548)	C (549)	C (550)	C (551)	C (552)	C (553)	C (554)	C (555)	C (556)	C (557)	C (558)	C (559)	C (560)	C (561)	C (562)	C (563)	C (564)	C (565)	C (566)	C (567)	C (568)	C (569)	C (570)	C (571)	C (572)	C (573)	C (574)	C (575)	C (576)	C (577)	C (578)	C (579)	C (580)	C (581)	C (582)	C (583)	C (584)	C (585)	C (586)	C (587)	C (588)	C (589)	C (590)	C (591)	C (592)	C (593)	C (594)	C (595)	C (596)	C (597)	C (598)	C (599)	C (600)	C (601)	C (602)	C (603)	C (604)	C (605)	C (606)	C (607)	C (608)	C (609)	C (610)	C (611)	C (612)	C (613)	C (614)	C (615)	C (616)	C (617)	C (618)	C (619)	C (620)	C (621)	C (622)	C (623)	C (624)	C (625)	C (626)	C (627)	C (628)	C (629)	C (630)	C (631)	C (632)	C (633)	C (634)	C (635)	C (636)	C (637)	C (638)	C (639)	C (640)	C (641)	C (642)	C (643)	C (644)	C (645)	C (646)	C (647)	C (648)	C (649)	C (650)	C (651)	C (652)	C (653)	C (654)	C (655)	C (656)	C (657)	C (658)	C (659)	C (660)	C (661)	C (662)	C (663)	C (664)	C (665)	C (666)	C (667)	C (668)	C (669)	C (670)	C (671)	C (672)	C (673)	C (674)	C (675)	C (676)	C (677)	C (678)	C (679)	C (680)	C (681)	C (682)	C (683)	C (684)	C (685)	C (686)	C (687)	C (688)	C (689)	C (690)	C (691)	C (692)	C (693)	C (694)	C (695)	C (696)	C (697)	C (698)	C (699)	C (700)	C (701)	C (702)	C (703)	C (704)	C (705)	C (706)	C (707)	C (708)	C (709)	C (710)	C (711)	C (712)	C (713)	C (714)	C (715)	C (716)	C (717)	C (718)	C (719)	C (720)	C (721)	C (722)	C (723)	C (724)	C (725)	C (726)	C (727)	C (728)	C (729)	C (730)	C (731)	C (732)	C (733)	C (734)	C (735)	C (736)	C (737)	C (738)	C (739)	C (740)	C (741)	C (742)	C (743)	C (744)	C (745)	C (746)	C (747)	C (748)	C (749)	C (750)	C (751)	C (752)	C (753)	C (754)	C (755)	C (756)	C (757)	C (758)	C (759)	C (760)	C (761)	C (762)	C (763)	C (764)	C (765)	C (766)	C (767)	C (768)	C (769)	C (770)	C (771)	C (772)	C (773)	C (774)	C (775)	C (776)	C (777)	C (778)	C (779)	C (780)	C (781)	C (782)	C (783)	C (784)	C (785)	C (786)	C (787)	C (788)	C (789)	C (790)	C (791)	C (792)	C (793)	C (794)	C (795)	C (796)	C (797)	C (798)	C (799)	C (800)	C (801)	C (802)	C (803)	C (804)	C (805)	C (806)	C (807)	C (808)	C (809)	C (810)	C (811)	C (812)	C (813)	C (814)	C (815)	C (816)	C (817)	C (818)	C (819)	C (820)	C (821)	C (822)	C (823)	C (824)	C (825)	C (826)	C (827)	C (828)	C (829)	C (830)	C (831)	C (832)	C (833)	C (834)	C (835)	C (836)	C (837)	C (838)	C (839)	C (840)	C (841)	C (842)	C (843)	C (844)	C (845)	C (846)	C (847)	C (848)	C (849)	C (850)	C (851)	C (852)	C (853)	C (854)	C (855)	C (856)
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