



Filled Name and Title DEBORAH DACHMAN, Partner

Form LD-2 (Rev. 8/99)

PAC

Registrant Name Manatt, Phelps & Phillips, L.L.P. Client Name Community Health Care Association of New York

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each** information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

### Approval of Medicaid State Plan Amendment

17. House(s) of Congress and Federal agencies contacted Check if None

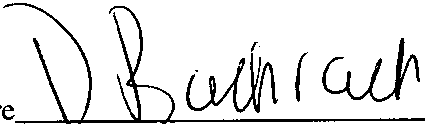
U.S. House of Representatives

U.S. Department of Health and Human Services – Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Deborah Bachrach	
Helen Pfister	
Karen B. Lipson	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature  Date 2/1/05

Printed Name and Title Deborah Bachrach, Partner



Registrant Name Manatt, Phelps & Phillips, L.L.P. Client Name Community Health Care Association of Nev

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15. General issue area code MMM (one per page)

16. Specific lobbying issues

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17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Representatives

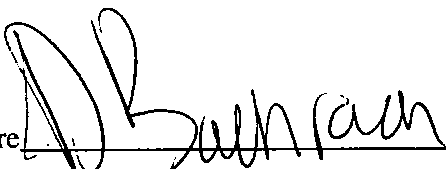
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Date

2/1/05

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