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 Washington, DC 20510

SECRETARY OF THE SENATE

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H.D.

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name HOME HEALTH SERVICES + STAFFING ASSOCIATION			
2. Address <input type="checkbox"/> Check if different than previously reported 1835 EYE STREET NW 12TH FLOOR			
3. Principal Place of Business (if different from line 2) City: WASHINGTON D.C. State/Zip (or Country) 20006			
4. Contact Name MARA BENNER	Telephone 202-296-3800	E-mail (optional)	5. Senate ID # 18513-12
7. Client Name <input type="checkbox"/> Self			6. House ID # 33749000

TYPE OF REPORT 8. Year **1999** Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report Termination Date **JAN 31, 2000**

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(3) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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INITIAL
 Signature

Mara A. Benner

Printed Name and Title **MARA A. BENNER, EXECUTIVE DIRECTOR**

Registrant Name HHSOA Client Name SELF

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

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

16. Specific lobbying issues

PL. 106-113, MEDICARE, MEDICAID, SCHIP BALANCED BUDGET
REFINEMENT ACT OF 1999, TITLE III

PL. 105-33, BALANCED BUDGET ACT OF 1997, TITLE IV

PL. 105-277, OMNIBUS CONSOLIDATED APPROPRIATIONS ACT
FOR FISCAL YEAR 1999, TITLE V

S. 1414 - MEDICARE HOME HEALTH BENEFICIARY EQUITY + PAYMENT
SIMPLIFICATION ACT OF 1999

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

U.S. SENATE

U.S. HOUSE OF REPRESENTATIVES

U.S. DEPARTMENT OF HEALTH + HUMAN SERVICES

HEALTH CARE FINANCING ADMINISTRATION

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

Name	Covered Official Position (if applicable)	New
<u>MARA BENNER</u>	<u>EXECUTIVE DIRECTOR</u>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature Mara A. Benner Date 2/11/00
Printed Name and Title MARA A. BENNER