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LOBBYING REPORT

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

1. Registrant Name William W. Batoff Associates			
2. Address <input type="checkbox"/> Check if different than previously reported Suite 1805, One Penn Center, 1617 John F. Kennedy Blvd.			
3. Principal Place of Business (if different from line 2) City: Philadelphia State/Zip (or Country) PA 19103			
4. Contact Name Patricia Doto		Telephone 215-568-5051	E-mail (optional)
5. Senate ID # 45287-51			6. House ID # 34220004
7. Client Name <input type="checkbox"/> Self Home Health Corporation of America			

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 8/10/99

11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000</u> <small>Income (nearest \$10,000)</small>	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ <small>Expenses (nearest \$10,000)</small>
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).	14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options. <input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature William W. Batoff

Printed Name and Title William W. Batoff, Consultant

LD-2 (REV. 6/98)

PAGE 1 of 3

Registrant Name William Batoff Assoc. Client Name Home Health Corp. of America

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

legislation and regulation impacting home health care reimbursement.

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. Senate

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

Name	Covered Official Position (if applicable)	New
<u>William W. Batoff</u>		<input type="checkbox"/>
<u>John R. Saler</u>		<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

William W. Batoff

Date

Printed Name and Title William W. Batoff, Consultant

Registrant Name William Batoff Assoc. Client Name Home Health Corp. of America

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 MMM (one per page)

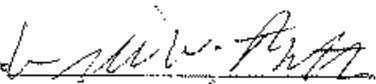
16. Specific lobbying issues
Legislation and regulation impacting home health care reimbursement.

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

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

Name	Covered Official Position (if applicable)	New
<u>William W. Batoff</u>		<input type="checkbox"/>
<u>John R. Saler</u>		<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:  Date: _____

Printed Name and Title William W. Batoff, Consultant