COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: PHILADELPHIA

Magisterial District Number: CJC
MDJ: Hon. CRIMINAL JUSTICE CENTER
Address: 1300 FILBERT STREET
PHILADELPHIA, PA 19106
Telephone: (215) 683-7283

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA VS.

DEFENDANT: *(NAME and ADDRESS):*

TANISHA (First Name) | (Middle Name) | ARMSTRONG (Last Name) | (Gen.)

[redacted]
Philadelphia PA 19142

NCIC Extradition Code Type

- ☒ 1-Felony Full
- ☐ 2-Felony Ltd.
- ☐ 3-Felony Surrounding States
- ☐ 4-Felony No Ext.
- ☐ 5-Felony Pend.
- ☐ 6-Felony Pend. Extradition Determ.
- ☐ A-Misdemeanor Full
- ☐ B-Misdemeanor Limited
- ☐ C-Misdemeanor Surrounding States
- ☐ D-Misdemeanor No Extradition
- ☐ E-Misdemeanor Pending
- ☐ F-Misdemeanor Pending Extradition Determ.
- ☐ Distance: _____

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint Number	Incident Number	Request Lab Services?
	/ /		MFI230340116F		☐ YES ☒ NO

GENDER	DOB	POB	Add'l DOB	Co-Defendant(s)
☐ Male ☒ Female	[redacted]		/ /	☐

First Name | Middle Name | Last Name | Gen.
AKA TANISHA | | PARKER |

RACE ☐ White ☐ Asian ☒ Black ☐ Native American ☐ Unknown

ETHNICITY ☐ Hispanic ☒ Non-Hispanic ☐ Unknown

HAIR COLOR ☐ GRY (Gray) ☐ RED (Red/Aubn.) ☐ SDY (Sandy) ☐ BLU (Blue) ☐ PLE (Purple) ☐ BRO (Brown) ☒ BLK (Black) ☐ ONG (Orange) ☐ WHI (White) ☐ XXX (Unk./Bald) ☐ GRN (Green) ☐ PNK (Pink) ☐ BLN (Blonde / Strawberry)

EYE COLOR ☐ BLK (Black) ☐ BLU (Blue) ☒ BRO (Brown) ☐ GRN (Green) ☐ GRY (Gray) ☐ HAZ (Hazel) ☐ MAR (Maroon) ☐ PNK (Pink) ☐ MUL (Multicolored) ☐ XXX (Unknown)

DNA	☐ YES ☐ NO	DNA Location	WEIGHT (lbs.)
FBI Number	[redacted]	MNU Number	
Defendant Fingerprinted	☐ YES ☐ NO		Ft. HEIGHT In.
Fingerprint Classification:			5 8

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat ☐	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. ☐	School Veh. ☐	Oth. NCIC Veh. Code	Reg. same as Def. ☐

VIN	Year	Make	Model	Style	Color

Office of the attorney for the Commonwealth ☑ Approved ☐ Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

SDAG SUSANN SHORE (Name of the attorney for the Commonwealth)

Susann Shore (Signature of the attorney for the Commonwealth)

4/10/26 (Date)

I, NICOLE TOMLINSON (Name of the Affiant) BADGE 576 (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of PENNSYLVANIA OFFICE OF ATTORNEY GENERAL (Identify Department or Agency Represented and Political Subdivision) PA0222400 (Police Agency ORI Number)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
   ☐ I accuse the defendant whose name is unknown to me but who is described as _____
   ☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [301] (Subdivision Code) 13430 Demar Drive, Suite 101, (Place-Political Subdivision) PHILADELPHIA PA 19116

in PHILADELPHIA County [51] (County Code) on or about OCTOBER 24, 2023 THROUGH MAY 4, 2025 (Offense Date)

Jenni Williams
ACM 6/15/26

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed / /	OTN/LiveScan Number	Complaint Number MFI230340116F	Incident Number
Defendant Name	First TANISHA	Middle	Last ARMSTRONG	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate When there is more than one offense, each offense should be numbered chronologically
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged A citation to the statute(s) allegedly violated, without more, is not sufficient In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated)

Inchoate Offense	☐ **Attempt** *18 901 A*	☐ **Solicitation** *18 902 A*	☐ **Conspiracy** *18 903*	**Number of Victims Age 60 or Older** _____

☒ Lead?	1 Offense#	1407 Section	A(1) Subsection	**of the**	Title 62 PA Statute (Title)	1 Counts	F3 Grade	2699 **NCIC Offense Code**	110 UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number _____	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)
MEDICAID FRAUD - SUBMISSION OF FALSE INFORMATION

Acts of the accused associated with this Offense
One continuous count of knowingly or intentionally submitting false information for the purpose of receiving greater compensation than entitled to receive under the Medical Assistance Program

Inchoate Offense	☐ **Attempt** *18 901 A*	☐ **Solicitation** *18 902 A*	☐ **Conspiracy** *18 903*	**Number of Victims Age 60 or Older** _____

☐ Lead?	2 Offense#	1407 Section	A(4) Subsection	**of the**	Title 62 PA Statute (Title)	1 Counts	F3 Grade	2699 **NCIC Offense Code**	110 UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number _____	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)
MEDICAID FRAUD - SERVICES NOT RENDERED

Acts of the accused associated with this Offense
One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim for services which were not rendered to a recipient under the Medical Assistance Program

Inchoate Offense	☐ **Attempt** *18 901 A*	☐ **Solicitation** *18 902 A*	☐ **Conspiracy** *18 903*	**Number of Victims Age 60 or Older** _____

☐ Lead?	3 Offense#	1407 Section	A(7) Subsection	**of the**	Title 62 PA Statute (Title)	1 Counts	F3 Grade	2699 **NCIC Offense Code**	110 UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number _____	☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)
MEDICAID FRAUD - MISREPRESENTATION

Acts of the accused associated with this Offense
One continous count of knowingly or intentionally submitting, or causing to be submitted, a claim which misrepresented the description of services provided, the dates of services, the identity of the recipient or the actual provider under the Medical Assistance Program

ACM 6/15/24

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230340116F	Incident Number
Defendant Name	First TANISHA	Middle	Last ARMSTRONG	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate When there is more than one offense, each offense should be numbered chronologically
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged A citation to the statute(s) allegedly violated, without more, is not sufficient In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated)

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
	4	3922	A(1)	of the	Title 18	1	F3	2399	110

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)

THEFT BY DECEPTION

Acts of the accused associated with this Offense

One continuous count of intentionally obtaining or withholding property of another by creating or reinforcing a false impression, including false impressions as to law, value, intention, or other state of mind causing the theft of Medical Assistance funds of greater than $2,000

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
				of the					

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)

Acts of the accused associated with this Offense

Inchoate Offense	☐ Attempt 18 901 A	☐ Solicitation 18 902 A	☐ Conspiracy 18 903	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
				of the					

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance)

Acts of the accused associated with this Offense

ACM 6/15/26

POLICE CRIMINAL COMPLAINT

Docket Number.	Date Filed. / /	OTN/LiveScan Number	Complaint Number MFI230340116F	Incident Number
Defendant Name	First TANISHA	Middle	Last ARMSTRONG	

2 I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made

3 I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa C S § 4904) relating to unsworn falsification to authorities

4 This complaint consists of the preceding page(s) numbered 1 through 3

5 I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

June 15th 2026 [signature]
(Date) (Year) (Signature of Affiant)

AND NOW, on this date June 15, 2026 I certify that the complaint has been properly completed and verified

An affidavit of probable cause must be completed before a warrant can be issued

[signature]
(Magisterial District Court Number) (Issuing Authority)

SEAL

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230340116F	Incident Number
Defendant Name	First TANISHA	Middle Middle	Last ARMSTRONG	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant, Nicole Tomlinson, Badge Number 576, is a sworn Supervisory Special Agent with the Pennsylvania Office of Attorney General, Bureau of Criminal Investigations, Medicaid Fraud Control Section, located at 1000 Madison Avenue, Suite 310, Norristown, PA 19403.

Your Affiant was assigned to investigate an allegation of Medicaid fraud committed by Personal Care Attendant (PCA) Tanisha ARMSTRONG. Throughout this investigation, your Affiant found ARMSTRONG was employed at two personal attendant service (PAS) agencies to provide care for MA recipients, BG and RM. ARMSTRONG was hired to provide services to BG by the agency Family First Home Care LLC (Family First) located at 13430 Demar Drive, Suite 101, Philadelphia, PA 19116 ARMSTRONG was hired to provide services to RM by the agency All American Home Care, LLC (All American) located at 3231 N. 2nd Street, Philadelphia, PA 19140.

BG and RM were approved to receive PAS hours through the Pennsylvania Department of Human Services' Community Health Choices Waiver (CHC Waiver). The CHC Waiver allows those who require nursing facility level of care to live in the community and be as independent as possible. One of the services available under the waiver is a PCA who assists with activities of daily living and other home-based tasks. The CHC Waiver requires MA recipients to select a Managed Care Organization (MCO) to administer their benefits. PCAs submit timekeeping records for the services they provide to the agency with whom they are employed, and the agency submits claims to the MCOs based on those records. The respective MCO issues payment to the agencies using MA funds and the agencies use those payments to pay PCAs directly. Both BG and RM chose AmeriHealth Caritas as their MCO.

Your Affiant obtained records from Family First which included the shift data submitted by ARMSTRONG in the form of paper time sheets and Electronic Visit Verification (EVV) clock in and clock out entries. EVV is electronically collected time submissions made by PCAs to digitally record and submit the hours of services provided. The review found that ARMSTRONG began to provide services to BG in 2021 and was authorized to provide 12 hours of care daily, with a daily schedule of 10:00am to 10:00pm. ARMSTRONG used the mobile application "HHAeXchange" to make most of her time submissions. Family First collected a paper time sheet when a time submission was missed, which included ARMSTRONG's signature certifying the services were provided as written.

Your Affiant also obtained records from All American. A review of these records found ARMSTRONG became a PCA for RM on October 24, 2023, and RM's "Consumer Service Agreement" indicated RM was authorized to receive seven hours of care daily. All American records also included EVV shift data which confirmed ARMSTRONG began to make EVV submissions, through HHAeXchange's mobile application, on October 24, 2023, and continued to purportedly provide PAS to RM daily through at least May 4, 2025 If an EVV entry was missed, a digital time sheet was collected with ARMSTRONG's signature to verify the hours in which services were provided to RM.

Your Affiant also obtained payroll records from both agencies, and confirmed ARMSTRONG was paid in accordance with her time submissions. ARMSTRONG was paid an average between 83-84 hours each week with Family First for BG and an average between 48-49 hours per week with All American for RM

Nicole Tomlinson
Affiant 6/15/26

Docket Number	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230340116F	Incident Number
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AFFIDAVIT of PROBABLE CAUSE

Lastly, your Affiant obtained claims data, EVV data and case management notes for BG and RM from AmeriHealth Caritas. An overlap analysis was completed for ARMSTRONG's shifts, and claims billed by each agency, and found approximately 3,305 hours could not have been rendered between October 24, 2023, and May 4, 2025, because ARMSTRONG was purporting to provide services to RM and BG at the same time. ARMSTRONG's fraudulent time submissions caused AmeriHealth Caritas to pay out approximately $70,332 for those hours.

ARMSTRONG was interviewed on February 10, 2026, and confirmed she was a PCA for BG through Family First and RM through All American between 2023 and 2025. ARMSTRONG confirmed clocking in and out via the HHAeXchange mobile application and completing a time sheet as requested by each agency for missed or edited shifts. ARMSTRONG reported she provided care to BG and RM separately at their own respective residences.

I, NICOLE TOMLINSON, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

Nicole Tomlinson
(Signature of Affiant)

Sworn to me and subscribed before me this 15th day of June 2026

Amy Williams, Magisterial District Judge

My commission expires ~~first~~ third Monday of ~~January~~ march, 2029 NW 6/19/26

SEAL