



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

November 4, 2025

Docket No. A-2025-3058211

**MIDTOWN HOME HEALTH CARE LLC  
8259 BUSTLETON AVE  
PHILADELPHIA PA 19152**

**RE: Application of Midtown Home Health Care, LLC, 8259 Bustleton Ave., Philadelphia, PA 19152. 215-516-5075**

To Whom It May Concern:

On October 29, 2025, the applicant of MIDTOWN HOME HEALTH CARE LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/>**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, \_\_\_\_\_, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads 'Matthew L. Homsher'.

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

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MIDTOWN HOME HEALTH CARE LLC  
Data Request

1. Before your application can be processed further, you are required to provide an acceptable description of the proposed service area. Your request should be limited to a scope which can be supported by your present resources and financial position. As your business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Your proposed service area must be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc.

YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.

Example:

- a. Between points in Pennsylvania
  - b. between points in the counties of X, Y, and Z.
  - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
  - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. Are you providing service only to the existing clients of MIDTOWN HOME HEALTH CARE LLC, or to the public at large? Generally speaking, there are fewer regulatory requirements associated with only servicing the clients of your existing home health care service (versus the public at large).
  3. Please provide a complete answer to Question #4 of the applicant's verified statements.
  4. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** *and* to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.

- a. In reference to Question #5
  - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**
    - § 29.503. Driver Age
    - § 29.504. Driver history (schedule and record retention)
    - § 29.505. Criminal history (schedule and record retention)
5. As previously requested in Question #6 of the applicant's verified statements: please state the number of vehicles you plan to use in your business **and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving.**
6. Please provide a copy of your periodic vehicle maintenance plan and of your system for ensuring that vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175). Include copies of vehicle pre and post trip inspection criteria, as well as any other relevant evidence of a compliant safety program. Also explain how long you will maintain safety and vehicle related records.
7. What is your annual cost for **commercial paratransit coverage?**
  - a. What are the terms and cost for coverage?
  - b. Do you intend to make installment payments or to pay the entire premium in advance from existing cash on hand?
8. Please review the below criteria and submit a revised compliant Statement of Financial Position (**if necessary**) and the evidence to support the statement (**required**):
  - a. The statement presented must be **DATED and comprised of information which is less than 6 months old.**
  - b. The submission **MUST be comprised of information which is accurate as of the date provided.**
  - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc).

Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).

- d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**).
- e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (MIDTOWN HOME HEALTH CARE LLC), and not the individual member(s). Any property and accounts listed MUST be registered or titled to the corporation. Bank accounts must be in the name of MIDTOWN HOME HEALTH CARE LLC. Vehicles must be registered to MIDTOWN HOME HEALTH CARE LLC. Property must be titled to MIDTOWN HOME HEALTH CARE LLC. Relevant Vehicle and facility leases should also be properly shown and allocated. If these items are not in the name of MIDTOWN HOME HEALTH CARE LLC, they should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your corrections). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness**, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, etc.

**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application, as is failure to provide the requested supporting documentation.**