

HOME HEALTH AGENCIES

PINTLER HOME OPTIONS

118 E SEVENTH ST 1ST FLR
ANACONDA MT 59711-
Phone: 563-7023 **Fax:** 563-7030
Administrator: PEGGY WOLSTEIN
License **12472** Exp. **4/15/2013**
Original License Date:

Facility ID Number: **369**
County: **DEER LODGE**
JCAHO: **CHAP:**
Provider Number: **27-7093**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED

DEER LODGE

FALLON MEDICAL COMPLEX HOME CARE

205 S 4TH ST W
BAKER MT 59313- PO BOX 820
Phone: 778-5116 **Fax:** 778-2488
Administrator: DAVID ESPELAND
License **12030** Exp. **9/23/2012**
Original License Date: **10/11/90**

Facility ID Number: **301**
County: **FALLON**
JCAHO: **CHAP:**
Provider Number:
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED

FALLON

RIVERSTONE HEALTH HOME CARE SERVICES

2626 1ST AVE SOUTH
BILLINGS MT 59101- 123 SOUTH 27TH ST
Phone: 247-3240 **Fax:** 247-3251
Administrator: JOHN FELTON
License **12142** Exp. **12/24/2012**
Original License Date:

Facility ID Number: **304**
County: **YELLOWSTONE**
JCAHO: **CHAP:** X
Provider Number: **27-7012**
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED

YELLOWSTONE CARBON

ROCKY MOUNTAIN HOME CARE

2110 OVERLAND AVE STE 114
BILLINGS MT 59102-
Phone: 652-8883 **Fax:** 652-8879
Administrator: MATT WARNICK
License **12929** Exp. **2/28/2015**
Original License Date:

Facility ID Number: **303**
County: **YELLOWSTONE**
JCAHO: **CHAP:**
Provider Number: **27-7068**
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED

YELLOWSTONE

SENIOR HELPING HANDS

3 1/2 NORTH 35TH STREET
BILLINGS MT 59101-
Phone: 259-3111 **Fax:** 259-5839
Administrator: DENISE ARMSTRONG
License **12592** Exp. **3/23/2014**
Original License Date:

Facility ID Number: **367**
County: **YELLOWSTONE**
JCAHO: **CHAP:**
Provider Number:
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED
YELLOWSTONE CARBON STILLWATER

FIRST CHOICE HOME HEALTH INC

205 HAGGERTY LN STE 120
BOZEMAN MT 59715- PO BOX 11929
Phone: 551-2273 **Fax:** 551-2073
Administrator: NORMAN DRYER II
License **12380** Exp. **4/9/2012**
Original License Date: **12/01/08**

Facility ID Number: **374**
County: **GALLATIN**
JCAHO: **CHAP:**
Provider Number: **27-7097**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
GALLATIN

FRONTIER HOME HEALTH

3810 VALLEY COMMONS STE 1
BOZEMAN MT 59718-647
Phone: 586-0022 **Fax:** 586-1886
Administrator: KATHRINA MONFORTON
License **12145** Exp. **12/31/2012**
Original License Date: **08/24/05**

Facility ID Number: **372**
County: **GALLATIN**
JCAHO: **CHAP:**
Provider Number: **27-7017**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
GALLATIN MADISON PARK

SWEET GRASS

WEL-HOME HEALTH -OF BOZEMAN

205 N TRACY
BOZEMAN MT 59715-
Phone: 587-8710 **Fax:** 587-0627
Administrator: MIMI WELSH
License **12190** Exp. **1/12/2013**
Original License Date:

Facility ID Number: **355**
County: **GALLATIN**
JCAHO: **CHAP:**
Provider Number: **27-7078**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED
GALLATIN MADISON

BETA FACTOR HOME CARE INC

3212 BUSCH AVE
BUTTE MT 59701-
Phone: 494-0030 **Fax:** 494-0032
Administrator: DEBORAH BOYLE
License **12593** Exp. **1/6/2014**
Original License Date:

Facility ID Number: **308**
County: **SILVER BOW**
JCAHO: **CHAP:**
Provider Number: **27-7058**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED

SILVER BOW

CITY-COUNTY HOME HEALTH SERVICE

25 W FRONT ST
BUTTE MT 59701-
Phone: 723-3282 **Fax:** 782-8150
Administrator: THERESA HOCKING
License **12321** Exp. **5/19/2012**
Original License Date:

Facility ID Number: **309**
County: **SILVER BOW**
JCAHO: **CHAP:**
Provider Number: **27-7016**
NOT PROV
License Duration: **2**
Health Planning Region: **4**

COUNTIES SERVED

SILVER BOW

FRONTIER HOME HEALTH & HOSPICE

1940 DEWEY BLVD
BUTTE MT 59701-
Phone: 723-8933 **Fax:** 723-4597
Administrator: KATHRINA MONFORTON
License **12143** Exp. **12/31/2012**
Original License Date: **08/24/05**

Facility ID Number: **373**
County: **SILVER BOW**
JCAHO: **CHAP:**
Provider Number: **27-7017**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED

POWELL JEFFERSON SILVER BOW MADISON

STILLWATER COMMUNITY HOSPITAL HHA

44 W 4TH AVE N
COLUMBUS MT 59019- PO BOX 959
Phone: 322-1046 **Fax:** 322-9969
Administrator: TIM RUSSELL
License **12645** Exp. **3/25/2013**
Original License Date:

Facility ID Number: **311**
County: **STILLWATER**
JCAHO: **CHAP:**
Provider Number: **27-7045**
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED

STILLWATER

PONDERA HOME HEALTH AGENCY

805 SUNSET BLVD
CONRAD MT 59425- PO BOX 758
Phone: 271-5566 **Fax:** 271-5569
Administrator: MARY JOHNS
License **12282** Exp. **1/31/2013**
Original License Date:

Facility ID Number: **312**
County: **PONDERA**
JCAHO: **CHAP:**
Provider Number: **27-7030**
NOT PROV
License Duration: **3**
Health Planning Region: **2**

COUNTIES SERVED

PONDERA GLACIER

GLACIER MEDICAL HOME HEALTH

802 2nd STREET SE
CUT BANK MT 59427-
Phone: **Fax:**
Administrator: MARIANN WILSON
License **12876** Exp. **6/6/2012**
Original License Date: 12/06/11

Facility ID Number: **7026**
County: **GLACIER**
JCAHO: **CHAP:**
Provider Number:
PROVISIONAL
License Duration: **6 MONTHS**
Health Planning Region:

COUNTIES SERVED

BARRETT HOSPITAL & HEALTHCARE HOME

90 HWY 91 SOUTH
DILLON MT 59725-
Phone: 683-9221 **Fax:** 683-9216
Administrator: KEN WESTMAN
License **12929** Exp. **8/19/2012**
Original License Date:

Facility ID Number: **315**
County: **BEAVERHEAD**
JCAHO: **CHAP:**
Provider Number: **27-7041**
PROVISIONAL
License Duration: **6 MONTHS**
Health Planning Region: **4**

COUNTIES SERVED

BEAVERHEAD

DAWSON COUNTY HOME HEALTH

207 W BELL
GLEN DIVE MT 59330-
Phone: 377-5213 **Fax:** 377-2022
Administrator: JEANNE SEIFERT
License **12674** Exp. **6/22/2014**
Original License Date:

Facility ID Number: **319**
County: **DAWSON**
JCAHO: **CHAP:**
Provider Number:
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED

DAWSON

GLENDIVE MEDICAL CENTER HOME CARE

202 PROSPECT AVE
GLENDIVE MT 59330-
Phone: 345-3395 **Fax:** 345-3362
Administrator: JILL DOMEK
License **12842** Exp. **11/7/2014**
Original License Date:

Facility ID Number: **320**
County: **DAWSON**
JCAHO: **CHAP:**
Provider Number: **27-7061**
NOT PROV
License Duration: **3**
Health Planning Region: **1**

DAWSON MCCONE **COUNTIES SERVED**
PRAIRIE WIBAUX

BENEFIS SPECTRUM MEDICAL HOME HEALTH

2900 10TH AVE SOUTH
GREAT FALLS MT 59405-324
Phone: 453-0360 **Fax:** 771-9655
Administrator: TERRY PREITE
License **12712** Exp. **6/9/2014**
Original License Date: **10/29/98**

Facility ID Number: **364**
County: **CASCADE**
JCAHO: **CHAP:**
Provider Number: **27-7090**
NOT PROV
License Duration: **3**
Health Planning Region: **2**

CASCADE TETON **COUNTIES SERVED**
PONDERA JUDITH BASIN LEWIS & CLARK CHOUTEAU

MEDALLION MEDICAL CARE

815 2ND STREET SOUTH STE 107
GREAT FALLS MT 59405-
Phone: 454-3883 **Fax:** 454-3235
Administrator: CRAIG HEINE
License **12732** Exp. **5/26/2014**
Original License Date:

Facility ID Number: **366**
County: **CASCADE**
JCAHO: **CHAP:**
Provider Number: **27-7087**
NOT PROV
License Duration: **3**
Health Planning Region: **2**

CASCADE **COUNTIES SERVED**

MARCUS DALY HOME HEALTH

1200 WESTWOOD DRIVE
HAMILTON MT 59840-
Phone: 363-6503 **Fax:** 363-2866
Administrator: JOHN BARTOS
License **12322** Exp. **3/31/2013**
Original License Date:

Facility ID Number: **323**
County: **RAVALLI**
JCAHO: **CHAP:**
Provider Number: **27-7039**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

RAVALLI **COUNTIES SERVED**

FRONTIER HOME HEALTH & HOSPICE

800 FRONT STREET
HELENA MT 59601-
Phone: 443-4140 **Fax:** 447-3144
Administrator: KATHRINA MONFORTON
License **12144** Exp. **12/31/2012**
Original License Date:

Facility ID Number: **327**
County: **LEWIS & CLARK**
JCAHO: **CHAP:**
Provider Number: **27-7017**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED
BROADWATER LEWIS & CLARK JEFFERSON POWELL MEAGHER

HOME LINK OF ST PETERS

2475 BROADWAY
HELENA MT 59601-
Phone: 444-2244 **Fax:** 447-2540
Administrator: SHEILA COTTER
License **12259** Exp. **1/31/2013**
Original License Date:

Facility ID Number: **326**
County: **LEWIS & CLARK**
JCAHO: X **CHAP:**
Provider Number: **27-7072**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED
LEWIS & CLARK JEFFERSON BROADWATER

FLATHEAD COUNTY HOME HEALTH AGENCY

736 SOUTH MAIN STREET
KALISPELL MT 59901-534
Phone: 751-6800 **Fax:** 751-8607
Administrator: KAROL CONRAD
License **12796** Exp. **10/29/2014**
Original License Date:

Facility ID Number: **328**
County: **FLATHEAD**
JCAHO: **CHAP:**
Provider Number: **27-7011**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
FLATHEAD

HOME OPTIONS - HOME HEALTH

275 CORPORATE DR SUITE 600
KALISPELL MT 59901-
Phone: 751-4200 **Fax:** 257-0355
Administrator: DONNA BOSCH
License **12590** Exp. **3/9/2014**
Original License Date:

Facility ID Number: **329**
County: **FLATHEAD**
JCAHO: **CHAP:**
Provider Number: **27-7053**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
FLATHEAD LAKE LINCOLN

CENTRAL MONTANA MEDICAL CENTER HHA

408 WENDELL AVE
LEWISTOWN MT 59457-
Phone: 535-6302 **Fax:** 535-6306
Administrator: ALAN ALDRICH
License **12615** Exp. **2/28/2014**
Original License Date:

Facility ID Number: **330**
County: **FERGUS**
JCAHO: **CHAP:**
Provider Number: **27-7040**
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED

JUDITH BASIN FERGUS

ST JOHNS LUTHERAN HOSP HOME HEALTH

313 MONTANA AVE
LIBBY MT 59923-
Phone: 293-0180 **Fax:** 293-2262
Administrator: LINA RIDGE
License **12395** Exp. **7/20/2012**
Original License Date:

Facility ID Number: **331**
County: **LINCOLN**
JCAHO: **CHAP:**
Provider Number: **27-7064**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED

LINCOLN

LIVINGSTON HOME CARE

504 S 13TH ST
LIVINGSTON MT 59047-
Phone: 823-6430 **Fax:** 823-6440
Administrator: SAMUEL PLESHAR
License **12558** Exp. **1/7/2013**
Original License Date:

Facility ID Number: **332**
County: **PARK**
JCAHO: **CHAP:**
Provider Number: **27-7060**
NOT PROV
License Duration: **3**
Health Planning Region: **4**

COUNTIES SERVED

PARK

PHILLIPS COUNTY HOSPITAL HOME HEALTH

311 SOUTH 8TH AVE EAST
MALTA MT 59538- PO BOX 640
Phone: 654-1100 **Fax:** 654-2876
Administrator: WARD VANWICHEN
License **12591** Exp. **3/22/2014**
Original License Date:

Facility ID Number: **333**
County: **PHILLIPS**
JCAHO: **CHAP:**
Provider Number: **27-7050**
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED

PHILLIPS

WEL-HOME HEALTH - MILES CITY

2300 WILSON
MILES CITY MT 59301-
Phone: 874-5134 **Fax:** 874-8281
Administrator: SHIRLEY BYRNE
License **12100** Exp. **10/27/2012**
Original License Date:

Facility ID Number: **359**
County: **CUSTER**
JCAHO: **CHAP:**
Provider Number: **27-7079**
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED
CUSTER GARFIELD POWDER RIVER ROSEBUD

HOME HEALTH OF MONTANA

1903 S RUSSELL ST
MISSOULA MT 59801-662
Phone: 541-1800 **Fax:** 541-2039
Administrator:
License **11974** Exp. **7/14/2012**
Original License Date: **07/26/99**

Facility ID Number: **368**
County: **MISSOULA**
JCAHO: **CHAP:**
Provider Number: **27-7094**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
MISSOULA RAVALLI

PARTNERS IN HOME CARE INC HHA

2687 PALMER ST STE B
MISSOULA MT 59808-
Phone: 728-8848 **Fax:** 327-3688
Administrator: RANDALL CAMBRIDGE
License **12800** Exp. **4/16/2012**
Original License Date:

Facility ID Number: **335**
County: **MISSOULA**
JCAHO: **CHAP:**
Provider Number: **27-7032**
PROVISIONAL
License Duration: **6 Month**
Health Planning Region: **5**

COUNTIES SERVED
MISSOULA MINERAL LAKE

CLARK FORK VALLEY HOME HEALTH AGENCY

10 KRUGER ROAD
PLAINS MT 59859- PO BOX 768
Phone: 826-4873 **Fax:** 826-4880
Administrator: GREGORY HANSON
License **12031** Exp. **3/31/2012**
Original License Date:

Facility ID Number: **336**
County: **SANDERS**
JCAHO: **CHAP:**
Provider Number: **27-7033**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED
SANDERS

SHERIDAN MEMORIAL HOME HEALTH AGENCY

440 W LAUREL AVE
PLENTYWOOD MT 59254-
Phone: 765-3733 **Fax:** 765-2603
Administrator: SANDRA CHRISTENSE
License **12834** Exp. **11/30/2014**
Original License Date:

Facility ID Number: **337**
County: **SHERIDAN**
JCAHO: **CHAP:**
Provider Number: **27-7046**
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED

SHERIDAN

PARTNERS IN HOME CARE BRANCH LOCATION

GRANDVIEW CLINIC
POLSON MT 59860- #6 13TH AVE EAST
Phone: 883-5273 **Fax:** 883-8440
Administrator: RANDALL CAMBRIDGE
License **11975** Exp. **7/29/2012**
Original License Date:

Facility ID Number: **339**
County: **LAKE**
JCAHO: **CHAP:**
Provider Number: **27-7062**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED

SANDERS LAKE

MISSOULA

BEARTOOTH BILLINGS CLINIC HOME CARE

2525 N BROADWAY
RED LODGE MT 59068- PO BOX 590
Phone: 446-0660 **Fax:** 446-0084
Administrator: KELLY EVANS
License **12673** Exp. **12/8/2013**
Original License Date:

Facility ID Number: **346**
County: **CARBON**
JCAHO: **CHAP:**
Provider Number: **27-7066**
NOT PROV
License Duration: **3**
Health Planning Region: **3**

COUNTIES SERVED

CARBON

LAKE COUNTY HOME OPTIONS

711 MAIN ST SW
RONAN MT 59864-
Phone: 676-7300 **Fax:** 676-5243
Administrator: DONNA BOSCH
License **12281** Exp. **12/31/2012**
Original License Date:

Facility ID Number: **338**
County: **LAKE**
JCAHO: **CHAP:**
Provider Number: **27-7019**
NOT PROV
License Duration: **3**
Health Planning Region: **5**

COUNTIES SERVED

LAKE

MARIAS MEDICAL CENTER HOME HEALTH

50 SHERIDAN AVENUE
SHELBY MT 59474-099 PO BOX 990
Phone: 434-3283 **Fax:** 434-3213
Administrator: MARK CROSS
License **12252** Exp. **4/23/2012**
Original License Date:

Facility ID Number: **342**
County: **TOOLE**
JCAHO: **CHAP:**
Provider Number: **27-7048**
NOT PROV
License Duration: **3**
Health Planning Region: **2**

COUNTIES SERVED

TOOLE

SIDNEY HEALTH CENTER HOME HEALTH

216 14TH AVE SW
SIDNEY MT 59270-
Phone: 488-2138 **Fax:** 488-2246
Administrator: RICK HARALDSON
License **12418** Exp. **9/26/2013**
Original License Date:

Facility ID Number: **344**
County: **RICHLAND**
JCAHO: **CHAP:**
Provider Number: **27-7055**
NOT PROV
License Duration: **3**
Health Planning Region: **1**

COUNTIES SERVED

RICHLAND

Total Agencies = 38