HOME HEALTH AGENCIES

PINTLER HOME HEALTH Facility ID Number: **369**
401 W PENNSYLVANIA STE 1 County: **DEER LODGE**
ANACONDA MT 59711- PO BOX 596 **JCAHO:** **CHAP:**
Phone: 563-8668 **Fax:** 563-8665 Provider Number: **27-7093**
Administrator: ALICE CORTRIGHT **NOT PROV**
License Number: **10329** Exp. Date: **11/17/2007** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

DEER LODGE

FALLON MEDICAL COMPLEX HOME CARE Facility ID Number: **301**
205 S 4TH ST W County: **FALLON**
BAKER MT 59313- PO BOX 820 **JCAHO:** **CHAP:**
Phone: 778-2824 **Fax:** 778-3436 Provider Number:
Administrator: DAVID ESPELAND **NOT PROV**
License Number: **10510** Exp. Date: **10/24/2006** License Duration: **1**
Original License Date: **10/11/90** Health Planning **1**

COUNTIES SERVED

FALLON

BIG SANDY MEDICAL CENTER HOME CARE Facility ID Number: **362**
166 MONTANA AVE E County: **CHOUTEAU**
BIG SANDY MT 59520-053 PO BOX 530 **JCAHO:** **CHAP:**
Phone: 378-2188 **Fax:** 378-2180 Provider Number: **27-7082**
Administrator: HARRY BOLD **NOT PROV**
License Number: **10741** Exp. Date: **05/18/2009** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

CHOUTEAU

ROCKY MOUNTAIN HOME CARE Facility ID Number: **303**
2110 OVERLAND AVE STE 114 County: **YELLOWSTONE**
BILLINGS MT 59102- **JCAHO:** **CHAP:**
Phone: 652-8883 **Fax:** 652-8879 Provider Number: **27-7068**
Administrator: LILA MONTOYA **NOT PROV**

License Number: **10570** Exp. Date: **01/13/2008** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

YELLOWSTONE

HOME HEALTH

SENIOR HELPING HANDS Facility ID Number:
367
3310 2ND AVE N County:
YELLOWSTONE
BILLINGS MT 59101- **JCAHO:**
CHAP:
Phone: 259-3111 **Fax:** 259-5839 Provider Number:
Administrator: CHRISTIAN SIKORA **NOT PROV**
License Number: **10672** Exp. Date: **03/24/2009** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

YELLOWSTONE

VISITING NURSE SERVICE Facility ID Number:
304
711 CENTRAL County:
YELLOWSTONE
BILLINGS MT 59102- PO BOX 35033 **JCAHO:**
CHAP: X
Phone: 247-3240 **Fax:** 247-3251 Provider Number: **27-7012**
Administrator: LIL ANDERSON **NOT PROV**
License Number: **10799** Exp. Date: **06/27/2009** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

YELLOWSTONE CARBON

A PLUS HEALTH CARE INC., BOZEMAN Facility ID Number:
372
2411 W. MAIN STREET 1117 S MAIN STREET, County: **GALLATIN**
BOZEMAN MT 59718- **JCAHO:**
CHAP:
Phone: 755-4968 **Fax:** Provider Number: **27-7017**
Administrator: KRISTINE CARLSON **NOT PROV**
License Number: **10760** Exp. Date: **08/24/2007** License Duration: **2**
Original License Date: **08/24/05** Health Planning **5**

COUNTIES SERVED

GALLATIN MADISON PARK SWEET GRASS

WEL-HOME HEALTH - BOZEMAN Facility ID Number:
355
205 N TRACY County: **GALLATIN**
BOZEMAN MT 59715- **JCAHO:**
CHAP:
Phone: 587-8710 **Fax:** 586-3850 Provider Number: **27-7078**
Administrator: VICKIE WEST **NOT PROV**
License Number: **9689** Exp. Date: **10/03/2006** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

GALLATIN MADISON

HOME HEALTH

BLACKFEET HHA Facility ID Number: **371**
EAGLE SHIELD CENTER 5525 HAUL ROAD County: **PONDERA**
BROWNING MT 59417- PO BOX 76 **JCAHO:**
CHAP:
Phone: 338-3463 **Fax:** Provider Number: **27-7096**
Administrator: CONNIE BRENNER **NOT PROV**
License Number: **10675** Exp. Date: **03/26/2007** License Duration: **1**
Original License Date: **03/26/02** Health Planning **2**

COUNTIES SERVED

GLACIER PONDERA

A PLUS HEALTH CARE INC., BUTTE Facility ID Number: **373**
700 E FRONT STREET 1117 S MAIN STREET, County: **SILVER BOW**
BUTTE MT 59701- **JCAHO:**
CHAP:
Phone: 755-4968 **Fax:** Provider Number: **27-7017**
Administrator: KRISTINE CARLSON **NOT PROV**
License Number: **10761** Exp. Date: **08/24/2007** License Duration: **2**
Original License Date: **08/24/05** Health Planning **4**

COUNTIES SERVED

POWELL JEFFERSON SILVER BOW MADISON

BETA FACTOR HOME CARE INC Facility ID Number: **308**
3212 BUSCH AVE County: **SILVER BOW**
BUTTE MT 59701- **JCAHO:**
CHAP:
Phone: 494-0030 **Fax:** 494-0032 Provider Number: **27-7058**
Administrator: DEBORAH BOYLE **NOT PROV**
License Number: **10499** Exp. Date: **03/30/2008** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

SILVER BOW

CITY-COUNTY HOME HEALTH SERVICE Facility ID Number: **309**
25 W FRONT ST County: **SILVER BOW**
BUTTE MT 59701- **JCAHO:**
CHAP:
Phone: 723-3282 **Fax:** 782-8150 Provider Number: **27-7016**
Administrator: DAN DENEHY **NOT PROV**
License Number: **9968** Exp. Date: **05/20/2007** License Duration: **3**

COUNTIES SERVED

SILVER BOW

HOME HEALTH

STILLWATER COMMUNITY HOSPITAL HHA Facility ID Number:
311
44 W 4TH AVE N County:
STILLWATER
COLUMBUS MT 59019- PO BOX 959 **JCAHO:**
CHAP:
Phone: 322-5316 **Fax:** 322-5207 Provider Number: **27-7045**
Administrator: TIM RUSSELL **NOT PROV**
License Number: **10527** Exp. Date: **06/02/2008** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

STILLWATER

PONDERA HOME HEALTH AGENCY Facility ID Number:
312
805 SUNSET BLVD County: **PONDERA**
CONRAD MT 59425- PO BOX 758 **JCAHO:**
CHAP:
Phone: 271-5566 **Fax:** 271-5569 Provider Number: **27-7030**
Administrator: MARY JOHNS **NOT PROV**
License Number: **10050** Exp. Date: **04/21/2007** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

PONDERA GLACIER

ROOSEVELT MEMORIAL HOME HEALTH Facility ID Number:
313
818 2ND AVENUE EAST County: **ROOSEVELT**
CULBERTSON MT 59218- PO BOX 711 **JCAHO:**
CHAP:
Phone: 787-6401 **Fax:** Provider Number:
Administrator: AUDREY STROMBERG **NOT PROV**
License Number: **10877** Exp. Date: **08/13/2007** License Duration: **1**
Original License Date: **11/01/91** Health Planning **1**

COUNTIES SERVED

ROOSEVELT

GLACIER MEDICAL HOME HEALTH AGENCY Facility ID Number:
345
802 2ND ST SE County: **GLACIER**
CUT BANK MT 59427- PO BOX 216 **JCAHO:**
CHAP:
Phone: 873-2251 **Fax:** 873-4360 Provider Number: **27-7067**
Administrator: MARIANN WILSON **NOT PROV**
License Number: **10253** Exp. Date: **09/21/2007** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

GLACIER

HOME HEALTH

BARRETT MEM HOSP HOME CARE SERVICE Facility ID Number:
315
1260 S ATLANTIC County:
BEAVERHEAD
DILLON MT 59725- MAIL 90 HWY 91 **JCAHO:**
CHAP:
Phone: 683-9221 **Fax:** 683-3011 Provider Number: **27-7041**
Administrator: STEVE HANNAH **NOT PROV**
License Number: **10776** Exp. Date: **06/05/2009** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

BEAVERHEAD

MISSOURI RIVER MEDICAL CENTER HHA Facility ID Number:
317
1501 ST CHARLES ST County: **CHOUTEAU**
FORT BENTON MT 59442- PO BOX 249 **JCAHO:**
CHAP:
Phone: 622-3331 **Fax:** 622-5670 Provider Number: **27-7042**
Administrator: JAY POTTENGER **NOT PROV**
License Number: **10380** Exp. Date: **08/11/2007** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

CHOUTEAU

DAWSON COUNTY HOME HEALTH Facility ID Number:
319
207 W BELL County: **DAWSON**
GLENDIVE MT 59330- **JCAHO:**
CHAP:
Phone: 377-5213 **Fax:** 377-2022 Provider Number:
Administrator: JEANNE SEIFERT **NOT PROV**
License Number: **10781** Exp. Date: **06/23/2009** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

DAWSON

GLENDIVE MEDICAL CENTER HOME CARE Facility ID Number:
320
202 PROSPECT AVE County: **DAWSON**
GLENDIVE MT 59330- **JCAHO:**
CHAP:
Phone: 345-3395 **Fax:** 345-3392 Provider Number: **27-7061**
Administrator: NANCY KEPLER **PROVISIONAL**
License Number: **10722** Exp. Date: **10/10/2006** License Duration: **6 MONTH**
Original License Date: Health Planning **1**

COUNTIES SERVED

DAWSON	MCCONE	PRAIRIE

HOME HEALTH

MEDALLION MEDICAL CARE Facility ID Number:
366
815 2ND STREET SOUTH STE 107 County: **CASCADE**
GREAT FALLS MT 59405- **JCAHO:**
CHAP:
Phone: 454-3883 **Fax:** 454-3535 Provider Number: **27-7087**
Administrator: CRAIG HEINE **NOT PROV**
License Number: **10906** Exp. Date: **09/17/2009** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

CASCADE

SPECTRUM HOME HEALTH Facility ID Number:
364
2526 12 AVE S County: **CASCADE**
GREAT FALLS MT 59406-645 PO BOX 6453 **JCAHO:**
CHAP:
Phone: 727-9322 **Fax:** 771-8337 Provider Number: **27-7090**
Administrator: RICK BOURNE **NOT PROV**
License Number: **10851** Exp. Date: **07/13/2008** License Duration: **3**
Original License Date: **10/29/98** Health Planning **2**

COUNTIES SERVED

CASCADE TETON JUDITH BASIN LEWIS & CLARK CHOUTEAU
PONDERA

MARCUS DALY MEM HOSP HOME HEALTH Facility ID Number:
323
1200 WESTWOOD DRIVE County: **RAVALLI**
HAMILTON MT 59840- **JCAHO:**
CHAP:
Phone: 363-6503 **Fax:** 363-2866 Provider Number: **27-7039**
Administrator: JOHN BARTOS **NOT PROV**
License Number: **10058** Exp. Date: **06/03/2007** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

RAVALLI

NORTHERN MONTANA HOME HEALTH CARE Facility ID Number:
325
30 W 13TH ST County: **HILL**
HAVRE MT 59501- PO BOX 1231 **JCAHO:**
CHAP:
Phone: 265-2211 **Fax:** 262-1629 Provider Number: **27-7043**
Administrator: DAVID HENRY **NOT PROV**
License Number: **10830** Exp. Date: **07/31/2009** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

HILL BLAINE

HOME HEALTH

A PLUS HEALTH CARE INC Facility ID Number:
327
1300 ASPEN STE 2 1117 S. MAIN ST, County: **LEWIS & CLARK**
HELENA MT 59601- **JCAHO:**
CHAP:
Phone: 443-4140 **Fax:** 447-3144 Provider Number: **27-7017**
Administrator: KRIS CARLSON **NOT PROV**
License Number: **10757** Exp. Date: **12/03/2006** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

BROADWATER LEWIS & CLARK JEFFERSON POWELL MEAGHER

HOME LINK OF ST PETERS Facility ID Number:
326
2475 BROADWAY County: **LEWIS & CLARK**
HELENA MT 59601- **JCAHO:** X
CHAP:
Phone: 444-2244 **Fax:** 447-2540 Provider Number: **27-7072**
Administrator: SHEILA COTTER **NOT PROV**
License Number: **10740** Exp. Date: **05/15/2009** License Duration: **3**
Original License Date: Health Planning **4**

COUNTIES SERVED

LEWIS & CLARK JEFFERSON

FLATHEAD COUNTY HOME HEALTH AGENCY Facility ID Number:
328
736 SOUTH MAIN STREET County: **FLATHEAD**
KALISPELL MT 59901-534 **JCAHO:**
CHAP:
Phone: 862-9030 **Fax:** 862-9025 Provider Number: **27-7011**
Administrator: PAUL/KAR CONRAD **NOT PROV**
License Number: **10785** Exp. Date: **06/30/2009** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

FLATHEAD

HOME OPTIONS - HOME HEALTH Facility ID Number:
329
175 COMMONS LOOP STE 100 County: **FLATHEAD**
KALISPELL MT 59901-190 **JCAHO:**
CHAP:
Phone: 751-4200 **Fax:** 257-0355 Provider Number: **27-7053**
Administrator: JUDY GRAHAM **NOT PROV**
License Number: **10550** Exp. Date: **03/10/2008** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

FLATHEAD LAKE

HOME HEALTH

CENTRAL MONTANA MEDICAL CENTER HHA Facility ID Number:
330
629 NE MAIN ST County: **FERGUS**
LEWISTOWN MT 59457- **JCAHO:**
CHAP:
Phone: 538-6302 **Fax:** 538-6306 Provider Number: **27-7040**
Administrator: DAVID FAULKNER **NOT PROV**
License Number: **10529** Exp. Date: **05/05/2008** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

JUDITH BASIN FERGUS

ST JOHNS LUTHERAN HOSP HOME HEALTH Facility ID Number:
331
401 LOUISIANA AVENUE 350 LOUISIANA County: **LINCOLN**
LIBBY MT 59923- **JCAHO:**
CHAP:
Phone: 293-0180 **Fax:** 293-2262 Provider Number: **27-7064**
Administrator: SUSAN HORELICK **PROVISIONAL**
License Number: **10882** Exp. Date: **08/27/2007** License Duration: **364 DAYS**
Original License Date: Health Planning **5**

COUNTIES SERVED

LINCOLN

LIVINGSTON HOME CARE Facility ID Number:
332
504 S 13TH ST County: **PARK**
LIVINGSTON MT 59047- **JCAHO:**
CHAP:
Phone: 222-5030 **Fax:** 222-5040 Provider Number: **27-7060**
Administrator: SAMUEL PLESHAR **NOT PROV**
License Number: **10227** Exp. Date: **02/08/2007** License Duration: **2**
Original License Date: Health Planning **4**

COUNTIES SERVED

PARK

PHILLIPS COUNTY HOSPITAL HOME HEALTH Facility ID Number:
333
417 S 4TH ST E County: **PHILLIPS**
MALTA MT 59538- PO BOX 640 **JCAHO:**
CHAP:
Phone: 654-1100 **Fax:** 654-2876 Provider Number: **27-7050**
Administrator: LARRY PUTNAM **NOT PROV**
License Number: **10474** Exp. Date: **03/23/2008** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

PHILLIPS FORT BELKNAP

HOME HEALTH

WEL-HOME HEALTH - MILES CITY Facility ID Number: **359**
2300 WILSON County: **CUSTER**
MILES CITY MT 59301- **JCAHO:**
CHAP:
Phone: 874-5134 **Fax:** 232-7470 Provider Number: **27-7079**
Administrator: SHIRLEY BYRNE **NOT PROV**
License Number: **10320** Exp. Date: **10/16/2006** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

CUSTER GARFIELD POWDER RIVER ROSEBUD

HOME HEALTH OF MONTANA Facility ID Number: **368**
1903 S RUSSELL ST NBR 1 County: **MISSOULA**
MISSOULA MT 59801-662 **JCAHO:**
CHAP:
Phone: 541-1800 **Fax:** 541-2039 Provider Number: **27-7094**
Administrator: DAN KEITH **NOT PROV**
License Number: **10831** Exp. Date: **07/15/2009** License Duration: **3**
Original License Date: **07/26/99** Health Planning **5**

COUNTIES SERVED

MISSOULA RAVALLI

PARTNERS IN HOME CARE INC HHA Facility ID Number: **335**
2687 PALMER ST STE B SUITE 201 County: **MISSOULA**
MISSOULA MT 59808- **JCAHO:**
CHAP:
Phone: 728-8848 **Fax:** 327-3727 Provider Number: **27-7032**
Administrator: RANDALL MEE **NOT PROV**
License Number: **9720** Exp. Date: **11/27/2006** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

MISSOULA MINERAL GRANITE

CLARK FORK VALLEY HOME HEALTH AGENCY Facility ID Number: **336**
10 KRUGER ROAD County: **SANDERS**
PLAINS MT 59859- PO BOX 768 **JCAHO:**
CHAP:
Phone: 826-4800 **Fax:** 826-4808 Provider Number: **27-7033**
Administrator: MARGO HARRISON **NOT PROV**
License Number: **10907** Exp. Date: **09/24/2009** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

HOME HEALTH

SHERIDAN MEMORIAL HOME HEALTH AGENCY Facility ID Number: **337**
440 W LAUREL AVE County: **SHERIDAN**
PLENTYWOOD MT 59254- **JCAHO:**
CHAP:
Phone: 765-1420 **Fax:** 765-1424 Provider Number: **27-7046**
Administrator: WAYNE NELSON **NOT PROV**
License Number: **10588** Exp. Date: **12/05/2008** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

SHERIDAN DANIELS

ST JOSEPH HOSPITAL CORPORATION HHA Facility ID Number: **339**
SKYLINE DRIVE County: **LAKE**
POLSON MT 59860- PO BOX 1010 **JCAHO:**
CHAP:
Phone: 883-5273 **Fax:** 883-8440 Provider Number: **27-7062**
Administrator: JOHN GLUCKERT **NOT PROV**
License Number: **10528** Exp. Date: **06/16/2008** License Duration: **3**
Original License Date: Health Planning **5**

COUNTIES SERVED

SANDERS LAKE

BEARTOOTH HOSPITAL & HEALTH CENTER Facility ID Number: **346**
600 W 21ST ST County: **CARBON**
RED LODGE MT 59068- PO BOX 590 **JCAHO:**
CHAP:
Phone: 446-0050 **Fax:** 446-3182 Provider Number: **27-7066**
Administrator: KELLY EVANS **NOT PROV**
License Number: **10774** Exp. Date: **06/15/2009** License Duration: **3**
Original License Date: Health Planning **3**

COUNTIES SERVED

CARBON

LAKE COUNTY HOME OPTIONS Facility ID Number: **338**
711 MAIN ST SW County: **LAKE**
RONAN MT 59864- **JCAHO:**
CHAP:
Phone: 751-4200 **Fax:** 257-0355 Provider Number: **27-7019**
Administrator: DONNA BOSCH **NOT PROV**
License Number: **10711** Exp. Date: **04/01/2007** License Duration: **1**
Original License Date: Health Planning **5**

COUNTIES SERVED

LAKE

HOME HEALTH

DANIELS MEMORIAL HOSPITAL HOME HEALTH Facility ID Number:
341
105 5TH AVE E County: **DANIELS**
SCOBEY MT 59263- PO BOX 400 **JCAHO:**
CHAP:
Phone: 487-2296 **Fax:** 487-2471 Provider Number: **27-7054**
Administrator: THANE BEDWELL **NOT PROV**
License Number: **10285** Exp. Date: **03/23/2007** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

DANIELS SHERIDAN

MARIAS MEDICAL CENTER HOME HEALTH Facility ID Number:
342
50 SHERIDAN AVENUE County: **TOOLE**
SHELBY MT 59474- **JCAHO:**
CHAP:
Phone: 434-3283 **Fax:** 434-3213 Provider Number: **27-7048**
Administrator: MARK CROSS **NOT PROV**
License Number: **10842** Exp. Date: **03/10/2007** License Duration: **3**
Original License Date: Health Planning **2**

COUNTIES SERVED

TOOLE

SIDNEY HEALTH CENTER HOME HEALTH Facility ID Number:
344
216 14TH AVE SW County: **RICHLAND**
SIDNEY MT 59270- **JCAHO:**
CHAP:
Phone: 488-2243 **Fax:** 488-2155 Provider Number: **27-7055**
Administrator: RICK HARALDSON **NOT PROV**
License Number: **10085** Exp. Date: **09/29/2007** License Duration: **3**
Original License Date: Health Planning **1**

COUNTIES SERVED

RICHLAND

Total Agencies = 43

HOME HEALTH