Intermediate Care

Phillips County Hospital's provides 24-hour nursing support and assistance for individuals who require ongoing care and supervision but do not require acute hospital services.

Phillips County Hospital is licensed for 17 inpatient beds, including 6 beds designated for acute and skilled nursing care and 11 beds designated for Intermediate Care services.

Our goal is to provide a safe, comfortable, and respectful environment where residents receive individualized care while maintaining the highest possible quality of life.

Phillips County Hospital is staffed by experienced healthcare professionals who are committed to treating every resident with dignity, respect, and compassion.

ADMISSION PROCESS

Admission to the Intermediate Care Unit is determined through Phillips County Hospital's admission referral process and is based on the applicant's care needs, medical appropriateness, the facility's ability to safely meet those needs, and bed availability.

- Please complete the included application to the best of your ability.
- A completed Application for Admission must be submitted by the prospective resident and/or responsible party.
- Once the application is received, a screening appointment will be scheduled. During this appointment, information regarding the applicant's medical history, current health status, and care needs will be gathered for review by the Admission Team.
- Completion of the screening appointment does not guarantee admission.
- The Admission Team will review all information, including clinic appointment findings, level of care determinations, required state screenings, and financial eligibility, to determine whether PCH can safely and appropriately meet the prospective resident's needs.
- Applicants and responsible parties will be notified of the admission decision. If approved for admission, an admission meeting will be scheduled to complete admission paperwork, review financial arrangements, and coordinate an admission date.

Questions?

Please Contact:
Betsy Isakson, Admissions Coordinator
(406) 654-5038
Monday-Friday, 8:00 AM – 4:00 PM

Clinic Screening Appointment

Please bring the following information and items to your clinic screening appointment:

1. **Current Medications**
   Please bring all prescription medications, over-the-counter medications, vitamins, supplements, eye drops, inhalers, and other treatments that the applicant is currently using. Whenever possible, medications should be brought in their original containers.
2. **Questions, Concerns or Special Needs**
   Please bring a list of any questions or concerns regarding care needs, medical conditions, pain management, skin concerns, mobility, dietary needs, or difficulty chewing or swallowing. This information helps the provider and Admission Team better understand the applicant's needs.
3. **Current Care Needs and Treatments**
   Please provide information regarding any special treatments, routines, equipment, or care currently being provided at home that you would like the Admission Team to consider.
4. **Important Documents**
   Please bring copies of any applicable Durable Power of Attorney, Guardianship paperwork, Advance Directives, Living Will documents, insurance cards, and photo identification.

Admission Meeting

If approved for admission, an admission meeting will be scheduled to complete admission paperwork, review financial arrangements, and coordinate an admission date.

Please bring copies of the following documents to the admission meeting, if applicable:

- Financial Durable Power of Attorney
- Medical Durable Power of Attorney
- Guardianship paperwork
- Advance Directives/Living Will
- Medicare Card
- Medicaid Card
- Social Security Card
- Photo Identification

Admission Financial Information

All residents and/or responsible parties will be required to sign a promissory note and have a financial plan in place prior to admission, regardless of payer source.

PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

Applicant/Resident Information:

Name:	Date of Birth:	Age:	Sex:

Address:	City:	State:	Zip:	Phone: ( )

Religion:	Marital Status: S M W D	Birthplace:
SSN#:	Medicare #:	Medicaid #:
Health Insurance:		
Maiden Name:	Mother's Maiden Name:	Military: Y N Branch:

Preferred Provider:
❑ **Aubrey Crittenden, FNP** ❑ **Kara Knodel, FNP** ❑ **Kyle Gibson, FNP**
❑ **No Preference**

Room Preference:
Private

Payor Source:
❑ Medicaid
❑ Private Pay
❑ Other:

Hospitalization:

Have you been hospitalized in the last 12 months? ❑ Yes ❑ No
If yes complete the following:

Hospital Name: (most recent)	Admit Date:	Discharge Date:
Skilled Nursing Facility Name: (most recent)	Admit Date:	Discharge Date:
Currently Residing at:	Admit Date:	

Emergency Contact Information:

Name:	Relationship:
Home Phone: ( )	Work Phone: ( )

Address:	City:	State:	Zip

Name:	Relationship:
Home Phone: ( )	Work Phone: ( )

Address:	City:	State:	Zip

Legal Documentation:

Do you have any of the following? If so, please bring copy to the Admission Meeting

❑ Durable Power of Attorney ❑ Durable Medical Power of Attorney ❑ Living Will ❑ Guardianship
❑ POLST ❑ Organ Donor ❑ Five Wishes

Applicant/Resident Information:			
Preferred Name (nickname):			
Current Living Arrangements: ❑ House ❑ Apartment ❑ Other:			
Do you live alone: ❑ Yes ❑ No Explain:			
Previous Occupation:	Education:		
Family Members:			
Spouse Name:	❑ Living ❑ Deceased If no longer living; date passed:		
Children: (			
Name:	Phone: ( )		
Name:	Phone: ( )		
Name:	Phone: ( )		
Name:	Phone: ( )		
Special Interests:			
Hobbies:			
Club Memberships:			
Recreational Activities:			
Other Interests:			
Socialization/Activity Interests:			
❑ Prefers to be alone	❑ Enjoys being around others	❑ Occasionally enjoys being around others	
Usual Bedtime:	Naps: ❑ Yes ❑ No Usual time for napping:		
Bathing Preferences: ❑ Shower ❑ Tub ❑ Am ❑ PM			
Mortuary Preference: (required)			
Have pre-arrangements been made? ❑ Yes ❑ No			
Mortuary Name:	Phone: ( )		
Address:	City:	State:	Zip

Applicant/Resident Physical Health History

Current Physical Health Issues/Diagnoses: (check all that apply)			
❑ Alzheimer's Disease	❑ Diabetes	❑ Hearing Impaired	❑ Feeding Tube
❑ Dementia	❑ Hypertension	❑ Limited Vision	❑ Catheter Use
❑ Hallucinations	❑ Heart Disease	❑ Blind	❑ Urinary Incontinence
❑ Parkinson's Disease	❑ Respiratory Disease	❑ Speech Impaired	❑ Bowel Incontinence
❑ Seizure Disorder	❑Cancer	❑ CVA/Stroke	❑ Paralysis
❑ Arthritis	❑ Obesity	❑ Contractures	❑ Decubitus Ulcer
❑ Pain	❑ Gastrointestinal Disorder	❑ Fracture History	❑ Infections (UTI, Respiratory, etc.)
❑ Smoker	❑ Alcohol Consumption	❑ Other:	

Specialty Needs: (check all that apply)			
❑ Colostomy	❑ Urostomy	❑ Ileostomy	❑ Tracheostomy
❑ Port-a-Cath	❑ PICC line	❑ CPAP/Bi-PAP	❑ Feeding tube
Other: (list all)			

Which of the following best describes the applicant/resident's ability to walk?	
❑ Fully independent	❑ Uses wheelchair independently
❑ Unsteady	❑ Uses wheelchair with assistance
❑ Uses cane or walker independently	❑ Uses gait belt
❑ Uses cane or walker with assistance	❑ total assistance with transfers

History of Falls: ❑ Yes ❑ No	Date of last fall:	How many falls in last month:
Comments:		

Personal Care Activities:

	Independent	Supervision	Assistance	Total Assistance
Bathing	❑	❑	❑	❑
Eating	❑	❑	❑	❑
Dressing	❑	❑	❑	❑

Continued...

Continued...

	Independent	Supervision	Assistance	Total Assistance
Toilet Use	❑	❑	❑	❑
Bed Mobility	❑	❑	❑	❑
Personal Hygiene	❑	❑	❑	❑
Transferring	❑	❑	❑	❑
Ambulating	❑	❑	❑	❑

Nutritional Status:

Special Diet:

Adaptive Equipment: ❑ Raised Dish ❑ Weighted Silverware ❑ Other:

Current Weight:	Current Height:	BMI:

Oral Care:

❑ Own teeth	❑ Full Dentures	❑ Upper Dentures	❑Lower Dentures
❑ Missing teeth	❑ Dental Cavities	Date of last Dental Exam:	

Dentist:

Address:	Phone: ( )

Vision:

❑ Normal Vision	❑ Wears Glasses	❑ Limited (large print)
❑ Legally Blind	Date of last Eye Exam:	

Eye Doctor:

Address:	Phone: ( )

Hearing:

❑ Normal Hearing	❑ Hard of Hearing: ❑ Right ❑ Left	❑ Deaf: ❑ Right ❑ Left

Psychosocial:

Has individual been informed of possible admission to PCH Intermediate Care Unit? ❑ Yes ❑ No

How do you feel about your present situation?

How does your family feel about your present situation?

Current Pharmacy/Oxygen Information:	
Pharmacy:	
Address:	Phone: ( )
Oxygen Use: ❑ Yes ❑ No	Company:

Allergies: (please list all food and medication allergies)

Current Medication List:				
Medication Name	**Dose/ Amount** (mg, etc.)	**Frequency** (daily, twice a day, at bedtime, etc.)	**Route** (oral, shot, etc.)	**Usual Time**

Please list current/past medical and surgical history:

Please use this space for additional information (additional children, medications, etc.)

Write a short summary that explains what a normal day for you or your loved one.

PCH STAFF USE ONLY

Evaluation Notes/Documentation:	
Evaluated By:	Date:

Frequently Asked Questions

FAQ

Why is it called Extended Care if the documents refer to Intermediate Care?

Many community members are familiar with the term "Extended Care" and have historically referred to this level of care by that name. To make the program easier to recognize and understand, Phillips County Hospital may use the term "Extended Care" when communicating with the public.

However, the services provided are licensed and regulated as Intermediate Care. For that reason, official documents, policies, admission paperwork, and regulatory records use the term "Intermediate Care Unit (ICU/ICB)."

Can I see my preferred provider for my screening appointment?

PCH will make every effort to schedule your screening appointment with your preferred provider. In some cases, scheduling availability may require the appointment to be completed by another qualified provider. Regardless of which provider conducts the screening, you have the right to choose your provider for your care.

How are medications handled in the Intermediate Care Unit?

If admitted to PCH's Intermediate Care Unit, all medications will be dispensed through Valley Drug, our contracted pharmacy. Because prescription medications are not included in the daily room rate, you will receive a separate bill from Valley Drug for medications dispensed.

Are there any items not permitted in the Intermediate Care Unit?

Yes. For the safety of all residents, visitors, and staff, smoking, vaping, weapons, marijuana, illegal drugs, and other hazardous or prohibited items are not permitted on Phillips County Hospital property.

What to Bring to the Intermediate Care Unit

We encourage residents to bring personal items that will help make their room comfortable and feel like home. However, we recommend leaving valuable, expensive, or irreplaceable items at home. While Phillips County Hospital takes reasonable precautions to protect residents' belongings, personal items remain the responsibility of the resident and/or responsible party.

Recommended Items

- Comfortable clothing and sleepwear
- Shoes, slippers, and non-slip footwear
- Personal hygiene items (toothbrush, toothpaste, hairbrush, deodorant, etc.)
- Eyeglasses, hearing aids, dentures, CPAP/Bi-PAP, and related supplies
- Favorite blankets, pillows, photos, or small decorations
- Books, puzzles, crafts, and other leisure activities
- Cell phone, tablet, radio, or other personal electronics
- Mobility aids such as walkers, wheelchairs, canes, or other adaptive equipment currently used by the resident

Important Documents

Please bring any requested admission documents, insurance information, identification cards, and legal documents discussed during the admission process.

What Not to Bring

For the safety of all residents, visitors, and staff, please do not bring:

- Firearms, ammunition, knives, or other weapons
- Tobacco products, cigarettes, e-cigarettes, vaping devices, or related products
- Marijuana, illegal drugs, or non-prescribed controlled substances
- Alcohol
- Candles, incense, lighters, or other open-flame items
- Mini refrigerators, microwaves, hot plates, coffee makers, or other personal appliances
- Extension cords, power strips, space heaters, or other unapproved electrical equipment
- Large amounts of cash, valuable jewelry, collectibles, or irreplaceable items
- Hazardous materials or any item determined to pose a safety risk

Medications

Residents may not keep any (including over the counter) medications in their room. All medications will be managed by PCH in accordance with hospital policy.

PHILLIPS COUNTY HOSPITAL
& FAMILY HEALTH CLINIC

COMPASSIONATE CARE.
CLOSE TO HOME.

311 S. 8th Ave E
Malta, MT 59538

406.654.1100

pchospital.us

Meet Your Care Team

Learn more about the providers available to oversee your care during your stay in Extended Care

Melanie Hardy

Medical Director | Family Medicine Physician

Dr. Hardy has served as Medical Director for Phillips County Hospital since 2023. She is a board-certified Family Medicine physician with extensive experience in rural healthcare, emergency medicine, and medical leadership. Dr. Hardy provides oversight for patient care and is dedicated to ensuring quality, compassionate care for patients and families in our community.

Aubrey Crittenden

Family Nurse Practitioner

Aubrey joined Phillips County Hospital and Family Health Clinic in 2023 after earning her Master of Science in Nursing from South University. She brings strong experience in emergency medicine, cardiovascular care, and neuro care from her years as an RN. Aubrey provides patient-centered care with a passion for building trusted relationships and supporting families through every stage of care.

Kara Knodel

Family Nurse Practitioner

Kara brings over 23 years of healthcare experience. She began her RN career at Phillips County Hospital in 2009, later gained broad experience in acute care, emergency medicine, surgery, and long-term care, and returned to PCH in 2025 as a Family Nurse Practitioner. Kara is dedicated to compassionate, whole-person care and supporting patients and families close to home.

Kyle Gibson

Family Nurse Practitioner

Kyle joined Phillips County Family Health Clinic in 2026 with over 20 years of healthcare experience. His background includes emergency medicine, intensive care, and more than 15 years as a flight nurse serving rural communities. Kyle is passionate about improving access to high-quality care and managing complex medical needs close to home.