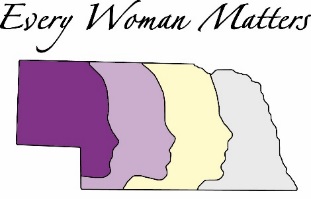
**Community Health Hubs Venue Summary Report Template**

**Purpose of Template:** This template is for **identifying, planning and monitoring** community reach

* Patient pathway for Navigation and Health Coaching must be submitted. Sample pathway for Navigation on website: Venue-Navigation to Screen Pathway.pdf
* There is a **maximum** of $4000.00 to be used towards community venues. No pre/post venue time will be reimbursed.
* Venues are payable when they have a minimum of 10% of reach navigated.

All priority populations reached at the venue must have a risk assessment

**Venues without 10% of reach navigated will not be payable.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community Health Hub:**  **Submitted By:** | | | | **Venue Target Reach:**  ❑ Women 18-39 ❑ Women 40-74 |
| **Venue Name:** | **Venue Date:** | **Venue Location:** | | |
| **Venue Type**  Community Based Local Health Dept  Faith Based School Site  Hospital Site Worksite | | | **Venue Health Focus** Describe Health Focus | |
| Describe this venue and any partnerships with venue? | | | | |
| What makes this a good community venue for reaching priority population with the goal of Navigation and/or Health Coaching? | | | | |
| Have you participated in this venue in the past and was it successful in reaching clients in need of Navigation and/or Health Coaching? | | | | |
| **Internal Use Only: Pre Venue** | | | | |
| |  |  | | --- | --- | | **DHHS Approval** | | | ❑ Reasonable expectation of being a successful venue met  ❑ Pathway to navigation logical and meets requirements  ❑ Pathway to health coaching and HBSS logical and meets requirements  ❑ Appropriate Patient Pathway submitted | | | **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | |

**Venue Information**

Number of Individual Encounters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in the Priority Age Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in need of Navigation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Women Reached in need of Health Coaching:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Non-White:

Number of Hispanic:

Number of Uninsured:

Venue Time and Staff Name:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total time:\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total time:\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total time:\_\_\_\_\_\_\_\_\_\_

Pages 1 and 2 must be submitted together for determination of reimbursement for all venues except Monthly HUB venue

**COMMUNITY HUB MONTHLY VENUE Page 2 submitted only.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In House Monthly Walk in and Phone Call venue Page 2 filled out and submitted with check box marked and Name of HUB along with Month and Year. Example: : LLCHD March 2023

X

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HUB Name Month Year