ACHC U®
EDUCATIONAL RESOURCES

HOSPICE

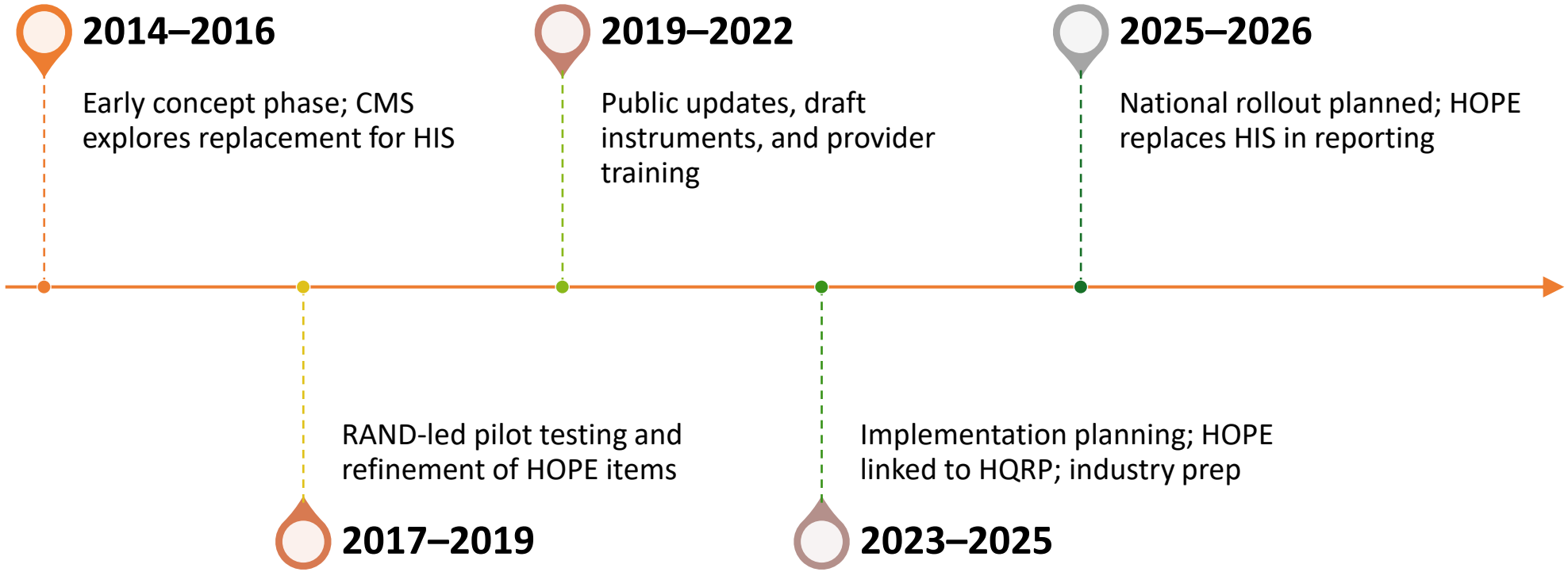
Hospice Outcomes Patient Evaluation (Hope)

Kristie Meers, Chief Clinical Officer

Careficient

HOPE is here!

More than a decade in the making



Applicable Hospices/Patients

- All Medicare-certified hospice providers
- All patients regardless of:
  - Payer source
  - Patient's age
  - Where patient receives hospice services
  - Hospice LOS

HOPE TIMEPOINTS

HOPE TIMEPOINT Admission

- Collected as part of the admission comprehensive assessment
- Patient is admitted to hospice when all three are met
  - Signed election statement
  - Patient did not expire before the effective date of election
  - Hospice made a visit in the setting where hospice services are to be initiated.
- No later than five calendar days after the effective date of hospice
  - Date of hospice election is Day 0
  - Not required if the patient dies or is discharged within first 5 days of hospice

HOPE – Section A

Administrative Information

A0220: Admission Date

A0250: Reason for Record

1. Admission (ADMIN)
2. HOPE Update Visit 1 (HUV1)
3. HOPE Update Visit 2 (HUV2)

99. Discharge (DC)

HOPE – Section A

Administrative Information

A0215: Site of Service at Admission

A0215: Site of Service At Admission

01. Patient's Home/Residence
02. Assisted Living Facility
03. Nursing Long Term Care (LTC) or Non-Skilled Nursing Facility (NF)
04. Skilled Nursing Facility (SNF)
05. Inpatient Hospital
06. Inpatient Hospice Facility (General Inpatient (GIP))
07. Long Term Care Hospital (LTCH)
08. Inpatient Psychiatric Facility
09. Hospice Home Care (Routine Home Care (RHC) Provided in a Hospice Facility
99. Not Listed

HOPE – Section A
Administrative Information

- HOPE – Section A

A0500: Legal Name of Patient

A0550: Patient ZIP Code - Admission

A0600: Social Security and Medicare Numbers

A0700: Medicaid Number

HOPE – Section A
Administrative Information

A1005: Ethnicity – (Check all that apply)

A. No, not of Hispanic, Latino/a, or Spanish origin
B. Yes, Mexican, Mexican American, Chicano/a
C. Yes, Puerto Rican
D. Yes, Cuban
E. Yes, Another Hispanic, Latino or Spanish origin
X. Patient unable to respond
Y. Patient declines to respond

HOPE – Section A
Administrative Information

- A1010: Race (check all that apply)
  - A. White
  - B. Black or African American
  - C. American Indian or Alaska Native
  - D. Asian Indian
  - E. Chinese
  - F. Filipino
  - G. Japanese
  - H. Korean
  - I. Vietnamese
  - J. Other Asian
  - K. Native Hawaiian
  - L. Guamanian or Chamorro
  - M. Samoan
  - N. Other Pacific Islander
  - O. Patient unable to respond
  - P. Patient declines to respond
  - Q. None of the above

HOPE – Section A

Administrative Information

A1110A: Language

A1110B: Do you need an interpreter to communicate with a doctor or health care staff?

0. No
1. Yes
2. Unable to determine

HOPE – Section A

Administrative Information

A1400: Payer Information (check all existing payer sources

A. Medicare (traditional fee-for-service)
B. Medicare (managed care/Part C/ Medicare Advantage)
C. Medicaid (traditional fee-for-service)
D. Medicaid (managed care)
G. Other government (e.g. Tricare, VA, etc)
H. Private Insurance
I. Private managed Care
J. Self-pay
K. No payer source
X. Unknown
Y. Other

HOPE – Section A
Administrative Information

A1805: Admitted From

Immediately preceding this admission, where was the patient?

01. Home/Community (private home/apt, board/care, assisted living, group home, transitional living, or other residential care arrangements
02. Nursing Home (long-term care facility)
03. Skilled Nursing Facility (SNF, swing beds)
04. Short-Term General Hospital (acute hospital, IPPS)
05. Long-Term Care Hospice (LTCH)
06. Inpatient Rehabilitation Facility (psychiatric hospital or unit)
08. Intermediate Care Facility (ID/DD facility)
10. Hospice (institutional facility)
11. Critical Access Hospital (CAH)
99. Not Listed

HOPE – Section A
Administrative Information

A1905: Living Arrangements

Identify the patient's living arrangement at the time of this admission

1. Alone (no other residents in the home
2. With others in the home (e.g. family, friends, paid caregivers)
3. Congregate home (e.g. assisted living or residential care home)
4. Inpatient facility (e.g. skilled nursing facility, nursing home, inpatient hospice, hospital
5. Does not have a permanent home (e.g. has unstable housing or is experiencing homelessness)

HOPE – Section A
Administrative Information

A1910: Availability of Assistance

Code the level of in-person assistance from available and willing caregiver(s), excluding hospice staff, at the time of admission

1. Around-the-clock (24 hours a day with few exceptions)
2. Regular daytime (all day every day with few exceptions)
3. Regular nighttime (all night with few exceptions)
4. Occasional (intermittent)
5. No assistance available

HOPE – Section I

Active Diagnosis

I0010: Principal Diagnosis

01. Cancer
02. Dementia (including Alzheimer's Disease)
03. Neurological Condition
    (e.g. Parkinson's Disease, Multiple Sclerosis, ALS)
04. Stroke
05. Chronic Obstructive Pulmonary Disease
06. Cardiovascular (excluding heart failure)
07. Heart Failure
08. Liver Disease
09. Renal Disease
99. None of the above

Comorbidities and Co-existing Conditions

I0010 – Comorbidities and co-existing conditions (check all that apply)

- I0100. Cancer
- Heart/Circulation
  - I0600. Heart Failure (e.g. Congestive Heart Failure and Pulmonary Edema
  - I0900. Peripheral Vascular Disease or Peripheral Arterial Disease
  - I0950. Cardiovascular (excluding heart failure)
- Gastrointestinal
  - I1101. Liver Disease (e.g. Cirrhosis)
- Genitourinary
  - I1510. Renal Disease
- Infections
  - I2102. Sepsis
- Metabolic
  - I2900. Diabetes Mellitus (DM)
  - I2910. Neuropathy
- Neurological
  - I4501. Stroke
  - I4801. Dementia (including Alzheimer's Disease)
  - I5150. Neurological Conditions (e.g. Parkinson's Disease, MS, ALS)
  - I5401. Seizure Disorder
- Pulmonary
  - I6202. Chronic Obstructive Pulmonary Disease
- Other
  - I8005. Other Medical Conditions

HOPE – Section J

Health Conditions

J0050: Death is Imminent

At the time of this assessment and based on your clinical assessment, does the patient appear to have a life expectancy of 3 days or less?

0. No
1. Yes

HOPE – Section J

Pain Screening

J0915: Neuropathic Pain

Does the patient have neuropathic pain (e.g. pain with burning, tingling, pins and needs or hypersensitivity to touch)?

0. No
1. Yes

Symptom Impact

Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from the patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others.

0. Not at all – symptom does not affect the patient, including symptoms well-controlled with current treatment
1. Slight
2. Moderate
3. Severe
4. Not applicable (the patient is not experiencing symptom)

Symptom Impact Screening

J2051	Enter Code
A. Pain	☐
B. Shortness of Breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

HOPE – Section J
Symptom Follow-Up Visit (SFV)

J2052: Symptom Follow-Up Visit (SFV) should occur within 2 calendar days as a follow-up for any moderate or severe pain or non-symptom identified during the Symptom Impact Assessment

J2052A: Was a symptom follow-up in-person visit completed?

0. No – Skip to J2052C, Reason SFV not completed
1. Yes

J2052B: Date of In-person SFV

J2052C: Reason SFV Not Completed

1. Patient and/or caregiver declined in-person visit
2. Patient unavailable (e.g. in ED, hospital, traveled outside service area, expired)
3. Attempts to contact patient and/or caregiver were unsuccessful
9. None of the above

HOPE – Section J

Symptom Impact

J2053	Enter Code
A. Pain	☐
B. Shortness of Breath	☐
C. Anxiety	☐
D. Nausea	☐
E. Vomiting	☐
F. Diarrhea	☐
G. Constipation	☐
H. Agitation	☐

HOPE – Section M

Skin Conditions

M1190: Skin Conditions

Does the patient have one or more skin conditions?

0. No – Skip to N0500, Scheduled Opioid
1. Yes

M1195: Types of Skin Conditions

A. Diabetic foot ulcer(s)
B. Open lesion(s) other than ulcers, rashes, skin tear (cancer lesions)
C. Pressure ulcer(s)/Injuries
D. Rash(es)
E. Skin tear(s)
F. Surgical wound(s)
G. Ulcer(s) other than diabetic or pressure ulcer(s) (e.g. venous stasis ulcer, Kennedy ulcer)
H. Moisture Associated Skin Damage (MASD) (e.g. incontinence dermatitis, perspiration, draining)
Z. None of the above

HOPE – Section M

Skin Ulcer/Injury Treatments

M1190: Skin Conditions

Does the patient have one or more skin conditions?

0. No – Skip to N0500, Scheduled Opioid
1. Yes

M1195: Types of Skin Conditions

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G. Ulcer(s) other than diabetic or pressure ulcer(s) (e.g. venous stasis ulcer, Kennedy ulcer)
H. Moisture Associated Skin Damage (MASD) (e.g. incontinence dermatitis, perspiration, draining)
Z. None of the above

HOPE – Section Z

Record Administration

- Z0350: Date Assessment was Completed - HUV
- Z0400: Signature(s) of Person(s) Completing the Record
- Z0500A: Signature of Person Verifying Record Completion
- Z0550B: Date of Signature

HOPE TIMEPOINT

HOPE Update Visit (HUV)

HOPE Update Visit (HUV)

- In-person visits
- Updates Plan of Care

HOPE Update Visit #1

- Days 6 – 15
  - Date of hospice admission is day 0
  - Not required if patient dies or discharges within first 5 days

HOPE Update Visit #2

- Days 16 – 30
  - Date of hospice election is day 0
  - Not required if patient dies or is discharged before day 16 of hospice

Hospice Update Visit (HUV)

Determining Need for Hope Update Visits

Patient dies/discharges on day 5 of hospice stay	• HUV #1 not required
Day 15 of Patient's hospice stay	• HUV #1 required by this day • HUV #2 not required yet
Patient dies/discharges on day 25 of hospice stay	• HUV #1 should be done • HUV #2 could have been completed but the end date of this requirement is day 30 of hospice stay.

HOPE Update Visit

Example:

Patient was admitted on Friday, October 3rd. The hospice registered nurse completed the HOPE-Admission during the initial assessment visit. The HUV for this patient would be due sometime between October 9th and October 18th, however, the patient declines rapidly and dies October 10th.

HOPE Update Visit

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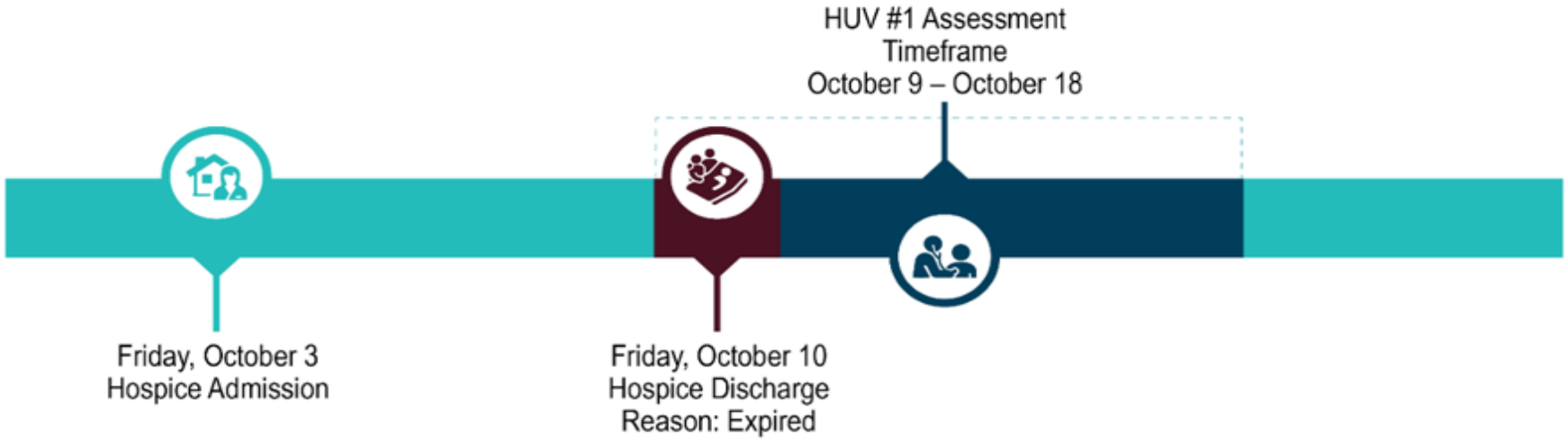
Patient was admitted on Friday, October 3rd. The hospice registered nurse completed the HOPE-Admission during the initial assessment visit. The HUV for this patient would be due sometime between October 9th and October 18th, however, the patient declines rapidly and dies October 10th.



HOPE Update Visit

Example:

Patient was admitted on Monday, November 3rd and the RN conducts the initial assessment visit and completes the HOPE-Admission.

How soon should the nurse plan to complete the first HUV?

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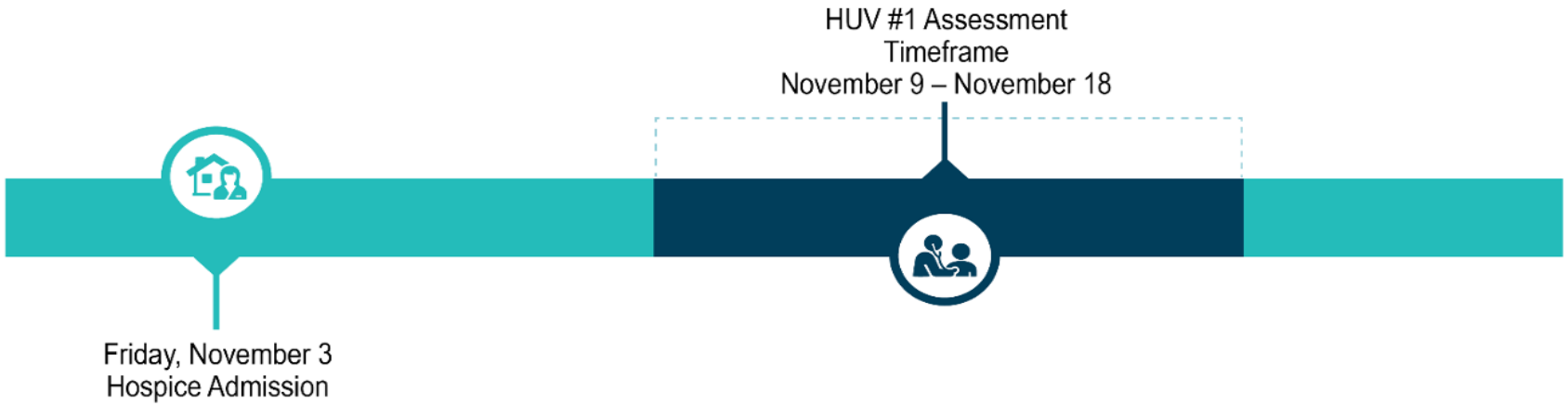

HOPE Update Visit

Example:

Patient was admitted on Sunday, October 12th. The patient remained on hospice throughout their illness and died on service 63 days later.

When should the HUV visits be completed?

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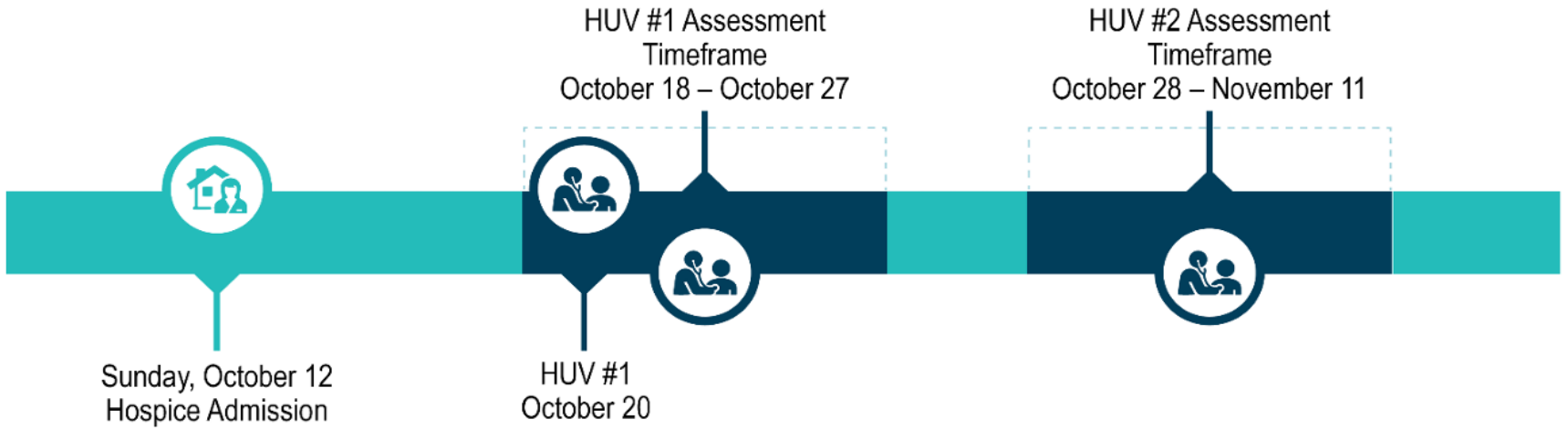


HOPE Record Types

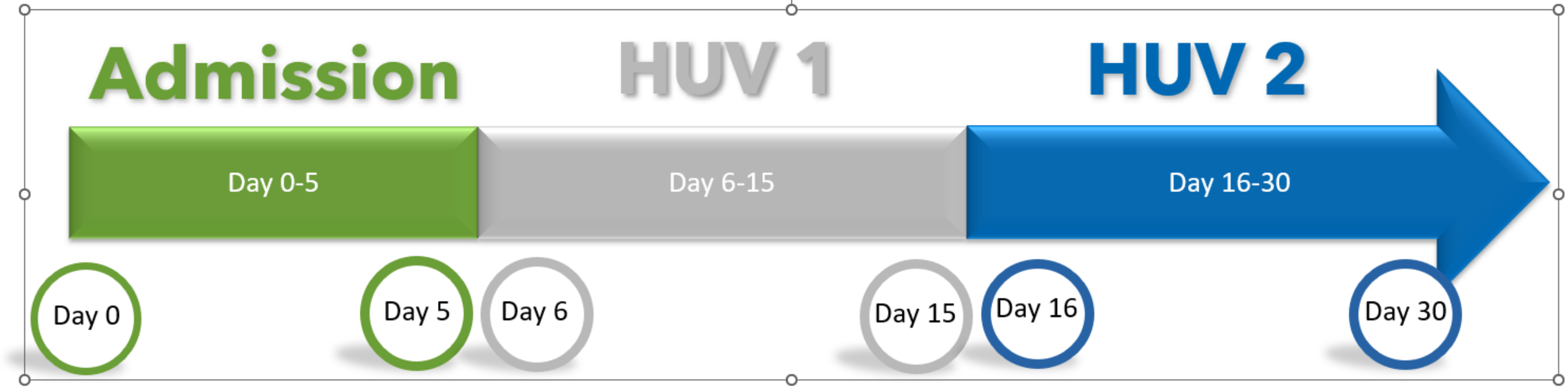
Admission

★ HOPE Update Visits (HUV 1 and HUV 2)

Discharge

Record Type	Timepoint	Required	Deadline (submitted and accepted)	Nurse
Admission	Day 0 – Day 5	✓ In-person visit	Admission Date (A0220) + 30 calendar days	RN only
HUV 1 ★	Day 6 – Day 15	✓ In-person visit, if the patient is still on service on or between Day 6 and Day 15 *Not required if the patient dies or is discharged between Day 6-15, but will be accepted if submitted	HUV 1 assessment completion date (Z0350) + 30 calendar days	RN only
HUV 2 ★	Day 16 – Day 30	✓ In-person visit, if the patient is still on service on or between Day 16 and Day 30 *Not required if the patient dies or is discharged between Day 16-30, but will be accepted if submitted	HUV 2 assessment completion date (Z0350) + 30 calendar days	RN only
Discharge	Anytime	✓Required for any discharge ✓Required if patient's Admission record was a HIS prior to 10/1/2025	Discharge Date (A0270) + 30 calendar days	LPN/LVN or RN

Timeline



Discharge

Completed upon discharge of the patient

HOPE

Symptom Follow-up Visit

Symptom Follow-up Visit (SFV)

Record Types: Admit, HUV 1 & HUV 2
Each record type could have an SFV required
(Possible 3 over the course of the hospice stay)

J2051 responses were Moderate or Severe → New visit is required within 2 day → Complete J2052/J2053 questions

Symptom Follow-up Visit (SFV)	Requirements
If J2051 answers were Moderate or Severe	✓ In-person visit
	✓ Must be a separate visit from the Admission or HUV
	✓ A visit must occur within two calendar days or later. It can be the same day as the assessment where an Admission or HUV was completed but must be a separate in-person visit.
	✓ Can be completed by RN or LPN/LVN

HOPE – Symptom Follow-up Visit

- During Admission Visit or HOPE Update Visit
  - Data collected for the Symptom Impact Item (J2051)

- J2053: Symptom Impact – Admission/HUV
  - Over the past 2 days, how has the patient been affected by each of the following symptoms? Base this on your clinical assessment (including input from patient and/or caregiver). Symptoms may impact multiple patient activities including, but not limited to, sleep, concentration, day to day activities, or ability to interact with others

    0 – Not at all, symptom does not affect the patient, including symptoms well controlled with current treatment

    1 – Slight

    2 – Moderate

    3 – Severe

    4 – Not applicable (the patient is not experiencing the symptom)

HOPE – Symptom Follow-up Visit

- If rated moderate or severe
  - Pain
  - Shortness of Breath
  - Anxiety
  - Nausea
  - Vomiting
  - Diarrhea
  - Constipation
  - Agitation

MUST be an in-person visit

Must be a separate visit from the Admission or HUV

MUST be within 2 calendar days of the admission and/or HUV visits

Can be done by RN or LPN/LVN

Symptom Follow-up Visit

Example

During the admission visit, the nurse assesses the impact of pain as moderate and the impact of shortness of breath as severe.

- Symptom Follow-up Visit Required
- Upon reassessment, the impact of pain is mild and the impact of shortness of breath is moderate.

Additional SFV is not required.

*If during a SFV, there is evidence of ongoing moderate or severe symptoms, no additional SFV is required for HOPE. However, it is expected that the hospice staff will continue to follow up with the patient based on their clinical and symptom management needs.

Symptom Follow-up Visit

Example

During the admission visit, the nurse assesses the impact of nausea as moderate, triggering the need for a SFV.

The nurse returns within 2 days to complete the SFV.

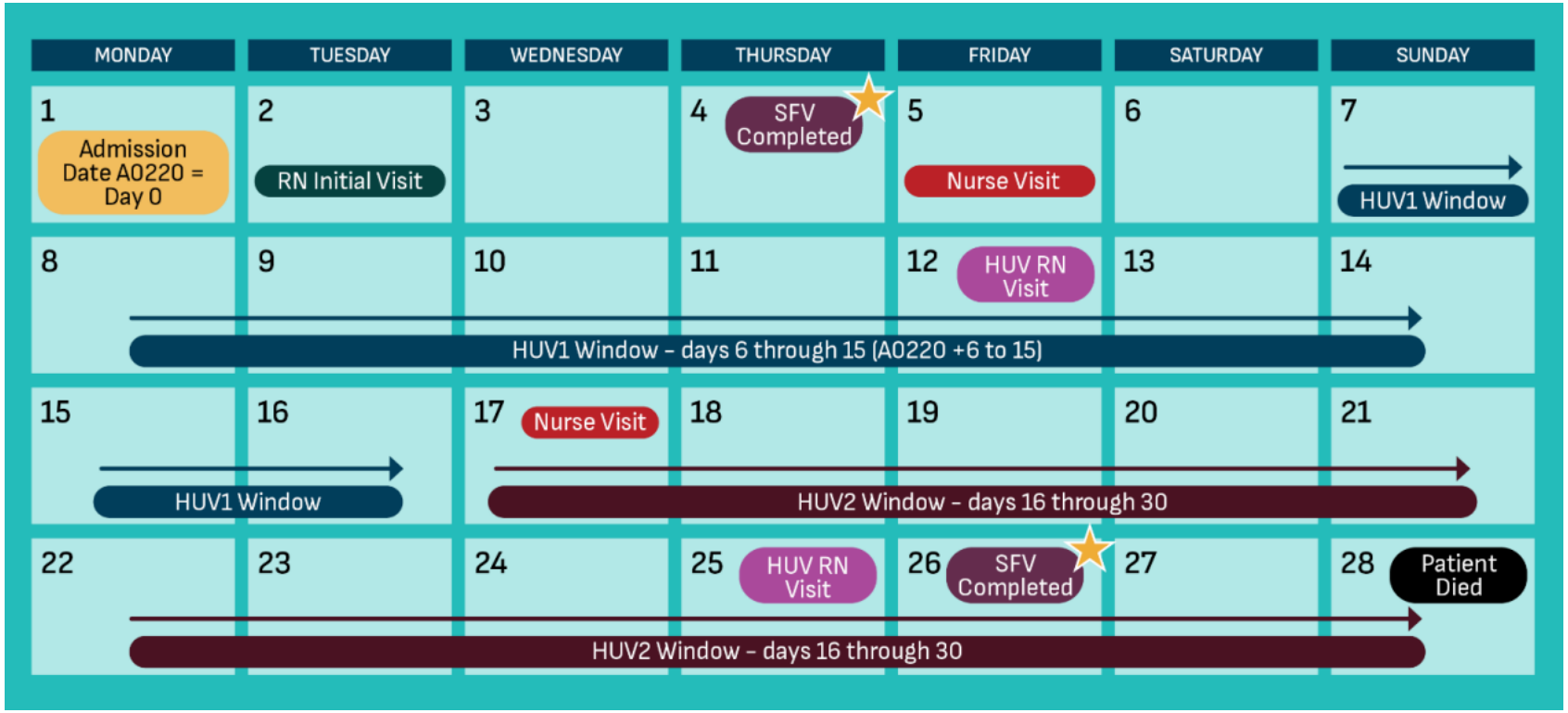
Two weeks later, the nurse completes the first HUV and assesses the impact of constipation as severe.

Should a SFV be completed?

HOPE TIMEPOINT Discharge

- At time of Discharge
  - Expired
  - Revoked
  - No longer terminally ill
  - Moved out of hospice service area
  - Transferred to another hospice
  - Discharged for cause

Example Calendar Depicting Completed HOPE-Admission, both HUV1 and HUV2, and SFVs when Triggered.



Admission

Day 0-5

Day 0

Day 5

Section A: Administrative Information

- A0050: Type of Record
- A0100: Facility Provider Numbers
- A0215: Site of Service at Admission
- A0220: Admission Date
- A0250: Reason for Record
- A0500: Legal Name of Patient
- A0550: Patient Zip Code
- A0600: Social Security and Medicare Numbers
- A0700: Medicaid Numbers
- A0800: Gender
- A0900: Birth Date
- A1005: Ethnicity
- A1010: Race
- A1110: Language
- A1400: Payer Information
- A1805: Admitted From
- A1905: Living Arrangements
- A1910: Availability of Assistance

Section F: Preferences for Customary Routine and Activities

- F2000: CPR Preference
- F2100: Other Life-Sustaining Treatment Preferences
- F2200: Hospitalization Preferences
- F3000: Spiritual/Existential Concerns

Section I: Active Diagnoses

- I00100: Principal Diagnosis

Section J: Health Conditions

- J0050: Death is Imminent
- J0900: Pain Screening
- J0905: Pain Active Problem
- J0910: Comprehensive Pain Assessment
- J0915: Neuropathic Pain
- J2030: Screening for Shortness of Breath
- J2040: Treatment for Shortness of Breath
- J2050: Symptom Impact Screening
- J2051: Symptom Impact
- J2052: Symptom Follow-up Visit (SFV)
- J2053: SFV Symptom Impact

Section M: Skin Conditions

- M1190: Skin Conditions
- M1195: Types of Skin Conditions
- M1200: Skin and Ulcer/Injury Treatments

Section N: Medications

- N0500: Scheduled Opioid
- N0510: PRN Opioid
- N0520: Bowel Regimen

Section Z: Assessment Administration

- Z0400: Signature(s) of Person(s) completing the Record
- Z0500: Signature of Person Verifying Record Completion

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Section A: Administrative Information

- A0050: Type of Record
- A0100: Facility Provider Numbers
- A0220: Admission Date
- A0250: Reason for Record
- A0500: Legal Name of Patient
- A0600: Social Security and Medicare Numbers
- A0700: Medicaid Numbers
- A0810: Sex
- A0900: Birth Date
- A1400: Payer Information

Section J: Health Conditions

- J0050: Death is Imminent
- J2050: Symptom Impact Screening
- J2051: Symptom Impact
- J2052: Symptom Follow-up Visit (SFV)
- J2053: SFV Symptom Impact

Section M: Skin Conditions

- M1190: Skin Conditions
- M1195: Types of Skin Conditions
- M1200: Skin and Ulcer/Injury Treatments

Section N: Medications

- N0500: Scheduled Opioid
- N0510: PRN Opioid
- N0520: Bowel Regimen

Section Z: Assessment Administration

- Z0350: Date Assessment was completed
- Z0400: Signature(s) of Person(s) completing the Record
- Z0500: Signature of Person Verifying Record Completion

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Section A: Administrative Information

- A0050: Type of Record
- A0100: Facility Provider Numbers
- A0220: Admission Date
- A0250: Reason for Record
- A0270: Discharge Date
- A0500: Legal Name of Patient
- A0600: Social Security and Medicare Numbers
- A0700: Medicaid Numbers
- A0800: Gender
- A0900: Birth Date
- A2115: Reason for Discharge

Section Z: Assessment Administration

- Z0400: Signature(s) of Person(s) completing the Record
- Z0500: Signature of Person Verifying Record Completion

**If the patient has an Admission HIS record prior to 10/1/2025, it is required to complete a HOPE discharge record **

Discharge

HOPE and HIS have the same questions for the Discharge record

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HIS to HOPE

- Patient admissions prior to October 1, 2025 will have HIS Admission and Discharge if applicable
- Patient admissions beginning October 1, 2025, HOPE Admission, HOPE Update Visit, if applicable, HOPE Discharge
- Patients admitted prior to October 1, 2025 but dies/discharges after October 1, 2025 will have HIS Admission but a HOPE Discharge. These patients do not require the HUV or SFV.

Special Circumstances Affecting HOPE

Change in patient payer source or other administrative discharge with no interruption in care (missed F2F)

Traveling patients – if traveling contract HOPE does not need to be completed. If discharging patient, discharge HOPE should be completed.

Questions?

ACHC U®
EDUCATIONAL RESOURCES

HOSPICE

Thank you

Kristie Meers, Chief Clinical Officer

kmeers@careficient.com

Resources

- National Alliance for Care at Home

CMS Releases Key Hospice Guidance - National Alliance for Care at Home | National Alliance for Care at Home (4/29/2025)

- CMS HOPE Website

https://www.cms.gov/medicare/quality/hospice/hope

- CMS HOPE Technical Website

https://www.cms.gov/medicare/quality/hospice-quality-reporting-program/hospice-outcomes-and-patient-evaluation-hope-technical-information

- HIS to HOPE Crosswalk

https://www.cms.gov/files/documents/his-v300-hope-v100-all-item-set-change-table.pdf