**Course 1:
Didactic Recorded Training Series**

Hospice Outcomes and Patient Evaluation (HOPE) National Implementation Virtual Training Program

Part 1

Training Overview and Introduction to HOPE

CMS Disclaimer

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Objectives

Attendees will be able to:

- Describe the design of the Hospice Outcomes and Patient Evaluation (HOPE) National Implementation Virtual Training Program.

- Discuss HOPE and the timeline for national implementation.

- Identify who can complete HOPE.

- Explain the HOPE timepoints and the symptom follow-up visits (SFVs).

- List three resources to learn more about HOPE.

Speaker

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Acronyms

For a list of HQRP acronyms, visit the HQRP Acronym List.

LPN
RN CMS SFV
HUV HOPE
HQRP LVN

Virtual HOPE Training Overview

About the HOPE Training

- The HOPE Training consists of two courses:
    - Course 1: Didactic Recorded Training Series
    - Course 2: Coding Workshop
- It is highly recommended that all five parts of the didactic course (Course 1) be reviewed first, as it provides foundational material.

Course 1: Didactic Recorded Training Series

- Provides an overview of the training program, an introduction to the HOPE tool, and explains key guidance for the items in HOPE.

- Includes a five-part series of self-paced recorded presentations and corresponding PDFs.

- Highlights items that are new for HOPE, as well as the existing and updated items carried over from the Hospice Item Set (HIS).
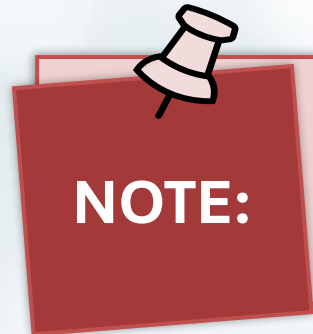
NOTE: The presentations in Course 1 should be reviewed prior to completing Course 2.

Course 1: Didactic Recorded Training Series (cont.)

- **Part 1**: Training Overview and Introduction to the HOPE Tool

- **Part 2**: Section A. Administrative Information

- **Part 3**: Sections F. Preferences, and I. Active Diagnoses

- **Part 4**: Section J. Health Conditions

- **Part 5**: Sections M. Skin Conditions, N. Medications, and Z. Record Administration
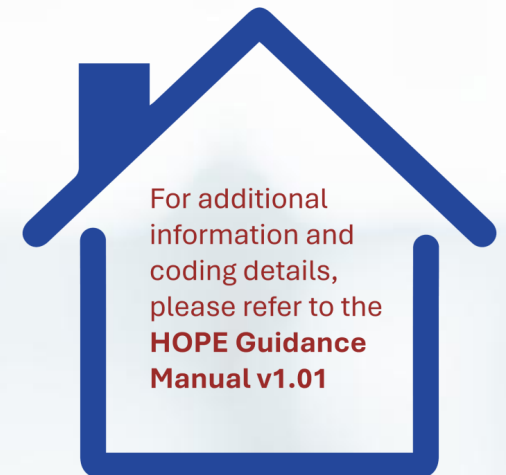
Course 2: Coding Workshop

- Takes a deep dive into coding the HOPE data elements reviewed in Course 1.

- Participants will have the opportunity to code HOPE items using practice scenarios.

- A recorded version of the coding workshop and corresponding PDF will be made available for review and reference.

Training Reference Icons

- Reference icons are strategically placed throughout the presentations to assist providers in understanding content.

- Icons indicate if content has been revised, is entirely new, is unchanged, or refers to specific assessment types.

NEW

REVISED

UNCHANGED

On Admission, HUV1, and HUV2

For additional information and coding details, please refer to the **HOPE Guidance Manual v1.01**

The HOPE Tool

What is the HOPE Tool?

- HOPE is a new standardized patient-level data collection tool.

- HOPE maintains many original HIS items and adds new assessment-based items.

- HOPE data will be used to enhance the Hospice Quality Reporting Program (HQRP).

- Hospices will begin collecting data using HOPE on October 1, 2025.

HOPE does **not** replace:

- A thorough and ongoing assessment of each patient

- Clinical practice

- Clinical judgment

HOPE Tool Sections

- Section A: Administrative Information (new items)

- Section F: Preferences (unchanged)

- Section I: Active Diagnoses (expanded list + comorbidities)

- Section J: Health Conditions (new items)

- Section M: Skin Conditions (all new)

- Section N: Medications (unchanged)

- Section Z: Record Administration (new item)

Who Completes the HOPE Tool?

- Any appropriate staff member may collect HOPE data applicable to their role.
    - For example, a registered nurse (RN) would be an appropriate staff member to complete HOPE items related to a skilled nursing assessment.

- A Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) may complete the nursing in-person symptom follow-up visit (SFV).

Who Completes the HOPE Tool? (cont.)

Some HOPE data elements are to be collected during routine clinical assessment visits, while other data may be extracted from the clinical record by hospice staff (including volunteers, contractors, and affiliates).

HOPE Timepoints

The HOPE Timepoints

HOPE data are collected at the following timepoints during the hospice stay:

- Admission

- Two HOPE Update Visits
  - HUV1 is collected on or between days 6 and 15.
  - HUV2 is collected on or between days 16 and 30.

- Discharge

HOPE Admission

- **Definition**: Collected as part of the comprehensive assessment of the patient.

- **Timeframe**: No later than 5 calendar days after the effective date of the hospice election.

HOPE Update Visit 1 (HUV1)

- **Definition**: Collected via an in-person visit to inform updates to the plan of care.

- **Timeframe**: HUV1 is required on or between days 6 and 15 of the hospice stay.

HOPE Update Visit 2 (HUV2)

- **Definition**: Collected via an in-person visit to inform updates to the plan of care.

- **Timeframe**: HUV2 is required on or between days 16 and 30 after the hospice election.

Discharge

- **Definition**: Collected at Discharge for any reason listed in item A2115.
- **Timeframe**: At the time of discharge.

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

HOPE Timepoints: Determined by the Hospice Stay

Patient stays in hospice vary. The duration of a patient's hospice stay will determine the number of timepoints a hospice will submit.

Admission → HUV1 → HUV2

Day 0 — Day 5 — Day 6 — Day 15 — Day 16 — Day 30

Discharge data are collected at the time of discharge

HOPE Timepoints Video

You can review the **HOPE Timepoints Explainer Video** from CMS to learn more.

Symptom Follow-up Visit (SFV)

What is the SFV?

- **In-person visit required when any symptom impact is found to be moderate or severe** when completing the Symptom Impact Item (J0251) for the Admission, HUV1, or HUV2.

- Requires a separate in-person visit within 2 calendar days or later the same day.

- Depending on the timing of the admission or HUV visit, it is possible that an SFV may extend beyond the timeframe outlined for the HOPE Admission or a HOPE HUV.

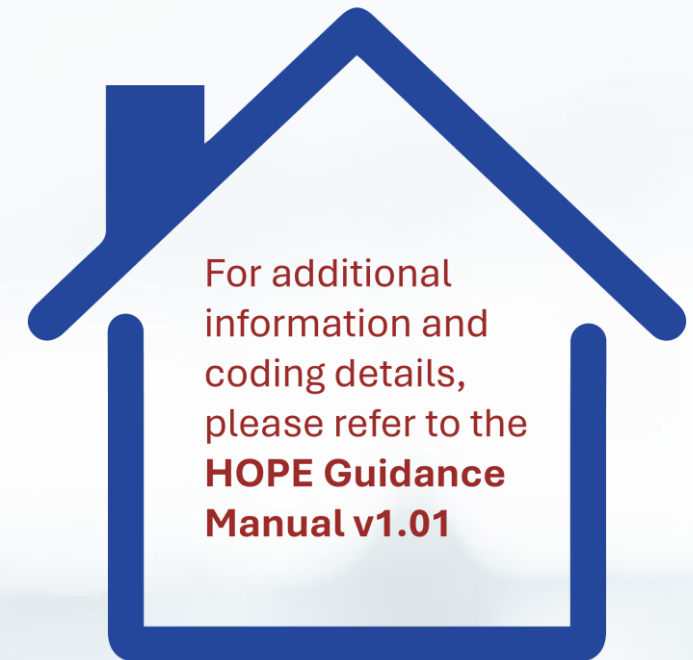# SFV In-Person Visits

- To decrease burden on providers, either the RN or an LPN/LVN may conduct the follow-up visit.

- Depending on the length of stay (LOS), up to three SFVs may be required over the course of the hospice stay (Admission, HUV1, and/or HUV2).

Key Takeaways

- The HOPE virtual training consists of two courses, one for learning about the items in HOPE and one dedicated to teaching hospices how to code HOPE items.

- HOPE data are collected at four distinct timepoints, depending on the length of the hospice stay.

- The SFV is a new requirement and expected to occur within 2 calendar days if triggered by a moderate or severe symptom impact during the HOPE admission or one of two HUVs.

For additional information and coding details, please refer to the **HOPE Guidance Manual v1.01**

Resources

- CMS' HQRP Webpage

- HQRP Announcements and Spotlight

- HQRP Requirements and Best Practices

- HOPE Webpage

- HOPE Technical Information

- HQRP Help Desk

- HQRP Training and Education Library

- iQIES Website

- iQIES Service Center email

- iQIES Training Videos

- CMS Fiscal Year 2025 Hospice Final Rule (CMS-1810-F)

- Sign up for updates via the MLN and PAC Listservs

Submitting Questions

- Submit questions based on this presentation to cmspostacutecaretraining@RainmakersSolutions.com.

- Select questions will be answered in the upcoming Coding Workshop.

Thank You!

- You have completed Part 1 of the five-part training for HOPE.

- Please proceed to Part 2 to learn more about HOPE data elements.

Complete in order:

☑ **Part 1:** Training Overview and Introduction to HOPE (Complete)

☐ **Part 2:** Section A: Administrative Information

☐ **Part 3:** Section F: Preferences and Section I: Active Diagnoses

☐ **Part 4:** Section J: Health Conditions

☐ **Part 5:** Section M: Skin Conditions, Section N: Medications and Section Z: Record Administration

HOSPICE
QUALITY REPORTING PROGRAM