

HOPE Hospice Stay Compliance Quick Guide

This document is a guide to HOPE record completion throughout a patient’s length of stay that also integrates and aligns other regulatory compliance requirements. **Note that Admissions and Discharges are applicable for HOPE completion effective 10/1/2025.**

Please review CHAP’s HOPE resources which are available on our [website](#).

Admission Compliance/Quality

HOPE record completion guidance and requirements appear in **blue**

Event	Guidance	Timing for compliance
Election of hospice care	The patient is referred to hospice care and signs the Election of Hospice Care Statement	The date of the hospice election would be considered “Day 0” ⁱ
	If the hospice physician determines that certain treatments, items, services, or medications are unrelated to a patient's terminal illness and related conditions, the patient (or their representative), non-hospice providers, or Medicare contractors can request a written list of these items. This list will be provided as an addendum to the hospice election statement	If the election statement addendum is requested within 5 days from the date of a hospice election, then the hospice would have 5 days from that request date to furnish the addendum ⁱⁱ
Initial assessment (As applicable)	<ul style="list-style-type: none"> The initial assessment gathers the critical information necessary to treat the patient/family’s immediate care needs; it is not a “meet & greet” visit The initial assessment needs to take place in the location where hospice services are being delivered. 	The hospice registered nurse (RN) must conduct the initial assessment within 48 hours, unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours ⁱⁱⁱ
Comprehensive assessment	<ul style="list-style-type: none"> Suggested wording change: The hospice interdisciplinary group (IDG), in collaboration with the individual's attending physician (if any), is responsible for completing the comprehensive assessment 	No later than 5 calendar days after the election of hospice care (The “election of hospice care” is the effective date of the election statement) ^{iv}

	<ul style="list-style-type: none"> This assessment identifies the patient's needs for hospice care and services, addressing their physical, psychosocial, emotional, and spiritual well-being <p>Additionally, the assessment takes into consideration the needs of the patient's family and/or caregivers</p>	
HOPE Admission Record	<ul style="list-style-type: none"> The HOPE-Admission data are collected as part of the comprehensive assessment of the patient 	<p>No later than five calendar days after the effective date of the hospice election^v</p> <p>Admissions through September 30, 2025</p> <p>For all patients with admissions occurring through September 30, 2025, completion and submission of the HIS Admission record is required^{vi}</p> <p>Admitted on or after October 1, 2025</p> <p>For patients admitted on or after October 1, 2025, providers will complete and submit a HOPE Admission record^{vii}</p>
A Symptom Follow Up Visit (SFV)	<ul style="list-style-type: none"> During the admission, if at least one response to the Symptom Impact item (J2051, A-H) is marked moderate or severe, a Symptom Follow-Up Visit (SFV) must be completed. 	<p>It may occur anytime within 2 calendar days of the Admission visit date, or later on the same day as the assessment^{viii}</p>
Initial plan of care (POC)	<p>The RN member of the IDG provides coordination of care and ensures continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care (POC)</p>	<p>The initial POC is developed following the completion of the IDG comprehensive assessment</p>

Length of Stay Compliance/Quality

HOPE record completion guidance and requirements appear in **blue**

Event	Guidance	Timing for compliance
Update to the comprehensive assessment	<ul style="list-style-type: none"> The interdisciplinary group (IDG), in collaboration with the patient's attending physician, must update the comprehensive assessment This updated assessment must consider changes that have occurred since the initial assessment, documenting patient's progress toward desired outcomes as well as a reassessment of the patient's response to care. 	As frequently as the condition of the patient requires, but no less frequently than every 15 days for the length of the patient's stay ^{ix}
Update to the plan of care	The IDG (in collaboration with the individual's attending physician, if any) reviews, revises and documents the individualized POC	As frequently as the patient's condition requires, but no less frequently than every 15 calendar days for the length of the patient's stay ^x
HOPE Update Visit 1 (HUV1)	Data for HUV1 are collected by an RN via an in-person visit to inform updates to the plan of care ^{xi}	<ul style="list-style-type: none"> HUV1 is required on or between days 6-15 of the hospice stay (depending on length of stay) The date of the hospice election would be considered "Day 0"^{xii}
HOPE Update Visit 2 (HUV2)	Data for HUV2 are collected by an RN via an in-person visit to inform updates to the plan of care ^{xiii}	<ul style="list-style-type: none"> HUV2 is required on or between days 16-30 after the hospice election (depending on length of stay)^{xiv}
Symptom Follow Up Visit (SFV)	<ul style="list-style-type: none"> During the HUV, if at least one response to the Symptom Impact item (J2051, A-H) is marked moderate or severe, a Symptom Follow-Up Visit (SFV) must be completed 	It may occur anytime within 2 calendar days of the HUV visit date, or later on the same day as the assessment ^{xv}

Length of Stay Compliance/Quality – Special Circumstances

HOPE record completion guidance and requirements appear in **blue**

Event	Guidance
Patient transfers from one hospice provider to another provider with a different CMS Certification Number (CCN)	<ul style="list-style-type: none"> When a patient transfers or changes from one hospice to another, and the two hospices have different CCNs, each hospice should complete: <ul style="list-style-type: none"> a HOPE-Admission HOPE Update Visit records (as applicable), and a HOPE-Discharge record for the care provided to the patient by their organization <ul style="list-style-type: none"> When the transferring hospice completes its HOPE-Discharge, response 05, “transferred to another hospice,” is selected for Item A2115—Reason for Discharge^{xvi}
Traveling Patients	<p>Patient discharged for traveling</p> <ul style="list-style-type: none"> Home hospice discharges the patient for leaving the service area <ul style="list-style-type: none"> Provider submits a HOPE-Discharge record <p>Home Hospice enters into a written agreement with a host hospice</p> <ul style="list-style-type: none"> Home hospice is not required to submit a HOPE-Discharge record when the patient travels out of the home hospice’s service area Host hospice would not need to submit a HOPE-Admission or HOPE-Discharge record for a traveling patient for whom they are providing services under a written agreement with the home hospice <p>Host hospice contracted in patient’s travel area in first month of hospice care</p> <ul style="list-style-type: none"> Home hospice may request the host hospice to conduct and provide the documentation for HUV1 and/or HUV2 as applicable Home hospice may also request the host hospice to conduct and provide the documentation for the update to the comprehensive assessment as applicable^{xvii}

Discharge Compliance/Quality

HOPE record completion guidance and requirements appear in **blue**

Event	Guidance	Timing for compliance
Discharge of the patient for an allowable discharge reason in the Federal hospice regulations at § 418.26 Discharge from hospice care	<p>The data are collected at Discharge for any reason listed in A2115:</p> <ul style="list-style-type: none"> Expired Revoked No longer terminally ill Moved out of hospice service area Transferred to another hospice Discharged for cause <p>(a patient is considered discharged when the patient is no longer receiving services from the hospice, or there is an interruption in care/services related to one of the reasons listed in Item A2115)</p>	<p>At the time of discharge^{xviii}</p> <p>Discharges through September 30, 2025</p> <ul style="list-style-type: none"> For all patients with discharges occurring through September 30, 2025, completion and submission of the HIS Discharge is required^{xix} <p>Discharged on or after October 1, 2025</p> <ul style="list-style-type: none"> For patients discharged on or after October 1, 2025, providers will complete and submit a HOPE Discharge assessment^{xx}

ⁱThe Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Section Z: record administration. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>

-
- ii The Centers for Medicare and Medicaid Services. (2023, Feb 2). State Operations Manual Appendix M - Guidance to Surveyors: Hospice; §418.54(a) Standard: Initial assessment. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf
 - iii The Centers for Medicare and Medicaid Services. (2021, Dec 22). Medicare Benefit Policy Manual Chapter 9 - Coverage of Hospice Services Under Hospital Insurance. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>
 - iv The Centers for Medicare and Medicaid Services. (2024, Oct 7). Medicare Claims Processing Manual Chapter 11 - Processing Hospice Claims; 30.3 - Data Required on the Institutional Claim to A/B MAC (HHH). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c11.pdf>
 - v The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Section Z: record administration. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - vi The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Applicable Patients. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - vii The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Applicable Patients. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - viii The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Symptom Follow-up Visit (SFV). <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - ix 42 CFR 418.54(d). (2008, Jun 5). [https://www.ecfr.gov/current/title-42/part-418/section-418.54#p-418.54\(d\)](https://www.ecfr.gov/current/title-42/part-418/section-418.54#p-418.54(d))
 - x 42 CFR 418.56(d). (2023, Nov 16). [https://www.ecfr.gov/current/title-42/part-418/section-418.56#p-418.56\(d\)](https://www.ecfr.gov/current/title-42/part-418/section-418.56#p-418.56(d))
 - xi The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: HOPE Timepoints and Definitions. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - xii The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: HOPE Timepoints and Definitions. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
 - xiii The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: HOPE Timepoints and Definitions. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>

-
- ^{xiv} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: HOPE Timepoints and Definitions. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xv} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Symptom Follow-up Visit (SFV). <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xvi} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Special Circumstances Affecting HOPE. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xvii} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Special Circumstances Affecting HOPE. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xviii} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: HOPE Timepoints and Definitions. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xix} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Applicable Patients. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>
- ^{xx} The Centers for Medicare and Medicaid Services. (2025, Oct 1). Hospice outcomes and patient evaluation (HOPE) guidance manual – v1.01: Applicable Patients. <https://www.cms.gov/files/document/hope-guidance-manualv101.pdf-0>