

OCTOBER 1, 2025

HOPE TOOL



WHAT IS THE HOPE TOOL?

The landscape of hospice care is continually evolving, with new tools and regulations designed to promote high-quality, patient-centered, and safe hospice care through data-driven accountability (HQPR Training and Education Library, 2025). One of the most significant changes on the horizon is the implementation of the HOPE (Hospice Outcomes and Patient Evaluation) tool, scheduled to go into effect on October 1, 2025. The Center for Medicare and Medicaid Services (CMS) developed this tool to replace the Hospice Item Set (HIS). The HIS used data from retrospective chart abstraction at

admission and discharge to determine if hospices performed care processes. HOPE items are designed to collect patient-specific data in real-time, based on interactions with the patient and family/caregiver, and with flexibility to accommodate patients with varying clinical needs. While HOPE contains some original HIS items, HOPE intends to help hospices better understand patient care needs and contribute to the patient’s plan of at additional timepoints, not just at admission and discharge.

CONNECTION TO QUALITY

The primary objectives of HOPE are to provide CMS with quality data to:

- Enhance the HQRP through standardized data collection.
- Support survey and certification processes.
- Inform future payment and quality improvement refinements.

HUV

The HOPE Update Visit (HUV) must be conducted by the Registered Nurse (RN) as it is an assessment to update the plan of care.

SFV

The Symptom Follow Up Visit (SFV) may be performed in-person by either RNs or Licensed Practical Nurses (LPNs)/Licensed Vocational Nurses (LVNs).

TIMEPOINTS

Table 1: HOPE Timepoint Definitions and Timeframes

Timepoint	Definition	Timeframe
Admission	The HOPE-Admission data are collected as part of the comprehensive assessment of the patient.	No later than five calendar days after the effective date of the hospice election.
HOPE Update Visit 1 (HUV1)	The data for HUV1 are collected via an in-person visit to inform updates to the plan of care. ²	HUV1 is required on or between days six and 15 of the hospice stay and should not be conducted within the first five days after the hospice election. The date of the hospice election would be considered “Day 0.”
HOPE Update Visit 2 (HUV2)	The data for HUV2 are collected via an in-person visit to inform updates to the plan of care.	HUV2 is required on or between days 16 and 30 after the hospice election.
Discharge	The data are collected at Discharge for any reason listed in A2115.	At the time of discharge. ³

Figure 1: HOPE Data Collection Timepoints



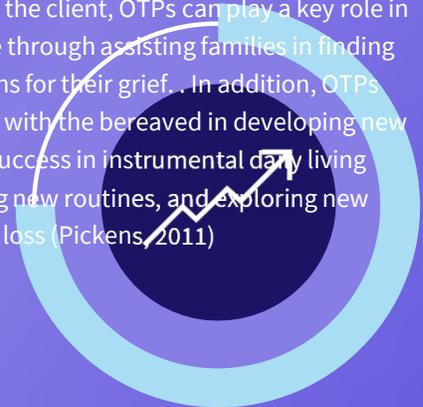
OCCUPATIONAL THERAPY'S ROLE

OTP's distinct value in end-of-life care is to facilitate quality of life for clients and their caregivers through engagement in occupations during the client's remaining days (Yeh & McColl, 2019). Occupation takes on special significance at the end of life with dual focus on living and on dying (Hammill, Bye et al., 2019; Morgan et al., 2017). Practitioners collaborate with the client and family members throughout the occupational therapy process to identify occupations that are especially meaningful and to incorporate strategies that support participation and quality of life (Tavenmark et al., 2019).

With disease progression, participation in meaningful daily occupations may be difficult for individuals with life-limiting illness because of physical pain; motor, sensory, or cognitive decline; or emotional distress. Practitioners consider the context in which occupations

take place such as environmental factors (e.g., accessibility of objects or places in the environment, opportunities for social interaction, caregiver support), performance patterns (e.g., loss of routine, important rituals), performance skills (e.g., movement patterns, organization), and client factors (e.g., decreased endurance, increased anxiety, cognition, and strength, etc.) that may limit a client's abilities and satisfaction when engaging in desired occupations (AOTA, 2020c).

Upon the death of the client, OTPs can play a key role in bereavement care through assisting families in finding healthy expressions for their grief. In addition, OTPs may need to work with the bereaved in developing new skills needed for success in instrumental daily living skills, constructing new routines, and exploring new roles to cope with loss (Pickens, 2011)



OT RECOGNIZED IN CHRONIC PAIN EXPERIENCE JOURNEY MAP CREATED BY CMS & CDC

Occupational Therapy was specifically recognized as a key service to treat chronic pain in an educational document created jointly by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC):

According to CMS, The intent of the [Chronic Pain Experience Journey Map](#) is to highlight the most prominent barriers experienced by people accessing care, ultimately affecting the person with chronic pain, their quality of care, and their quality of life.

CMS Resources

The **HOPE Guidance Manual v1.01**, corresponding items sets, and the change table [HOPE](#)

HOPE Training materials on the [HQRP Training and Education Library](#) page

Palliative Community of Practice

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AOTA RESOURCES

[OCCUPATIONAL THERAPY PRACTICE FRAMEWORK](#)

[OCCUPATIONAL THERAPY PRACTICE GUIDELINES FOR ADULTS WITH CHRONIC CONDITIONS](#)

[ROLE OF OT IN COMPREHENSIVE INTEGRATIVE PAIN MANAGEMENT](#)

[OCCUPATIONAL THERAPY'S UNIQUE CONTRIBUTION TO CHRONIC PAIN MANAGEMENT: A SCOPING REVIEW](#)

[ROLE OF OCCUPATIONAL THERAPY IN PAIN MANAGEMENT](#)

[OCCUPATIONAL THERAPY IN END-OF-LIFE-CARE](#)