

## ASPR TRACIE Technical Assistance Request

**Requestor:** [REDACTED]  
**Requestor Phone:** [REDACTED]  
**Requestor Email:**  
**Request Receipt Date (by ASPR TRACIE):** 7 December 2016  
**Response Date:** 12 December 2016  
**Type of TTA Request:** Standard

### Request:

[REDACTED] requested technical assistance in defining and clarifying the difference between a Hazard Vulnerability Assessment (HVA), Business Impact Analysis (BIA), and a Continuity of Operations (COOP) Plan in response to meeting the new Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness (EP) Rule requirements. She noted that she works for a small, non-profit hospice organization and they are currently reviewing their emergency preparedness policies and procedures. More specifically, she asked the following three questions:

1. What is the difference between a HVA, BIA, and a COOP Plan?
2. Can an organization decide to do a BIA at the same time hazards are identified?
3. Could the COOP Plan be similar to the agency's plans to respond to specific hazards and their impact?

### Response:

The ASPR TRACIE Team reached out the CMS for a response to this request. CMS provided the answer below.

- **CMS Response:** We are not specifying which type of generally accepted emergency preparedness risk assessment facilities should have; as we used language defining risk assessment activities that would be easily understood by all providers and suppliers that are affected by this regulation and align with the national preparedness system and terminology (Reference Page 63875). Additional information will be provided through the CMS Interpretive Guidelines.

ASPR TRACIE also reviewed several resources for definitions and information specific to these questions. Our responses are included below.

1. **Question:** What is the difference between a HVA, BIA, and COOP Plan?
  - **ASPR TRACIE Response:** Definitions for these terms are as follows:
    - HVAs and risk assessments are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community.
    - BIAs are a method of identifying and evaluating the effects various threats/hazards may have on the ability of an organization to perform its essential functions and the resulting impact of those effects. It is through the BIA that

organizations will identify problem areas (gaps, weaknesses, vulnerabilities); in turn, leadership will use the BIA results to support risk management decision making.

- COOP plans are a set of documented procedures developed to provide for the continuance of essential business functions during an emergency. It provides a mechanism to assist with the implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the agency/ organization. The agency/ organization COOP plan is an all-hazards plan that addresses the full spectrum of threats from natural, manmade, and technological sources including national security emergencies.
  - In addition, we would like to refer you to the following resources available on ASPR TRACIE:
    - [ASPR TRACIE Hazard Vulnerability/Risk Assessment Topic Collection](#) – includes multiple plans, tools, and templates that can be used to conduct a HVA.
    - [ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools](#) - provides a comparison chart identifying the similarities and differences among several of the primary hazard vulnerability tools used by public health and healthcare organizations.
    - [Continuity Guidance Circular 2](#) (Federal Emergency Management Agency) – provides guidance and direction to non-Federal government partners for the identification and verification of their essential functions, and the Business Process Analyses and Business Impact Analyses that support and identify the relationships among these essential functions. NOTE: Refer to Annex D for the BIA Guidance.
    - [ASPR TRACIE Continuity of Operations \(COOP\)/ Failure Plan Topic Collection](#) – includes several plans, tools, and templates that can be used to develop a COOP plan.
    - [Business Continuity Planning](#) (Health Services Los Angeles County) – provides several COOP templates for the various hospital departments. In addition, it includes a guidance document titled “How to Conduct a Hospital Business Impact Analysis,” along with a Business Impact Analysis Tool.
2. **Question:** Can an organization decide to do a BIA at the same time hazards are identified?
- **ASPR TRACIE Response:** Potential loss scenarios should be identified first during a HVA. Once a HVA has been conducted and an organization has identified the potential hazards/ risks they may face, the organization can use those hazards/ risks to conduct a BIA.
  - Additional BIA Resources:
    - [Business Impact Analysis](#) (Ready.gov) – provides guidance and various tools for conducting a BIA.
    - [National Institute of Standards and Technology Business Impact Analysis Template](#) – sample template that can be tailored for different needs. This BIA is specifically for information systems.
    - [International Systems Audit and Control Association Business Impact Analysis Template](#) – sample template that can be tailored for different needs. This BIA is helps to identify how quickly essential business units and processes have to return to full operation following a disaster.

3. **Question:** Could the COOP Plan be similar to the agency's plans to respond to specific hazards and their impact?
- **ASPR TRACIE Response:** The COOP Plan addresses issues and challenges that may arise during an incident, regardless of the cause. It outlines the procedures necessary for an organization to continue to conduct essential functions during emergencies and when internal capabilities are exceeded. A COOP Plan typically addresses four types of extended disruptions that a healthcare organization must plan for: 1) loss of service due to equipment or system failure, 2) loss of access or functionality to a facility, 3) loss of services due to a reduction in workforce, and 4) loss or reduction of services due to other surge impacts. It does not address response procedures to specific hazards and their impact, such as a biological event.

### **CMS-specific Information:**

CMS is currently developing the interpretive guidelines and the State Operations Manual that will address specific regulatory expectations. This is expected to be completed by Spring 2017. ASPR TRACIE has developed and collected a number of resources that we encourage you to use and believe will help facilitate compliance, including the resources provided here. However, this does not substitute review of the final rule text and interpretive guidelines. If you have specific questions about your facility's compliance please review the interpretive guidelines when they are developed, contact your state's survey agency, or the CMS Survey and Certification Group (SCG) at the following email address: [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov).

CMS and ASPR TRACIE are partnering to provide technical assistance, and share resources and promising practices to help affected providers and suppliers start or update the documents mandated by the new Emergency Preparedness rule. Additional key resources include:

- The ASPR TRACIE dedicated CMS Rule page: <https://asprtracie.hhs.gov/cmsrule>
- The entire CMS Emergency Preparedness Rule: <https://federalregister.gov/a/2016-21404>
- The CMS Emergency Preparedness Survey and Certification Page: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- CMS has [developed a Quick Glance Table of the rule requirements by provider type](#), to highlight key points of the new Emergency Preparedness rule. **NOTE:** This table is not meant to be an exhaustive list of requirements nor should it serve as a substitute for the regulatory text.

ASPR TRACIE has developed the [CMS Emergency Preparedness \(EP\) Rule Resources at Your Fingertips Document](#). Within this document are links to key resources:

- CMS' recently developed [frequently asked questions \(FAQ\) document](#) that synthesizes answers to commonly asked inquiries about the CMS EP Rule.
- The FAQs, in combination with the CMS [at-a-glance chart](#) and [Provider and Supplier Type Definitions Fact Sheet](#), can help planners identify and address planning gaps and facilitate compliance with the regulations.
- Interested in learning more about your local healthcare coalition? [This chart](#) can help you identify the preparedness office of your state public health agency. Remember: the release of the CMS EP Rule provides healthcare coalitions a tremendous opportunity to

strengthen relationships and leverage a broader group of personnel and resources to provide for the medical needs of the whole community during a disaster.

- If you missed the Medicare Learning Network National Call on the EP Rule, you can access the PowerPoint [slides, transcript, and audio recording here](#).