

Preparedness by Mandate

How ALIGN Applies CMS Emergency Preparedness and Joint Commission Standards for Healthcare Organizations

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SECTORS
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Of all the sectors that carry mandatory emergency preparedness obligations, healthcare is the most comprehensively regulated, and the most fragmented in how those regulations are applied. The Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule, which applies to over 17 provider and supplier types across Medicare and Medicaid, establishes the foundational preparedness mandate. The Joint Commission's Emergency Management standards layer operational specificity on top. The HIPAA Security Rule's Contingency Plan standard adds ePHI protection requirements during emergency

operations. Each framework is independently enforceable. None were designed to integrate with the others.

The result is three separate compliance programs where one integrated program would do the job better.

ALIGN integrates all three into a single program architecture that satisfies CMS, Joint Commission, and HIPAA requirements simultaneously, built on the same CPG 101 doctrine that informs the CMS Emergency Preparedness Rule, while building the operational capability that fragmented compliance documentation cannot verify.

The Healthcare Preparedness Compliance Landscape

Three independently enforceable frameworks converge on healthcare emergency preparedness:

- **CMS Emergency Preparedness Rule (42 CFR §482.15)** — Applies to all Medicare/Medicaid-participating providers. Requires: (1) risk assessment and emergency plan, (2) policies and procedures, (3) communication plan, and (4) training and testing program with community integration through healthcare coalitions
- **Joint Commission Emergency Management Standards** — Require: Hazard Vulnerability Analysis (EC.02.01.01), Emergency Operations Plan (EM.01.01.01), HICS integration, evaluated exercises (EM.03.01.01), and annual program review
- **HIPAA Security Rule, 45 CFR §164.308(a)(7)** — Requires contingency plans including Data Backup Plan (Required), Disaster Recovery Plan (Required), Emergency Mode Operation Plan (Required), and Applications and Data Criticality Analysis (Addressable)
- **ASPR Hospital Preparedness Program (HPP)** — HPP capabilities including Healthcare System Preparedness, Emergency Operations Coordination, and

Medical Surge (as defined in ASPR's Healthcare Preparedness Capabilities framework) define the operational benchmarks ALIGN helps organizations build toward

- **NIMS/HICS Integration** — CMS and Joint Commission both require alignment with NIMS and ICS principles; HICS provides the organizational command structure ALIGN's decision architecture mapping is explicitly designed to support

The ALIGN – Healthcare Preparedness Crosswalk

ALIGN PHASE	CMS / JOINT COMMISSION / HIPAA STANDARD	ALIGNMENT DESCRIPTION
<p>A — Assess Diagnose</p>	<p>CMS EP Risk Assessment (§482.15(a)); Joint Commission HVA (EC.02.01.01); HIPAA Data Criticality Analysis; ASPR HPP Capability Assessment</p>	<p>Threat landscape and data criticality analysis applies CMS's risk assessment mandate, the Joint Commission's HVA requirement, and HIPAA's data criticality specification in a single diagnostic event, while decision architecture mapping reveals clinical-administrative coordination gaps that no compliance checklist identifies.</p>
<p>L — Link Coordinate</p>	<p>CMS EP Community Integration (§482.15(c)); ASPR Healthcare Coalition Requirements; NIMS/HICS Integration; ESF-8 Coordination</p>	<p>Connecting the organization's emergency programs to healthcare coalition frameworks, ESF-8 coordination structures, and community emergency management fulfills CMS's community integration mandate and makes the relationship operational, not nominal, before an incident activates it.</p>

ALIGN PHASE

CMS / JOINT
COMMISSION /
HIPAA STANDARD

ALIGNMENT DESCRIPTION

I — Integrate

Build

HIPAA §164.308(a)(7)(ii)(A-C): Data Backup, Disaster Recovery & Emergency Mode Operation Plans; Joint Commission EM.02.01.01; CMS Policies and Procedures

Operational development of backup procedures, disaster recovery playbooks, and emergency mode operation protocols fulfills all three required HIPAA Security Rule implementation specifications while ensuring plans are compatible with HICS command structures and CMS policy requirements.

G — Generate Stress

Test

HIPAA §164.308(a)(7)(ii)(D) Testing & Revision; CMS EP Exercise Requirements (§482.15(d)); Joint Commission EM.03.01.01; HPP Capability Validation

HSEEP-informed exercises with healthcare-specific surge, infrastructure failure, and public health emergency scenarios apply HIPAA's testing specification and fulfill Joint Commission and CMS exercise mandates with evaluated, documented outcomes scored against a structured maturity framework.

N — Normalize

Sustain

HIPAA Testing & Revision; CMS EP Annual Review;

Maturity benchmarking, corrective action integration, and training

ALIGN PHASE	CMS / JOINT COMMISSION / HIPAA STANDARD	ALIGNMENT DESCRIPTION
	Joint Commission Annual Program Evaluation; HPP Capability Benchmarking Cycles	cadence sustains compliance across all three frameworks' distinct review cycles while building the continuous improvement discipline that healthcare preparedness programs consistently lack.

Where ALIGN Goes Further: Five Healthcare Differentiators

1. Clinical-Administrative Decision Architecture

Healthcare organizations face a challenge during emergencies that no compliance framework directly addresses: clinical and administrative operations run on different decision structures under stress. ALIGN maps both domains, identifies where coordination will fail under HICS activation, and designs an integrated decision architecture that functions across clinical and operational lines.

2. Multi-Framework Compliance Integration

C MS, Joint Commission, and HIPAA each have distinct requirements, distinct review cycles, and distinct evaluative criteria. ALIGN creates a single program architecture that addresses all three, reducing compliance burden while improving program quality and consistency across review cycles.

3. PHI Protection During Emergency Operations

A ALIGN ensures Emergency Mode Operation Plans account for HIPAA Privacy Rule emergency provisions operationally: emergency-mode data sharing decisions are made within documented legal parameters rather than improvised by staff managing simultaneous clinical surge.

4. Healthcare Coalition Integration

C MS's community integration requirement is among the most consistently treated as checkbox compliance. ALIGN's Link phase makes this integration operational, mapping the organization's resources, capacities, and communication pathways into the coalition framework before an incident activates the relationship.

5. Surge Scenario Realism and HPP Alignment

ALIGN's Generate Stress phase builds exercises that integrate clinical surge and administrative continuity under realistic conditions, using HPP capability benchmarks as performance targets and government resource availability assumptions to build accurate external environment scenarios.

Conclusion

Healthcare organizations operate in the most regulated preparedness compliance environment of any sector, and the one where the cost of a failed continuity program is most directly measured in patient outcomes. CMS, Joint Commission, and HIPAA each define a piece of what preparedness requires. None defines how to build a single program that satisfies all three simultaneously and holds when a real emergency tests all of them at once.

ALIGN is that program. A single approach that satisfies all three frameworks' requirements, closes the gaps between them, and builds the operational capability they collectively describe.

ABOUT SENTINEL RESILIENCE PARTNERS



entinel Resilience Partners provides healthcare emergency preparedness consulting including CMS Emergency

Preparedness Rule compliance support, Hazard Vulnerability Analysis, HSEEP-aligned exercise design, and healthcare coalition integration. ALIGN engagements are structured at four tiers: Audit, Build, Validate, and Sustain.

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