Common Provider Compliance Gaps

An Overview of Frequent Issues and How to Stay Ahead

New Jersey Division of Developmental Disabilities (DDD)

Use this guide as a practical compliance roadmap - not as a substitute for current DDD, Medicaid, licensing, certification, employment-control, or service-specific requirements.

Requirements reviewed against current NJ guidance available September 23, 2026.

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Compliance problems are not always caused by a provider failing to do something. Often, the requirement was completed but the proof cannot be located, a recurring deadline was missed, an employee remained connected to the agency after termination, or an annual document quietly expired.

A strong compliance system answers four questions at all times: What is required? Who owns it? When is it due? Where is the evidence?

THE QUICK COMPLIANCE LENS

- Current: Is the requirement still valid and within timeframe?
- Complete: Are all required components present?
- Consistent: Does it match the ISP, orders, schedules, and other records?
- Findable: Could the agency produce the proof today?

1 | Employee Onboarding & Background Checks

COMMON GAPS

- Fingerprint / CHRI: the employee starts before required steps are complete, the clearance cannot be produced, or the agency tracks the appointment rather than the actual result.
- CARI: the application is not submitted within the required timeframe, the result is not retained, or applicable employees are overlooked.
- Drug screening: pre-employment testing is incomplete, documentation is missing, or random/for-cause processes are not built into agency procedures.
- Exclusion and debarment: checks occur only at hire, not monthly, or the agency cannot show which databases were searched and when.
- Other employment controls: required checks are not initiated, tracked, or filed consistently.

STAY AHEAD Use one onboarding tracker with hire date, each required check, submission date, result date, status, and exact storage location. The tracker should tell you what is missing without opening the personnel file.

- ☐ Fingerprint / CHRI clearance
- ☐ Central Registry check
- ☐ Initial exclusion/debarment checks
- ☐ Required orientation/training
- ☐ CARI submission & result
- ☐ Pre-employment drug screen
- ☐ Driver abstract, when applicable
- ☐ Personnel documents & credentials

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2 | Recurring Employee Compliance

Hiring compliance is only the beginning. Recurring requirements are where strong agencies most often need a dependable tracking system.

COMMON GAPS

- Monthly exclusionary checks are skipped, incomplete, or not saved as evidence.
- Fingerprint archiving is not tracked by archive month, or the updated result and related information are not returned to the personnel file.
- CPR / First Aid certifications expire without being noticed or current cards are not retained.
- CDS / mandated training remains incomplete, or completion records cannot be produced.
- Annual professional-development hours are not tracked throughout the year. Requirements should be verified against the current applicable DDD Appendix E.

STAY AHEAD Run a monthly employee-compliance report. Track due dates and completion evidence centrally rather than relying on certificates scattered across personnel files.

Fingerprint Archiving & FARA

FARA is the system used to retrieve fingerprint approval notifications. Employee archiving uses previously captured fingerprints and should be monitored according to the employee's required archive month. Providers should review due employees regularly and retain the resulting archive information in the personnel file.

PRACTICAL TRACKING FIELDS

- Training or credential name
- Employee role and service type
- Required completion timeframe
- Completion date
- Expiration or renewal date, if applicable
- Annual professional-development hours accumulated
- Certificate, transcript, or evidence location

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3 | Employee Separation & Access Removal

COMMON GAPS

- Fingerprint flag or agency affiliation remains active after separation.
- CDS, EHR, scheduling, payroll, email, shared-drive, or portal access remains active.
- Employee remains on active rosters or compliance lists.
- Agency property, keys, cards, or devices are not formally reconciled.

STAY AHEAD Treat offboarding as a compliance process, not only an HR process. Use a standard separation checklist for every employee and retain evidence that access and agency affiliations were removed.

- ☐ Submit required flag removal
- ☐ Disable email & system credentials
- ☐ Update active employee roster
- ☐ Collect agency property
- ☐ Update CDS status/access
- ☐ Remove documentation/EHR access
- ☐ Remove scheduling/payroll access
- ☐ Document separation date

4 | Medication Administration

COMMON GAPS

- Staff administer medication without current required training, practicum, or competency documentation.
- MAR entries are missing, late, incomplete, or inconsistent.
- Physician orders, pharmacy labels, MARs, and medications on hand do not match.
- Medication changes are not promptly reflected throughout the record.
- PRN use, refusals, errors, omissions, or follow-up are not sufficiently documented.
- Medication storage, counts, or controlled-medication accountability are not maintained as required.
- Annual medication skills or competency requirements are missed.

STAY AHEAD Use a recurring medication audit that compares physician order ☐ pharmacy label ☐ MAR ☐ medication on hand. All four should tell the same story.

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5 | Medical Appointments & Follow-Up

COMMON GAPS

- The appointment occurred, but no visit note or written outcome was retained.
- Recommendations are filed but never converted into an action item.
- Follow-up appointments, labs, referrals, or testing are not scheduled or tracked.
- New medication orders, diet changes, restrictions, or treatment instructions are not communicated to the team.
- ER or Urgent Care discharge instructions are placed in the file without documented follow-through.
- Changes in medical status are not reflected in the ISP, risk plans, training, or daily supports when needed.

STAY AHEAD

Every medical encounter should answer: What happened? What was recommended? What happens next? Who owns the follow-up? Do not close the item until the recommendations are addressed.

6 | Individual Records

COMMON GAPS

- Current ISP is missing or staff are working from an outdated version.
- Risk, supervision, medical, behavioral, or dietary information conflicts across records.
- Consents, annual documents, or authorizations expire without being replaced.
- Participant-specific or specialized staff training cannot be demonstrated.
- Documents exist electronically, but staff cannot readily locate them during review.

STAY AHEAD

Audit individual records using three questions: Current? Consistent? Implemented? A file is not compliant simply because it contains a large amount of paperwork.

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7 | Day Habilitation Records

A frequent Day Habilitation compliance gap is simply not having the required Day Hab-specific documents maintained in the individual's record. Two documents deserve particular attention: the Individualized Goal Sheet and the Annual Update Form.

Individualized Goal Sheet

COMMON GAPS

- The Individualized Goal Sheet is missing from the record.
- The goal sheet exists but is incomplete, outdated, or not individualized.
- The goal sheet does not clearly reflect ISP outcomes and related strategies.
- The provider cannot show that strategies were developed within the required timeframe after Day Habilitation services began.

- ☐ Individual's full first and last name
- ☐ ISP outcomes
- ☐ Evidence strategies were developed within the required timeframe
- ☐ Strategies individualized to preferences, needs, and interests
- ☐ ISP date
- ☐ Strategies that support the ISP outcomes
- ☐ Documentation of individual participation in development

Annual Update Form

COMMON GAPS

- The Annual Update Form is missing from the record.
- The annual update is incomplete or does not adequately reflect the individual's progress and changes during the year.
- The form does not address changes in strategies, issues/concerns, or health and safety matters when applicable.
- The form is present, but staff cannot readily locate it during review.

- ☐ Individual's full first and last name
- ☐ Progress toward ISP outcomes
- ☐ Outstanding issues/concerns and steps taken
- ☐ Community participation/new connections
- ☐ Current ISP start and end dates
- ☐ Needed strategy/activity changes
- ☐ Involvement in planning activities
- ☐ Employment or additional community opportunities

STAY AHEAD

Build the Goal Sheet and Annual Update Form into the participant-file audit. For each Day Habilitation participant, confirm both documents are present, current, complete, aligned with the ISP, and easy to produce during review.

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8 | Addressing Enhanced Needs Form (AENF)

COMMON GAPS

- AENF is missing, incomplete, or not updated when required.
- The provider section does not clearly describe how enhanced needs will be supported.
- Acuity-related supports do not match actual staffing, training, or practice.
- Changes in medical or behavioral acuity occur without a corresponding AENF review.

STAY AHEAD

When applicable: obtain the form before service delivery, complete the provider section, maintain the current copy, update it annually or sooner when needs change, and verify that the ISP and actual supports align.

9 | Service Documentation

COMMON GAPS

- Notes are generic, repetitive, or copied from previous dates.
- Activities are listed without connecting them to ISP outcomes, strategies, risks, or supports.
- The individual's response, participation, progress, or need for assistance is not documented.
- Service date, time, location, signature, or other required documentation elements are incomplete.
- Documentation does not support what was billed.
- Multiple staff may provide service during the documented timeframe, but the note reflects only what the staff person completing the note did and does not capture the full range of services or supports provided. The note does not need to assign tasks staff-by-staff, but it should reflect all services delivered during that period, which requires staff communication.

STAY AHEAD

Periodically compare authorization → ISP → staff schedule → service note → billing. A small monthly sample catches drift before it becomes a larger retrospective problem.

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10 | Incident Reporting & Corrective Follow-Through

COMMON GAPS

- ☐ Staff are unsure what must be reported or how quickly.
- ☐ Internal documentation and the formal incident record tell different versions of the event.
- ☐ Corrective actions are identified but not tracked to completion.
- ☐ Retraining is recommended but later cannot be demonstrated.
- ☐ Similar incidents occur repeatedly without pattern review.
- ☐ Policy is revised after an event, but staff are not trained on the revision.

STAY AHEAD Close the loop after every significant incident: reported correctly, immediate safety addressed, cause reviewed, corrective action completed, and recurrence risk considered.

11 | Build a Compliance Calendar

Move recurring requirements out of people's memories and into a centralized system with ownership, deadlines, alerts, and evidence.

Monthly

- ☐ Exclusion/debarment checks
- ☐ Upcoming credential expirations
- ☐ Service documentation spot audit
- ☐ Open incident corrective actions
- ☐ Employee compliance review
- ☐ Employees due for fingerprint archiving
- ☐ Medical follow-up review
- ☐ Access/roster reconciliation

Throughout the Year

- ☐ CPR / First Aid renewals
- ☐ Professional-development hours
- ☐ Individual annual documents
- ☐ Day Habilitation annual-update review
- ☐ Policy and procedure reviews
- ☐ Required CDS / mandated training
- ☐ Medication competencies
- ☐ Day Habilitation goal-sheet review
- ☐ AENFs, when applicable
- ☐ Internal quality audits

WILDFLOWER & ROSE COMPLIANCE PRINCIPLE

- ☐ Track the requirement.
- ☐ Track the due date.
- ☐ Track the evidence.
- ☐ Then verify the system is actually working.

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Official Resources & Sources

Use the links below to verify current requirements before relying on any checklist or implementing a compliance system.

- DDD - Provider Compliance Requirements
- DDD - Exclusion & Debarment Checks
- DHS / OPIA - Employee Archiving
- DHS / OPIA - FARA
- DHS / OPIA - CARI
- DDD - Training Requirements
- DDD - Service Documentation
- DDD - Policy Manuals
- DDD - ISP Plan Review Guidance / AENF

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