

☒ OK To Use

AUDIT NAME

FY26 NMRE: Provider Directory Checklist (desk)

PASSING %

☐ Consumer linked to this audit☐ Staff Audit

SECTIONS

Section

SECTIONS

Section

NUMBER/TITLE

1 The CMHSPs provider directory contains the following required components per 42 CFR 438.10(h)(1)(ii):

SECTION QUESTIONS

Questions

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Questions

1	The provider's name as well as any group affiliation	Yes/No	N/A
2	Street Addresses	Yes/No	N/A
3	Telephone numbers	Yes/No	N/A
4	Website Uniform Resource Locator (URL), as appropriate	Yes/No	N/A
5	Specialty and services provided, as appropriate, and whether the provider offers covered services via telehealth	Yes/No	N/A
6	Whether the provider will accept new members.	Yes/No	N/A
7	The provider's cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider's office.	Yes/No	N/A
8	Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment, including but not limited to, wide entries, wheelchair access, accessible exam tables and rooms, lifts, scales, bathrooms, grab bars, or other equipment.	Yes/No	N/A
9	Provider directory is organized by county.	Yes/No	N/A