#063- Provider Non-Discrimination Policy

**POLICY**

It is the policy of Wraparound Milwaukee that the Wraparound Milwaukee Provider Network Enrollment Committee and Wraparound Milwaukee Credentialing Committee will make credentialing and re-credentialing recommendations or decisions without regard to gender, race, religion, age, disability, sexual orientation, ethnic origin or client population served.

**PROCEDURE**

The Wraparound Milwaukee Provider Network Enrollment Committee is responsible for administering the Credentialing Plan on behalf of Wraparound Milwaukee.

Reviews of agency and individual applications for participation in the Wraparound Milwaukee Provider Network by the Enrollment Committee will include consideration regarding cultural diversity and, where appropriate, the agency's / individual applicant's experience working with a diverse population.

Credentialing Committee members will sign a Non-Discrimination / Confidentiality Statement (see attachment) prior to every Credentialing Committee Meeting beginning.

**Attachments:**

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval Signatures</td>
<td>Michael Lappen: 11008000-BHD Administrator</td>
<td>12/21/2017</td>
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<td></td>
<td>MaryJo Meyers: 11003003-Director Wraparound Program</td>
<td>12/20/2017</td>
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<td></td>
<td>Pamela Erdman: 12008005-Placement Resources Manager</td>
<td>12/20/2017</td>
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<td></td>
<td>Dana James: 21011004-Quality Assurance Coordinator</td>
<td>12/20/2017</td>
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Milwaukee County Behavioral Health Division-
Wraparound Milwaukee Credentialing Review Committee

Attendance Date: ____________

As a participant in today’s meeting, I acknowledge sensitive and confidential information will
be disclosed to me. I agree to maintain confidentiality of such information and not to discuss,
disclose or, in any way, compromise the confidentiality of any materials or knowledge learned
as an attendee at the meeting or as part of my position on the Committee. Any information
discussed or shared outside of this Committee will be done in a manner that is consistent
with the policy and conforms to what is required by Law and Regulation to preserve peer
review immunities, when applicable.

<table>
<thead>
<tr>
<th>Voting Member Name / Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Shane Moisio, MD</td>
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<tr>
<td>Chair, Children’s Medical Director</td>
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<tr>
<td>Steven Dykstra, PhD</td>
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<tr>
<td>Children’s Mobile Crisis Team Director</td>
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<td>Stacy Kozel, LCSW</td>
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<tr>
<td>Wraparound Associate Director</td>
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<tr>
<th>Non-Voting Member Name / Title</th>
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<tbody>
<tr>
<td>Heidi Ciske-Schmidt</td>
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<tr>
<td>Wraparound Quality Assurance Manager</td>
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<td>Theresa Randall</td>
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<td>Wraparound Provider Relations Manager</td>
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<td>Dana James</td>
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<td>Wraparound Quality Assurance Coordinator</td>
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