



Date Issued: 11/15/2007
Last Approved Date: 12/21/2017
Last Revised Date: 12/21/2017
Next Review: 12/21/2019

Owner: Dana James:
 21011004-Quality Assurance Coordinator
Policy Area: Wraparound (REACH, O'YEAH)- Vendor

References:

#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:

[Non-Discrimination/Confidentiality Statement](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	12/21/2017
	MaryJo Meyers: 11003003-Director Wraparound Program	12/20/2017
	Pamela Erdman: 12008005-Placement Resources Manager	12/20/2017
	Dana James: 21011004-Quality Assurance Coordinator	12/20/2017

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.

Voting Member Name / Title	Signature
Shane Moisio, MD Chair, Children's Medical Director	
Steven Dykstra, PhD Children's Mobile Crisis Team Director	
Stacy Kozel, LCSW Wraparound Associate Director	

Non-Voting Member Name / Title	Signature
Heidi Ciske-Schmidt Wraparound Quality Assurance Manager	
Theresa Randall Wraparound Provider Relations Manager	
Dana James Wraparound Quality Assurance Coordinator	