“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations
Anyone becoming a new Home Help agency provider
Fill out the 8 Step Provider Enrollment Application
Track Your Application

***Have paper and a writing utensil nearby

***You must complete the application within 30 days of beginning

Call the Provider Support Helpline if you need assistance:
1-800-979-4662
Sign into MILogin by going to [https://milogintp.Michigan.gov](https://milogintp.Michigan.gov) and entering your User ID and Password. This will take you to the MILogin Application Portal.
You will be directed back to your MILogin home page. From here, you can go into CHAMPS.
You will need to click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS. From there, you can access the Electronic Service Verification (See ESV Instructions or ESV Quick Reference Guide).
Below is the display of the CHAMPS homepage for a brand new provider. Click on **New Enrollment** (in blue).
Choose **Atypical (noon-medical) provider**.
Choose **Agency (Child Care Institution, Home Help/Personal Care...)**
Click the **Submit** button.
Enter the required information, indicated by the asterisk (*). Click **Confirm** to verify the EIN/TIN. Click **Finish**.
Write down the **Application ID** number for future reference. Click **OK**.

***NOTE: Be sure to complete and submit your application within 30 days or your application will be deleted.
Notice the **Status** for **Step 1: Provider Basic Information** is designated **Complete**.

Click on the **Step 2: Add Locations** hyperlink.
Click **Add**.

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink.
Enter the required information, indicated by an asterisk (*). Click **Validate Address** (you cannot go any further without clicking this).

***NOTE: **Location Type** will always be Primary Practice Location.
***NOTE: Entering the **Zip Code** will automatically update State, City/Town, and County.
Scroll to the bottom of the previous screen. Enter the **Fiscal Year End Date** relevant to your agency. Indicate the **Distinct Part Unit**. Click **OK**.
Click on the **Primary Practice Location** hyperlink (in blue). Click **Add Address**.
In the **Type of Address** drop down menu, select **Correspondence**.

**All correspondences from the Home Help program will be sent to the address entered here; therefore, enter the address where your agency regularly receives mail.**

If that address is the same as the one entered previously, simply select **Copy This Location Address** next to the **Location Address**. Click **OK**.
Notice the Correspondence and Location rows have addresses. Click **Save**.
Click **Close** on the next two screens to go back to the list of steps (Not shown). The **Close** button is on the top left corner.
**Click on Step 3: Add Specialties hyperlink**

**Click Add.**

---

**Enroll Provider - Atypical Agency**

<table>
<thead>
<tr>
<th>Step</th>
<th>Required</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
<th>Step Remark</th>
</tr>
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<tbody>
<tr>
<td>Step 1: Provider Basic Information</td>
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<tr>
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<td></td>
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<td>Step 6: Associate Billing Agent</td>
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**Specialty/Subspecialty List**

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
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<th>End Date</th>
</tr>
</thead>
</table>

No Records Found!
Choose 01- for Location.
For both Provider Type and Specialty, choose Home Help Individual.
Click OK.
Click **Close**.
Notice Steps 1-3 are complete. **Step 4** is optional.
Click **Step 5: Add Mode of Claim Submission** hyperlink.
The box next to **Online Direct Data Entry (DDE)** should already be selected for you. Click **OK**.
Step 6 is optional, so complete it only if you will have a Billing Agent.

Click Step 7: Add Provider Controlling Interest/Ownership Details hyperlink.
Click on the **Add** button to add a Managing Employee owner.
Choose Managing Employee in the Owner Type drop down menu. Enter the required information, indicated by the asterisk (*). Click Validate Address button (you cannot go any further without this). Click OK.

***NOTE: Enter the percentage of the agency owned by the Managing Employee.
***NOTE: Entering the Zip Code will automatically update State, City/Town, and County.
Click on the **Add** button to add a Board of Director, Officer, or Principle Owner.
Choose **Board of Directors/Officers/Principles** in the **Owner Type** drop down menu.
Enter the required information, indicated by the asterisk (*). Click **Validate Address** button (you *cannot* go any further without this). Click **OK**.

***NOTE: Enter the percentage of the agency owned by the BoD/Officers/Principles.
***NOTE: Entering the **Zip Code** will automatically update **State, City/Town, and County**
Click on the **Add** button to add either an Individual or Corporate Owner.
Choose either a **Corporate** option **OR Individual** option in the **Owner Type** drop down menu.
Enter the required information, indicated by the asterisk (*).
Click **Validate Address** button (you *cannot* go any further without this).
Click **OK**.

***NOTE: Enter the percentage of the agency owned by the Corporate/Individual Owner.***
***NOTE: Entering the **Zip Code** will automatically update **State**, **City/Town**, and **County*****
Click on the **Managing Employee** SSN hyperlink (in blue).
Click **Add**.

Select **Your Name** under the **Owner Name** drop down menu.

Select **None** under the **Relationship** drop down menu.

Click **OK**.
Your name will be added to the **Owner Name** column. At the bottom of the page, click on the “**Final Adverse Legal Actions/Convictions Disclosure**” hyperlink.
Read the **Final Adverse Legal Actions/Convictions** statement. Answer the question at the bottom by choosing **yes** or **no** and comment if necessary.

Click OK.

1. Have you, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against you?  
   - Yes  
   - No  
   Comments (optional)
Click **Close** to go back to the **Owner’s List** screen. Click on the **BoD/Officers/Principles** SSN hyperlink (in blue).
Click **Add**.
Select **Your Name** under the **Owner Name** drop down menu.
Select **None** under the **Relationship** drop down menu.
Click **OK**.
Your name will be added to the **Owner Name** column. At the bottom of the page, click on the “**Final Adverse Legal Actions/Convictions Disclosure**” hyperlink.
1. Have you, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against you?  

Options: Yes  No  [Comments (optional) ]
Click **Close** to go back to the **Owner’s List** screen. Click on the **Individual/Corporate SSN** hyperlink (in blue).
Click **Add**.
Select **Your Name** under the **Owner Name** drop down menu. Select **None** under the **Relationship** drop down menu. Click **OK**.
Your name will be added to the **Owner Name** column. At the bottom of the page, click on the “**Final Adverse Legal Actions/Convictions Disclosure**” hyperlink.
Read the Final Adverse Legal Actions/Convictions statement. Answer the question at the bottom by choosing yes or no and comment if necessary. Click OK.

1. Have you, under any current or former name or business identify, ever had a final adverse legal action listed above imposed against you? (Yes) (No) Comments (optional)
Click **Save**.
Click **Close**.
Click **Close**.
Steps 8-10 are optional. Only complete if necessary.

Click on the **Step 11: Complete Enrollment Checklist** hyperlink.

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Answer the **Provider Checklist** questions by choosing *Yes* or *No* in the drop down menus of the **Answer** column.

Click **Save**.

Click **Close**.
Click on the **Step 12: Submit Enrollment Application for Approval** hyperlink.

By clicking the **Next** button, you “agree that the information submitted as a part of the application is correct (Private and Confidential)”.

---

I agree that the information submitted as a part of the application is correct (Private and Confidential).
Read the **Terms and Conditions (Enrollment Process)** statement.
Check the box at the *bottom* indicating you have read and agree to the terms.
Click **Submit Application**.

By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.
Click **OK** in the textbox that will pop up. You will be sent back to the **Enroll Provider** page. Click **Close**. This will return you to the CHAMPS home page.
Tracking Your Application

How to Verify the Status of Your Application
If you would like to check the status of your application, you can do so from the CHAMPS homepage:

On the home page, click the **Track Application** hyperlink (in blue).
Enter your Application ID number. Click **Submit**.
A text box will pop up with a statement about the status of your application. Click **OK**.
Provider Resources

- Home Help Provider Support Hotline: 1-800-979-4662

- Home Help Provider Support Email: ProviderSupport@Michigan.gov

- Home Help Provider FAQ document: Go to Michigan.gov/homehelp and click on the Home Help Frequently Asked Questions (FAQs) link under the Additional Home Help Resources heading