




New Individual Provider Enrollment Instructions

Quick Reference Guide

1. Open your internet browser (Internet Explorer , Google Chrome , or Mozilla Firefox )
2. Type <https://milogintp.Michigan.gov> into the search bar at the top of the internet browser.
3. Click **Sign Up**.
4. Enter your **Profile Information**:
 - a. *First Name, Last Name, Email Address, Work Phone Number, and Answer the Verification Question.*
 - b. An email address must be entered in order to continue registering. If you do not have an email address, create your own for free from a number of service providers.
 - c. Click **Next**.
5. Complete **Security Setup**:
 - a. In the **User ID** box enter your *last name, first initial of your first name, and 4 numbers* all with no spaces in between.
 - b. In the **Password** box, type in a password following the listed guidelines.
 - c. In the **Confirm Password** box, type the password you just created exactly as you typed it in the Password box.
 - d. Choose your preferred password recovery option.
 - e. Click **Create Account**.
6. When you receive confirmation on the screen that your account has been successfully created click **Login**.
7. Enter *User ID* and *Password*.
 - a. Click **Login**.
8. Click **Request Access**.
 - a. Step 1: Type **CHAMPS** in the **Search for Application** box and click the **Search** button.
 - b. Step 2: Click **CHAMPS**.

9. Read the Terms & Conditions:
 - a. Select the appropriate agreement option.
 - b. Click **Request Access**.

10. Verify your additional information is correct:
 - a. Confirm your email address and phone number are correct.
 - b. Click **Provider/Other** for CHAMPS user type.
 - c. Click **Submit**.

11. Once the request for your access has been successfully submitted, click **Home** to return to the home page. Log completely out and log back in. CHAMPS will then be listed.

12. Click **CHAMPS**.
 - a. Click **Acknowledge/Agree**.

13. Click **New Enrollment**.

14. Click on the round button next to the words **Atypical (non-medical) provider**.
 - a. **Individual** will automatically be chosen.
 - b. Click **Submit**.

15. Enter your *First Name, Last Name, SSN, Date of Birth, Email, Address, and Zip Code*.
 - a. Your **Application Type** will be *Atypical Provider/Sole Proprietor*.
 - b. Enter your *street address* and *zip code* and click **Validate Address** to fill in the rest of the form.
 - c. Click **Finish**.

16. Write down the application ID number for future reference.
 - a. Click **OK**.

17. Click **Step 2: Add Locations**.
 - a. Click **Add**.
 - b. Your location type will always be *Primary Practice Location*.
 - c. Enter your *street address* and *zip code* and click **Validate Address**.
 - d. Enter your *phone number*.
 - e. Enter your *office hours*.
 - f. Click **OK**.

18. Click **Primary Practice Location**.
 - a. Click **Add Address**.
 - b. Click on the drop-down menu next to **Type of Address**
 - c. Click **Correspondence**.
 - i. If you receive mail at the address you already entered, click on the round button next to the words *Copy This Address Location*.
 - d. Click **OK**.

19. Click **Add Address**.
 - a. Select *Pay To* in the **Type of Address** menu.
 - ii. If you want your payments to go to the address you already entered, click on the round button next to the words *Copy This Address Location*.
 - b. Click **OK**.

20. Click **Save**.
 - a. Click **Close** on the next two screens.

21. Click on **Step 3: Add Specialties**.
 - a. Click on **Add**.
 - b. Click on the drop-down menu next to **Provider Type** and click *Atypical Individual*.
 - c. Click on the drop-down menu next to **Specialty** and click *Home Help Individual*.
 - d. Click **OK**.

22. Click **Close**.

23. Steps 4-7, and 9-12 are optional and are not relevant to an individual home help provider. You do not need to complete these steps.

24. Click on **Step 8: Add Provider Controlling Interest/Ownership Details**.
 - a. Click on the drop-down menu next to **Actions** and click on *Add Owner*.
 - b. Click on the drop-down menu next to the words **Type** and click *Managing Employee*.
 - c. Enter the number **0** in the box next to **Percentage Owned**.
 - d. Enter your *Name, SSN, Phone Number, Street Address, and Zip Code*.
 - e. Enter the *current date* in the box next to **Start Date**.
 - f. Click **Validate Address**.
 - g. Click **OK**.

25. Click on the drop-down menu next to **Actions** and click on *Owners Relationships*.
 - a. Answer the question at the top.
 - iii. If no relationship exist select **No**, click **Save**, read the pop-up message, click **OK** and **Close**.
 - iv. If a relationship exist, select **Yes** and select the relationship between the *Assoc. Owner* to the *Selected Owner*. Then select the relationship between the *Selected Owner* to the *Assoc. Owner*. Click **Save** and **Close**.
 - b. In the **Actions** drop-down menu, select *Owners Adverse Action*.
 - v. Read the *Final Adverse Legal Actions/Convictions* statement.
 - vi. Answer the question at the bottom by clicking on the button next to **Yes** or **No**.
 1. If you have a conviction, this does not necessarily disqualify you from being a home help provider. Just enter the title of the conviction and the date in the **Comments** box.
 - vii. Click **OK**.
 - c. Click **Close**.
26. Click **Step 13: Complete Enrollment Checklist**.
 - a. Answer each question listed.
 - b. Answer all of the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column. If an answer is required, choose **Yes** and put the answer in **Comments**. The *County Name*, *Worker Name* and *Clients Name* will need to be included in the comments box on the appropriate question.
 - c. Click **Save**.
 - d. Click **Close** to go back to the application.
27. Click **Step 14: Submit Enrollment Application for Approval**.
 - a. Click **Next**.
 - b. Read the Terms and Conditions.
 - c. Click on the box next to “By checking this, I acknowledge that I have read the terms and agreement and I agree fully to comply with all program requirements”
 - d. Click **Submit Application**.
28. The screen will show that your application has been submitted.
 - a. If you have not taken note of your **Application Number**, please do so for tracking purposes.
 - b. Click **Close**.

29. To track the status of your application:

- a. Click **Track Application** on the CHAMPS home page.
- b. Enter your *Application ID number* in the box next to the words **Application ID**.
- c. Click the **Next**.
- d. Verify the application details by entering *SSN, Date of Birth, and Home Zip Code*.
- e. Click **Submit**.

The status of your application will be displayed at the top of the screen.

Once you have received your approval letter, you will be able to enter CHAMPS to access and submit your electronic service log. To learn how to record your services, go to:

https://www.michigan.gov/documents/mdch/ESV_Instructions_476176_7.pdf

Provider Resources:

- Home Help Hotline: 1-800-979-4662
- Home Help Email: ProviderSupport@Michigan.gov
- Home Help Provider FAQ document:
https://www.michigan.gov/documents/mdch/Home_Help_FAQs_Final_10_06_14_470704_7.pdf