Home Help Agency
Revalidation Instructions

“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
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
Enter your User ID and Password.
Click Login.
- Click the **CHAMPS** hyperlink.
Click ‘**Acknowledge/Agree**’ to accept the Terms & Conditions to get into CHAMPS.
Your Name and Provider ID number will show in the top section.
In the Select Profile drop-down menu, select Atypical Access.
Click Go.
In the Provider drop-down menu, click Manage Provider Information.
Please update all steps to complete your revalidation process.

**Click Step 1.**

Please Note: In the **Required** Column, you will see required steps for revalidation. You must complete these steps DURING your Revalidation Period. This includes Steps 1, 2, 3, 9, 15, and 16. The **Status** Column will say Incomplete until the step is completed.
Verify and change any information that needs to be updated.
Click OK.
Click **Step 2**:  
Please Note: Step 1 status has now changed from Incomplete to Complete.
- Click the **Primary Practice Location** hyperlink
- Verify and change any information that needs to be updated.
- For Office Hours - use the drop-down menu to choose the correct times. Make sure to select the hours you are open or choose “Closed”.
- Under **Address Type** column click on the hyperlinked address type if updates are needed.

Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions to update click [here](#). Skip the next slide if Correspondence and Location addresses are correct.
Verify and change any information that needs to be updated.
Click **Save**.
Click **Close**.

Please Note: This step is only needed if Correspondence or Location Address needs to be updated. When the **Address Line 1** and **Zip Code** is added, and **Validate Address** is selected, the **State**, **City/Town**, and **County** will automatically fill in.
Click **Save**.

Click **Close** on the next two screens to go back to the list of steps. (Not shown).

Please Note: Your new address will be listed in the Address column.
Click Step 3.

Please Note: Step 2 status has now changed from Incomplete to Complete and the Modification Status is updated.
Click **Close**.

Please Note: Nothing may need to be updated here, but you must still click in this step then **Close** in order for the step to show complete.
Click **Step 9**.

Please Note: Step 3 status has now changed from Incomplete to Complete.

As a Home Help Agency steps 4-8 are optional.
- Click on **Owner SSN/EIN/TIN** hyperlink of the Individual or Managing Employee to make updates.
- Click **Close**.
Click **Step 15.**

Please Note: Step 9 status has now changed from Incomplete to Complete.
- Answer all of the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column.
- Click **Save**.
- Click **Close**.
Click **Step 16**.

Please Note: Step 15 status has now changed from Incomplete to Complete and the modification status is updated.
Click Next.
Read the Terms and Conditions Atypical Enrollment statement.

Click the box at the bottom of the page if you acknowledge and agree.

Click Submit for Modification agreeing that all the information in the application is correct.
Your request has been submitted.

Review is completed once the **Modification Status** column shows blank again.

Click **Close**.

Logout.
Provider Resources

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

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

- Home Help Website
  www.Michigan.gov/HomeHelp