Individual Home Help Provider
Associating to an Agency

“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
Checklist

For an Individual Home Help Provider that wants to Associate to an Agency:

- Login to MIlogin with your previously created user ID and password
- Access CHAMPS
- Access Manage Provider Information
- Update Steps 4, 14 and 15

Contact the Home Help Provider Support Helpline if you need assistance:

1-800-979-4662
Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
Enter your **User ID** and **Password**.
Click **Login**.

**MILogin for Third Party**
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.
Click **Step 4: Associate Billing Provider/Other Associations**.
- Click Add.
In the **Type** drop-down menu, click **Provider ID**.
Enter **Provider ID of Agency**.
**Start date** would be the current date.
Click **Confirm Provider**.
Click **OK**.
Click **Close** (not shown).
Step 14: Complete Modification Checklist.
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 15: Submit Modification Request for Review.

Please Note: Step 14 status has now changed from Incomplete to Complete and the Modification Status to Updated.
Click Next.
Read the **Terms and Conditions Atypical Enrollment** statement.

Click the checkbox 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.

Click Close.

Logout.
The modification is approved when the Modification Status column shows blank.

Please Note: Last Review Date will be the date approved in steps that were showing “In Review” status.

Optional steps may be displayed as Incomplete.

Associating to an Agency is considered a Modification.
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