Individual Home Help Provider 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 ‘Acknowledgment/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 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, 8, 14, and 15. The Status Column will say Incomplete until 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 the 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 8.

Please Note: Step 3 status has now changed from Incomplete to Complete. As an individual home help provider not associated with an agency, you do not need to complete steps 4-7.
- Click on **Owner SSN/EIN/TIN** hyperlink of the Individual or Managing Employee to make updates. For more detailed information [click here](#).
- Click **Close**.
Click Step 14.

Please note: Step 8 status has now changed from Incomplete to Complete.

As an individual home help provider not associated with an agency, steps 9-13 are optional.
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.

Please note: Step 14 status has now changed from Incomplete to Complete and the Modification Status of Updated.
Provider ID: [redacted] 
Name: [redacted] 

Next.

Final Submission

Provider ID: [redacted] 
EnrollmentType: Atypical Individual Provider

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Application Document Checklist

Forms/Documents: 
Special Instructions: 
Source: 
Required: 

No Records Found!

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.
Review is complete 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