“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 needs to change their location and correspondence address:
  - Login to MIlogin with your previously created user ID and password
  - Access CHAMPS
  - Access Manage Provider Information
  - Update Steps 1, 2, 3, 14 and 15

***If Pay to Address needs to be changed click here.***

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**.
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 domain dropdown, 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: Provider Basic Information.**
Update the **Home Address Details Line 1** and **Zip Code**.

Click **Validate Address**.

Click **OK**.
- Click **Step 2: Locations**.

  Please Note: Step 1 Modification Status has changed to Updated.
Click **Primary Practice Location**.

Please Note: You are still in Step 2: Locations.
In the **Address Type** click **Correspondence**.

Please Note: Primary Pay To Address cannot be changed in CHAMPS. For instructions to update click **here**.
- Update the **Address Line 1** and **Zip Code**.
- Click **Validate Address**.
- Click **Save**.
- Click **Close**.
Please Note: **Office Hours** must be selected. Use the drop-down arrows to choose the correct times. Make sure to select the hours you are open or choose “Closed”.

- Notice the **Correspondence Address Type** is now *In Review*.
- Follow the same steps to change the **Location Address**.
  - Click **Save**.
  - Click **Close**.
- Notice the **Primary Practice Location** is now **In Review**.
- Click **Close**.
Click **Step 8: Provider Controlling Interest/Ownership Details.**

Please Note: Step 2 status has now changed from Incomplete to Complete and the Modification Status to Updated.
As an individual home help provider not associated with an agency, you do not need to complete steps 4-7 for an address modification.
Click on the **Individual Owner SSN/EIN/TIN** hyperlink.
- Update the **Address Line 1** and **Zip Code**.
- Click **Validate Address**.
- Click **Save**.
- At the bottom of the page, click on the hyperlink, “**Final Adverse Legal Actions/Convictions Disclosure**.”
Read the **Final Adverse Legal Actions/Convictions** statement.

Answer the questions at the bottom by choosing **yes** or **no** and comment if necessary.

Click **OK**.
- Click **Save**.
- Click **Close**.
- Follow the same steps for the **Managing Employee**.
Click Close.
Click **Step 14: Complete Modification Checklist**.

Please Note: Step 8 status has now changed from Incomplete to Complete and the Modification Status to Updated.

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: 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**. By clicking the **Next** button, you agree that the information submitted is correct (Private and Confidential).
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.

Some steps may be displayed as **Incomplete**.

An address change 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