

# Community Transition Services (CTS) Atypical Individual Provider

## Submitting a Modification

December 2021



**“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**

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## Provider Enrollment Modification Process

- Providers wishing to perform Community Transition Services (CTS), per policy bulletin [MSA 21-11](#), need to enroll within Michigan's Community Health Automated Medicaid Processing Systems (CHAMPS).
- For help determining what Enrollment Type to complete, reference [Determine CHAMPS Enrollment Type](#).
- For step-by-step instructions on how to enroll as a new provider please see the options below.
  - Atypical [Agency](#) >> Locate CTS heading
  - Atypical [Individual](#) >> Locate CTS heading

- Existing Atypical Individual Providers that need to add the CTS specialty to their enrollment application and/or associate to a FAO Billing Provider should follow the below steps:
  - Login to MILogin with your previously created user ID and password
  - Access CHAMPS
  - Access Manage Provider Information
  - Update Steps 3, 4, 14, and 15; including any other required steps that may need to be updated or completed.
- All providers need to have added the CTS specialty to their enrollment.
- Individual providers will need to confirm they are associated to an enrolled FAO Billing Provider i.e., Area Agency on Aging (AAA), Center for Independent Living (CIL) or Community Based Organization (CBO).

## Login to MILogin

- Open your web browser (e.g., Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar.
- Enter your User ID and Password
- Click Login

For complete instructions on how to register for MILogin and access CHAMPS reference the below resources:

- [MILogin Instructions](#)
- [MILogin Help Page](#)
- [Access CHAMPS](#)

Michigan.gov

HELP CONTACT US

# MILogin for Third Party

User ID

Password

**LOGIN**

Don't have an account?

**SIGN UP**

[Forgot your User ID?](#) [Need Help?](#) [Forgot your password?](#)

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# Access CHAMPS

- Click the CHAMPS hyperlink

Michigan.gov

HELP CONTACT US

## MILogin for Third Party

HOME REQUEST ACCESS UPDATE PROFILE SECURITY OPTIONS CHANGE PASSWORD LOGOUT

Home Page of [blurred]

Your password will expire in 154 days

Access your applications by clicking on the application links below

 Michigan Department of Health & Human Services (MDHHS)

**CHAMPS**

Michigan.gov HOME | HELP | CONTACT US | POLICIES

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## Access CHAMPS

- Click 'Acknowledge/Agree' to accept the Terms & Conditions to get into CHAMPS.

The screenshot shows the Michigan.gov MILogin for Third Party Applications page. A modal window titled "Terms & Conditions" is open, displaying the following text:

**CHAMPS**

**Terms & Conditions**

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

At the bottom of the modal, there are two buttons: "CANCEL ✕" and "Acknowledge/Agree". The "Acknowledge/Agree" button is highlighted with a red border.

## Access CHAMPS

- Your Name and Provider ID number will show in the domain drop-down, top section.
- In the Select Profile drop-down menu, select Atypical Access.
- Click Go

CHAMPS  
Community Health Automated Medicaid Processing System

Select Profile \*

Select Profile

Atypical Access

Domain Administrator

Go

© CNSI 2017

# Access Manage Provider Information

- Click the Provider Tab
- In the Provider drop-down menu, click Manage Provider Information.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a breadcrumb trail showing 'My Inbox' and 'Provider', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is divided into several sections. A 'System Notification' banner is prominent, stating: 'Due to the R10c-1.15... the CHAMPS system will be unavailable between 7:00 PM EST Friday, October 29nd through 2:00 AM EST Saturday, October 30th 2021. This outage will affect the system access for all functionality.' Below this, there is a 'My Reminders' section with a filter bar and a table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. The table currently shows 'No Records Found!'. On the right side, there is a 'Calendar' widget showing the date '8 December 2021 Wednesday' and a calendar grid for December 2021. A red arrow points to the 'MANAGE PROVIDER' dropdown menu, which is open and shows options: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'MANAGE PROVIDER' (with sub-item 'Manage Provider Information'), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with sub-item 'ESV Member List').

# Update Step 3: Specialties

- Click Step 3: Specialties

CHAMPS My Inbox Provider

Last Login: 07 DEC, 2021 11:14 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

### View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	07/28/2021	07/29/2021	Incomplete		
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	07/28/2021	07/29/2021	Complete		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

# Update Step 3: Specialties

- Click Add, to enter the CTS specialty

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a dark blue header with user information, including 'Last Login: 07 DEC, 2021 11:14 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Individual Modification'. It features a form with 'Provider ID:' and 'Name:' fields. Below the form are 'Close' and 'Add' buttons, with the 'Add' button highlighted in red. The 'Specialty/Subspecialty List' section contains a table with columns for Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). A single row is visible with the text 'HOME HELP INDIVIDUAL/No Subspecialty', a start date of '07/08/2021', an end date of '12/31/2999', a status of 'Approved', and an operational status of 'Active'. The interface also includes filter options, a 'Go' button, and pagination controls at the bottom.

# Update Step 3: Specialties

- From the Provider Type drop-down menu select:
  - Atypical Individual
- From the Specialty drop-down menu select:
  - Community Transition Services
- From the Available Subspecialties select either:
  - Home and Community Based Personal Care or
  - Individual Driver
- Click the arrows (>>) to move the subspecialty selected to the Associated Subspecialties box. Repeat steps if performing both subspecialties.

*(Please Note: There is no need to fill in an End Date)*

- Click Ok

The screenshot shows the CHAMPS Provider Portal interface. The main form is titled 'Add Specialty/Subspecialty' and contains the following fields:

- Location: 01- \*
- Provider Type: ATYPICAL INDIVIDUAL \*
- Specialty: Community Transition Services \*
- End Date: [Empty]

Below the main form is a section titled 'Add Subspecialty' which is divided into two columns:

- Available Subspecialties:** Home and Community Based Personal Care, Individual Driver
- Associated Subspecialties \*:** [Empty]

Between the two columns are two arrows: a right-pointing arrow (>>) and a left-pointing arrow (<<). The right-pointing arrow is highlighted with a red box. At the bottom right of the form, there are two buttons: 'OK' and 'Cancel'. The 'OK' button is also highlighted with a red box.

# Update Step 3: Specialties

- The newly added CTS specialty (or specialties) will show with an In Review status.
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with 'CHAMPS' logo, 'My Inbox', and 'Provider' dropdown. Below this is a header with 'Last Login: 07 DEC, 2021 11:14 AM' and utility links like 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area is titled 'Provider Portal > Atypical Individual Modification'. It includes fields for 'Provider ID' and 'Name'. Below these are 'Close' and 'Add' buttons. The 'Specialty/Subspecialty List' section features a table with columns: Specialty/Subspecialty, Start Date, End Date, Status, Operational Status, Inactivation Date, and Primary Specialty (Y/N). The table contains two rows: one for 'Community Transition Services/Home and Community Based Personal Care' with status 'In Review' (highlighted by a red arrow) and another for 'HOME HELP INDIVIDUAL/No Subspecialty' with status 'Approved'. At the bottom of the table are 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons.

# Update Step 3: Specialties

- Step 3 will show updated in the Modification Status column.
- Click Step 4: Associate Billing Provider/Other Associations

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 10:16 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2021	07/08/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	07/28/2021	07/29/2021	Incomplete		Please Answer all the Questions.
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	12/08/2021	07/29/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Update Step 4: Associate Billing Provider/Other Associations

- Click Add

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile icon, and the text "My Inbox" and "Provider". Below this is a dark blue header bar containing "Last Login: 22 JUN, 2018 11:40 AM" and utility icons for "Note Pad", "External Links", "My Favorites", "Print", and "Help". The main content area shows a breadcrumb trail: "Provider Portal > Atypical Individual Modification".

Below the breadcrumb, there are input fields for "Provider ID:" and "Name:". Underneath these fields are two buttons: "Close" and "Add". The "Add" button is highlighted with a red rectangular box.

Below the buttons is a section titled "Billing Provider/Other Associations List". This section includes a filter bar with two "Filter By" dropdown menus, an "And" connector, and an "Operational Status" dropdown menu set to "Active". There are also "Save Filters" and "My Filters" buttons. Below the filter bar is a table with the following columns: "NPI/Provider ID", "Provider Name", "Start Date", "End Date", "Status", "Operational Status", and "Inactivation Date". Each column has a small triangle icon indicating it can be sorted. The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table area.

## Update Step 4: Associate Billing Provider/Other Associations

- In the Type drop-down menu, select NPI (i.e., National Provider Identifier)
- Enter the NPI of the FAO Billing Provider. NPI could be for any of the following:
  - Area Agency on Aging (AAA)
  - Center for Independent Living (CIL)
  - Community Based Organization (CBO)
- Enter the Start date.
- Click Confirm Provider

The screenshot displays the CHAMPS Provider Portal interface. The main content area is titled "Associate Billing Provider/Other Associations" and contains the following fields and instructions:

- Instructions:** Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."
- Type:** A dropdown menu currently set to "NPI".
- ID:** A text input field with an asterisk indicating it is required.
- Start Date:** A date selection field with an asterisk.
- End Date:** A date selection field.
- Provider Name:** A text input field.
- Enrollment Type:** A text input field.
- Applicant Type:** A text input field.

At the bottom right of the form, there is a "Confirm Provider" button, which is highlighted with a red box. Other buttons include "Ok" and "Cancel".

## Update Step 4: Associate Billing Provider/Other Associations

- After clicking the confirm provider button the screen will display the provider's name and enrollment type.
- Click Ok

The screenshot displays the CHAMPS Provider Portal interface. The main content area is titled "Associate Billing Provider/Other Associations" and contains the following fields and instructions:

- Instructions:** Enter NPI/Provider ID of Billing Provider/Other Associations and click "Confirm Provider."
- Type:** A dropdown menu set to "NPI".
- ID:** A text input field.
- Start Date:** A date picker set to "12/09/2021".
- Provider Name:** A text input field.
- Enrollment Type:** A dropdown menu with the selected value "Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)".
- Applicant Type:** A dropdown menu.
- End Date:** A date picker.

At the bottom right of the form, there are three buttons: "Confirm Provider", "OK", and "Cancel". The "OK" button is highlighted with a red square.

Page ID: dlqAssocBillingPrvdr(Provider)

## Update Step 4: Associate Billing Provider/Other Associations

- To add an additional Billing Provider/NPI information click Add.
- Click Close

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a user profile, and the text "My Inbox" and "Provider". Below this is a breadcrumb trail: "Provider Portal > Atypical Individual Modification". The main content area is titled "Billing Provider/Other Associations List". It features a search and filter section with "Filter By" dropdowns, "And" operators, and an "Operational Status" dropdown set to "Active". Below the filters is a table with the following columns: NPI/Provider ID, Provider Name, Enrollment Type, Start Date, End Date, Status, Operational Status, and Inactivation Date. The table contains one entry with the following details: NPI/Provider ID (redacted), Provider Name (redacted), Enrollment Type "Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)", Start Date "12/09/2021", End Date "12/31/2999", Status "In Review", and Operational Status "Active". At the bottom of the table, there are controls for "View Page: 1", "Page Count", "SaveToXLS", and "Viewing Page: 1". A "Close" button is highlighted with a red box in the top left of the table area.

## Update Step 4: Associate Billing Provider/Other Associations

- Step 4 will show updated in the Modification Status column.
- Important:** Confirm all steps labelled as Required have a Status of Complete prior to moving onto Step 14.
- Click Step 14: Complete Modification Checklist

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 01:03 PM

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2021	12/08/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	07/08/2021	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	12/08/2021	12/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	12/08/2021	12/08/2021	Incomplete		
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	12/09/2021	12/08/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

## Update Step 14: Complete Modification Checklist

- Answer all the Provider Checklist questions by choosing Yes or No from each drop-down menu in the Answer column.
  - Add comments if needed in the Comments field.
- Click Save
- Click Close

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 10:16 AM

Provider Portal > Atypical Individual Modification > Provider Check List

Provider ID: Name

Close Save

### Manage Provider Checklist

Question	Answer	Comments
Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	Not Completed	
If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	Not Completed	
Do you want your name removed from our Provider Registry?	Not Completed	
Have you ever been removed or told that you cannot participate in a State funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever been removed or told that you cannot participate in a Federally funded program? If yes, please tell us what program and why.	Not Completed	
Have you ever had any criminal convictions? If yes, please tell us what for?	Not Completed	
Are you providing services as a Business? If yes, what is the name of the business.	Not Completed	
What county do you plan to work in?	Not Completed	
What is the name of the Adult Services Worker you are working with?	Not Completed	
Are you a Medicare certified home health agency?	Not Completed	
I understand that my information will be used to conduct a review of my criminal history I may have and the results of that review could possibly make me ineligible to work as a provider in the Home Help program. I also understand that the results of my criminal history screening will be shared with necessary MDCH and MDHS staff, as well as any potential client.	Not Completed	
I also acknowledge that I am required to update any changes in the enrollment within 10 days of that change.	Not Completed	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed	
Do you have a client you plan to work for? If yes, what is your clients name?	Not Completed	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

First Prev Next Last

## Update Step 14: Submit Modification Request for Review

- Step 14 will show updated in the Modification Status column.
- Click Step 15: Submit Modification Request for Review

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 10:16 AM

Provider Portal > Atypical Individual Modification

Provider ID: Name:

Close Undo Update

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2021	07/08/2021	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/08/2021	07/08/2021	Complete	Updated	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	12/08/2021	07/29/2021	Complete	Updated	
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	12/08/2021	07/29/2021	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

## Update Step 15: Submit Modification Request for Review

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

The screenshot shows the CHAMPS web application interface. At the top, there is a navigation bar with the CHAMPS logo, 'My Inbox', and 'Provider' tabs. Below this is a user profile section with a dropdown arrow, the text 'Last Login: 08 DEC, 2021 10:16 AM', and utility icons for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The main content area has a breadcrumb trail: 'Provider Portal > Atypical Individual Modification'. Below the breadcrumb, there are input fields for 'Provider ID:' and 'Name:'. A 'Close' button and a 'Next' button (highlighted with a red box) are positioned below these fields. The 'Final Submission' section contains a 'Provider ID:' field, an 'EnrollmentType: Atypical Individual Provider' label, and a disclaimer: '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)'. Below this is an 'Application Document Checklist' table with columns for 'Forms/Documents', 'Special Instructions', 'Source', and 'Required'. The table is currently empty, with a red message 'No Records Found!' displayed at the bottom.

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

## Update Step 15: Submit Modification Request for Review

- 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 to agree that all the information in the application is correct.

CHAMPS My Inbox Provider

Last Login: 08 DEC, 2021 10:16 AM

Provider Portal > Atypical Individual Modification

Provider ID: [redacted] Name: [redacted]

Close Submit for Modification

Final Submission

Terms and Conditions Atypical Enrollment

1. As an individual provider of Home Help services, I agree that the
2. As a Home Help provider agency, I agree that the agency contra
3. I agree that personal care services will be provided for a Michiga
4. Under Section 3504 of the Internal Revenue Code, I agree to acc
5. I agree to return any payments received for Home Help services
6. I understand that the Home Help program is funded by Medicaid
7. In order to receive payment, I agree to keep and submit to MDH
8. Upon request, I agree to provide MDHHS, DHS or their designee
9. Upon request, I agree to provide MDHHS, DHS or their designee
10. I understand I will be subject to a criminal history screening and r
11. I agree to cooperate with MDHHS, DHS or their designee, regard
12. I agree to report any changes relative to the beneficiary including
13. I agree to comply with the privacy, security and confidentiality pro
14. I agree to comply with the provisions of 42 CFR 431.107 and Act

Definitions:

Confidential Rider Information: Includes, but is not limited to, t

13. To confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt and then only as allowed by state law).
14. To provide an appropriate level of assistance to passengers, when requested, or when necessitated by a passenger's condition.
15. To provide support and direction to passengers. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs.
16. To act in a professional manner at all times while providing services.
17. To be clean and maintain a neat appearance at all times.
18. To be polite and courteous to riders; riders shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Manager should notify the volunteer driver of any known cultural issues significant to providing transportation services.
19. To limit review of any confidential rider information to the minimum information necessary to provide the service.
20. To only use or record confidential rider information as necessary to provide the Department information necessary for the administration of the program (i.e. mileage reimbursement, if applicable).
21. To not to retain any original or copy of any document rider shares with you for purposes of transport.
22. To not to retain any original or copy of any document that may be provided by a health care provider to driver. Driver agrees to ensure that such documentation leaves with rider.
23. To report any breach of the terms of this user agreement to the Department. This includes, but is not limited to, accidental retention of medical record or other confidential rider information.
24. To return to the Department, as soon as possible, but in no event later than 3 business days after discovery, any confidential rider information retained left with driver after completing transport of the rider.
25. To never discuss, write, or share in any other format any information specific to a rider, except as necessary to communicate with the Department or with a health care provider or other staff at a facility rider is being transported to.
26. Not input or include any confidential rider information in any computer system of any kind, except as approved by the Department. This includes personal email accounts, file transfer systems, note applications, and any other electronic system of recording data not expressly approved for use by the Department.
27. Comply with any other agreements driver has entered into with respect to this program.
28. Respect the rider's privacy by not asking for more information about the individual's condition, reason for visit, or other personal information, while providing transport services. If the rider chooses to voluntarily share this information, it is subject to the same protections described above regarding protecting rider information.

By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

## Update Step 15: Submit Modification Request for Review

- Your Modification Request has been submitted for State review.
- Click Close
- Logout

CHAMPS My Inbox Provider

Last Login: 09 DEC, 2021 12:22 PM

Provider Portal > Atypical Individual Modification

Provider ID: Name

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request.

View/Update Provider Data - Atypical Individual

Business Process Wizard - Provider Data Modification (Atypical Individual).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2021	12/08/2021	Complete	In Review	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	12/09/2021	07/08/2021	Complete	In Review	
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	12/08/2021	12/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	12/09/2021	12/08/2021	Complete	In Review	
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	12/09/2021	12/08/2021	Complete		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

## Update Step 15: Submit Modification Request for Review

- The modification is approved when the Modification Status column shows blank.
- Also, the Last Review Date will be the date the modification was approved for the steps that were updated.

The screenshot shows the CHAMPS Provider Portal interface. The main content area displays a table titled "Business Process Wizard - Provider Data Modification (Atypical Individual)". The table has the following columns: Step, Required, Last Modification Date, Last Review Date, Status, Modification Status, and Step Remark. The "Modification Status" column for Step 15 is highlighted with a red box.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 2: Locations	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2021	12/08/2021	Complete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 5: License/Certification/Other	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 6: Mode of Claim Submission/EDI Exchange	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 7: Associate Billing Agent	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 8: Provider Controlling Interest/Ownership Details	Required	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 9: Taxonomy Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 10: View Servicing Provider Details	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 12: 835/ERA Enrollment Form	Optional	07/08/2021	07/08/2021	Incomplete		
<input type="checkbox"/> Step 13: Upload Documents	Optional	07/08/2021	07/08/2021	Complete		
<input type="checkbox"/> Step 14: Complete Modification Checklist	Required	12/08/2021	12/08/2021	Incomplete		
<input type="checkbox"/> Step 15: Submit Modification Request for Review	Required	12/08/2021	12/08/2021	Complete		

# Provider Resources



**CTS website:** [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42551-481963--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-481963--,00.html)



**We continue to update our Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Provider Alerts](#)

[Medicaid Provider Training Sessions](#)



**Provider Contact:**

**Provider Support:**

1-800-979-4662

[ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)

**CTS Contact:**

[mdhhs-msa-nftservices@michigan.gov](mailto:mdhhs-msa-nftservices@michigan.gov)



Thank you for participating in the Michigan Medicaid Program