

Michigan Department of Health and Human Services
HOME HELP AGENCY CAREGIVER ENROLLMENT AUTHORIZATION

This form must be used to document an agency caregiver's consent to be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS). The form is needed only when the agency caregiver will be absent during the submission of their CHAMPS enrollment application.

To protect client safety, the agency caregiver must not provide Home Help services until their CHAMPS enrollment application has been approved and the agency caregiver has associated to the agency provider in CHAMPS. A failure to comply with these requirements may result in recoupment of payments for services the agency caregiver provides.

COMPLETION INSTRUCTIONS:

The agency caregiver has the sole authority to submit their CHAMPS enrollment application. If they choose to delegate that authority to the agency provider, the following steps are required:

- 1. The agency provider completes Section 1 of the form.**
- 2. The agency caregiver completes Sections 2 through 5 of the form and returns it to the agency provider.** The agency caregiver's signatures in Sections 3 and 5 must be handwritten. The agency provider must not enroll the agency caregiver in CHAMPS before this step is completed.
- 3. The agency provider creates a unique MILogin user ID and password for the agency caregiver and enters the agency caregiver's responses from Section 4 of the form into CHAMPS.** The agency provider must not use the MILogin user ID and password for any purpose other than to enroll the agency caregiver.
- 4. The agency provider enters the agency caregiver's MILogin user ID and password and CHAMPS provider ID into Section 6 of the form and gives a copy of the completed form to the agency caregiver.** The form should be returned promptly to the agency caregiver to ensure they have the information needed to manage their MILogin account and CHAMPS enrollment. If the agency caregiver's CHAMPS enrollment is not approved, the agency provider should still provide the agency caregiver with their MILogin user ID and password.
- 5. The agency provider retains the signed form in a secure environment for seven years after the agency caregiver's last date of service.** The form should only be submitted to MDHHS if requested by MDHHS staff. Failure to retain or provide MDHHS with the form during an investigation or audit may result in recoupment.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

AUTHORITY:	Title XIX of the Social Security Act and Administrative Rule 400.1104(a)
COMPLETION:	Is voluntary, but is required if Medical Assistance program payment is desired.

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Michigan Department of Health and Human Services

SECTION 1 – AGENCY PROVIDER INFORMATION

Agency Name	Provider ID Number
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SECTION 2 – AGENCY CAREGIVER INFORMATION

Name (First, Last)	Address (Number and Street, Apartment/Lot Number)		
City	State	Zip Code	Date of Birth
Home Telephone Area Code and Number		Cell Phone Area Code and Number	
Social Security Number		Email Address	

SECTION 3 – CONSENT TO BE ENROLLED IN CHAMPS

Home Help is a Medicaid-funded program. Only Medicaid-approved providers may work with Home Help clients. MDHHS uses CHAMPS to enroll and approve Medicaid providers. **You must be enrolled in CHAMPS as a Medicaid-approved provider before you work with Home Help clients.**

You will enter CHAMPS through the MILogin website. With MILogin, you only need one user ID and password to enter many State of Michigan websites.

You have chosen to have the agency provider in Section 1 of this form create your MILogin user ID and enroll you in CHAMPS. The agency provider may use your MILogin user ID to check on your CHAMPS enrollment application. The agency provider will give you your MILogin user ID. If your CHAMPS enrollment application is approved, the agency provider will also give you your CHAMPS Provider ID.

You will own your MILogin account and CHAMPS enrollment. As the owner, you will be responsible for any actions taken with your MILogin account and CHAMPS enrollment. You must not share your MILogin user ID and password and your CHAMPS Provider ID.

You should protect your MILogin account and CHAMPS enrollment by changing your MILogin password. If you need help changing your password, call Provider Support at 1-800-979-4662.

By signing below, I agree to have the agency provider create my MILogin user ID and enroll me in CHAMPS. I know the agency provider may need to use my MILogin user ID to check on my CHAMPS enrollment application. I know I am responsible for actions taken with my MILogin account and CHAMPS enrollment. Once I receive my MILogin user ID and password and my CHAMPS Provider ID, I agree not to share them. I know I am responsible for protecting this information by changing my MILogin password.

Agency Caregiver Signature	Date Signed
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SECTION 4 – FINAL ADVERSE LEGAL ACTIONS/CONVICTIONS

1. Have you ever been convicted of a felony or misdemeanor crime? If yes, please explain.	☐ Yes ☐ No
2. Have you ever been removed from or told you cannot participate in a state or federally funded program? If yes, please tell us what program and why.	☐ Yes ☐ No

SECTION 5 – HOME HELP PROGRAM TERMS AND CONDITIONS

By signing below, I agree that I have read the following statements and agree to follow all federal, state and MDHHS rules.

1. I know I work for the agency provider. I am not employed by MDHHS or the State of Michigan.
2. I know MDHHS will use my CHAMPS enrollment to run criminal history screenings. The results of these screenings may prevent me from working as a Medicaid-approved provider. The results will be shared when needed with MDHHS staff, agency provider staff and Home Help clients.
3. I agree to keep my CHAMPS enrollment current. I will update my CHAMPS enrollment within 10 days of any change in my information. This includes but is not limited to a change in my address, phone number or email.
4. I agree to provide the services to the Home Help client that the agency provider assigns to me. I know the hours of services I provide to the Home Help client may not go over the total approved hours listed on the Home Help client's Time and Task.
5. I know I can only receive wages from the agency provider for the services I provide. I will not seek or accept payments from the Home Help client or any other source.

6. I agree to give the agency provider all records needed to show the services I provided to Home Help clients. I know that listing services I did not provide is fraud and could result in criminal charges.
7. I agree to cooperate with MDHHS and/or the agency provider on any audits, investigations or requests for information about Home Help services provided.
8. I know I must tell the agency provider if I am arrested or convicted of a crime.
9. I agree to let the agency provider know of any changes with the Home Help client. This includes but is not limited to the Home Help client being admitted to a hospital, staying in a nursing home or ending Home Help services.
10. I agree to follow the laws on the use and sharing of the Home Help client's protected health information (PHI). This includes the privacy rules in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Public Acts 104-191 (45 CFR Parts 106 and 164, Subparts A, C, and E).
11. I agree to follow the rules for Medicaid providers in 42 CFR 431.107, Act No. 280 of the Public Acts of 1939 and the MDHHS Medicaid Provider Manual.

Agency Caregiver Signature

Date Signed

SECTION 6 – AGENCY CAREGIVER MILOGIN USER ID / PASSWORD AND CHAMPS PROVIDER ID

MILogin User ID	MILogin Password	CHAMPS Provider ID