RFP Addendum No. 1 for Request for Proposals for a Provider to Provide Health Care Services to Medical Assistance and MinnesotaCare Enrollees Under Alternative Payment Arrangements Through Track 1 or Track 2 of the Integrated Health Partnerships (IHP) Program

The State of Minnesota through the Minnesota Department of Human Services (DHS), Minnesota Department of Human Services Managed Care Contracting and Rates Division, issues this addendum to the Request for Proposal (RFP) identified above, which was issued on June 2, 2026.

1. **Revision of Published Deliverables**
   Section 4.5 Letter of Intent of the RFP Document, is deleted and replaced as follows:

   Letters of Intent must be submitted electronically by 11:59 p.m. Central Time on July 31, 2026. Letters must be submitted on organizational letterhead via email to Jackie Sias, Manager, Care Delivery and Payment Reform, at Jackie.Sias@state.mn.us, cc IHP.Admin.DHS@state.mn.us. The Letter of Intent does not obligate the STATE to enter into negotiations with the Responder, and does not serve as a substitute for the proposal. The Letter of Intent does not obligate the applicant to complete the proposal process. Responders that do not electronically submit a Letter of Intent by July 31, 2026 will not be considered for participation in the IHP Program in 2027. **Faxed, mailed, or hand delivered Letters of Intent will not be accepted.** A template for submission can be found in Appendix A1: Letter of Intent Template.

   Section E.4 of the Appendix A: Application Document, is deleted and replaced as follows:

   4. If available at the time of proposal submission, please submit a copy of an executed legal agreement (i.e., Memorandum of Understanding (MOU), Business Associates Agreement (BAA), or a similar agreement) signed by both the Accountable Care Partnership (ACP) and the IHP for purposes of the IHP's ACP arrangement. The legal agreement must include, at a minimum, the purpose of the arrangement, the terms of the relationship including the ACP and IHP roles and responsibilities, financial and in-kind support will be provided by the ACP and the IHP to accomplish the goals of the ACP

      If the executed legal agreement is not available at the time of application, please include a detailed description of the anticipated components and timeline for ensuring this document will be submitted to DHS for consideration no later than November 2, 2026. If the Applicant IHP is selected for a contract, it must ensure that the legal document is submitted by November 2, 2026. The STATE will not execute IHP contracts without submission of this component.

   Appendix 2: Included Services – Category of Service Table, of the Appendix G – Sample Contract Document, is deleted and replaced as follows:

   Appendix 2: Included Services - Category of Service Table[1]

[1] Reviewed April 15, 2026.

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Categories of Service Included or Excluded from IHP TCOC

Service Class	Category of Service	Included (I) / Excluded (E)
Inpatient Claims	001 - Inpatient Hospital General	I*
Inpatient Claims	006 - Inpatient Hosp Rehabilitation	I
Inpatient Claims	014 - Inpatient Hospital IMD	I*
Inpatient Claims	015 - Inpatient Long-Term Hospital	I
Inpatient Claims	074 - Inpatient Hospital Non DRG (psych contract beds)	I*
Inpatient Claims	999 - Undetermined	I*
Long Term Care Services	011 - Nursing Facility - Level I	E
Long Term Care Services	012 – Recuperative Care	E
Long Term Care Services	013 - ICF-MR	E
Long Term Care Services	017 - Nursing Facility - Level II	E
Long Term Care Services	019 - Day Training And Habilitation	E
Long Term Care Services	021 - Consumer Directed	E
Long Term Care Services	033 - Modifications And Adaptations	E
Long Term Care Services	038 - Personal Care Services	E
Long Term Care Services	084 - Swing Bed Services	E
Long Term Care Services	092 - Nutrition Services	E
Long Term Care Services	093 - Chore	E
Long Term Care Services	094 - Companion Services	E
Long Term Care Services	095 - Home Delivered Meals	E
Long Term Care Services	096 - Homemaker Services	E
Long Term Care Services	102 - Adult Day Care	E
Long Term Care Services	104 - Supported Employment Services	E
Long Term Care Services	105 - Supported Living Services	E
Long Term Care Services	106 - Structured Day Program Service	E
Long Term Care Services	107 - Respite Care	E
Long Term Care Services	108 - Assisted Living Services	E
Long Term Care Services	109 - Independent Living Skills	E
Long Term Care Services	110 - In-Home Family Support	E
Long Term Care Services	111 - Developmental Disabilities Screening	E
Long Term Care Services	114 - Extended Home Health AIDE	E
Long Term Care Services	116 - Extended Medical Supplies / Durable Medical Equipment (DME)	E
Long Term Care Services	119 - Extended Personal Care	E
Long Term Care Services	122 - Extended Private Duty Nursing	E
Long Term Care Services	126 - Extended Transportation	E
MH/CD	029 - RTC - Mental Health	I
MH/CD	034 - Family Counseling and Training	I
MH/CD	035 - Behavioral Program Services	I
MH/CD	046 - Mental Health	I*

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Categories of Service Included or Excluded from IHP TCOC		
MH/CD	048 - Early Intensive Developmental And Behavioral Intervention (EIDBI)	E
MH/CD	062 - Chemical Dependency (aka SUD)	I*
MH/CD	063 - Chemical Dependency – Extended Care, Halfway House	I
MH/CD	071 - Case Management Mental Health	I
MH/CD	113 - PASARR - Mental Health	I
MH/CD	999 - Undetermined	I*
Other	005 - Child Welfare Targeted Case Management	I
Other	032 - Medical Supplies/DME	I
Other	036 - Transport, Special	E
Other	037 - Transport, Ambulance	E
Other	045 - Dental	I
Other	052 - IEP (Individual Education Plan for children with disabilities)	E
Other	075 - Eyeglasses/Contact Lenses	I
Other	076 - Prosthetics and Orthotics	I
Other	077 - Hearing Aids	I
Other	100 - Access Services	E
Other	103 - Foster Care	E
Outpatient Facility	007 - Outpatient Hospital Services	I*
Outpatient Facility	020 - Home Health Services	I
Outpatient Facility	025 - Birth Center Facility Fee	I
Outpatient Facility	041 - Anesthesia	I
Outpatient Facility	043 - Physician Services	I
Outpatient Facility	051 - Physical Therapy	I
Outpatient Facility	053 - Speech Therapy	I
Outpatient Facility	054 - Occupational Therapy	I
Outpatient Facility	056 - Ambulatory Surgery	I
Outpatient Facility	058 - Audiology	I
Outpatient Facility	072 - Hospice	I
Outpatient Facility	078 - Vision	I
Outpatient Facility	079 - Radiology, Technical Component	I
Outpatient Facility	080 - Laboratory	I
Outpatient Facility	082 - Fed Qualified Health Cntr Svc	I
Outpatient Facility	083 - Rural Health Clinic Services	I
Outpatient Facility	087 - End-Stage Renal Dialysis	E
Outpatient Facility	088 - Public Health Nursing	I
Outpatient Facility	089 - Private Duty Nursing	I
Outpatient Facility	118 - Extended Occupational Therapy	I
Outpatient Facility	121 - Extended Physical Therapy	I
Outpatient Facility	999 - Undetermined	I*

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Categories of Service Included or Excluded from IHP TCOC		
Pharmacy	030 - Pharmacy Services	I
Professional	020 - Home Health Services	I
Professional	022 - Transitional Services	E
Professional	040 - Child And Teen Checkup	I
Professional	041 - Anesthesia	I
Professional	043 - Physician Services	I
Professional	044 - Case Management - Other	I
Professional	051 - Physical Therapy	I
Professional	053 - Speech Therapy	I
Professional	054 - Occupational Therapy	I
Professional	055 - Podiatry	I
Professional	057 - Chiropractic	I
Professional	058 - Audiology	I
Professional	078 - Vision	I
Professional	079 - Radiology, Technical Component	I
Professional	080 - Laboratory	I
Professional	088 - Public Health Nursing	I
Professional	089 - Private Duty Nursing	I
Professional	090 - Nurse Midwife Services	I
Professional	091 - Nurse Practitioner Services	I
Professional	999 - Uncategorized	I*

* Some Categories of Service (COS) contain both included and excluded services. "I*" indicates that some claims within the category may be excluded from the TCOC. In most cases, the excluded services within these categories are ones designated as high-risk in 2025. Please see Section 16.11 for more information about how IHPs' TCOC will be impacted by services designated as high-risk.

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