

85.16

ARTICLE 6

85.17

MISCELLANEOUS

85.18 Section 1. Minnesota Statutes 2022, section 254A.03, subdivision 1, is amended to read:

85.19 Subdivision 1. **Alcohol and Other Drug Abuse Section.** There is hereby created an
85.20 Alcohol and Other Drug Abuse Section in the Department of Human Services. This section
85.21 shall be headed by a director. The commissioner may place the director's position in the
85.22 unclassified service if the position meets the criteria established in section 43A.08,
85.23 subdivision 1a. The section shall:

85.24 (1) conduct and foster basic research relating to the cause, prevention and methods of
85.25 diagnosis, treatment and recovery of persons with substance misuse and substance use
85.26 disorder;

85.27 (2) coordinate and review all activities and programs of all the various state departments
85.28 as they relate to problems associated with substance misuse and substance use disorder;

86.1 (3) develop, demonstrate, and disseminate new methods and techniques for prevention,
86.2 early intervention, treatment and recovery support for substance misuse and substance use
86.3 disorder;

86.4 (4) gather facts and information about substance misuse and substance use disorder, and
86.5 about the efficiency and effectiveness of prevention, treatment, and recovery support services
86.6 from all comprehensive programs, including programs approved or licensed by the
86.7 commissioner of human services or the commissioner of health or accredited by the Joint
86.8 Commission on Accreditation of Hospitals. The state authority is authorized to require
86.9 information from comprehensive programs which is reasonable and necessary to fulfill
86.10 these duties. When required information has been previously furnished to a state or local
86.11 governmental agency, the state authority shall collect the information from the governmental
86.12 agency. The state authority shall disseminate facts and summary information about problems
86.13 associated with substance misuse and substance use disorder to public and private agencies,
86.14 local governments, local and regional planning agencies, and the courts for guidance to and
86.15 assistance in prevention, treatment and recovery support;

86.16 (5) inform and educate the general public on substance misuse and substance use disorder;

86.17 (6) serve as the state authority concerning substance misuse and substance use disorder
86.18 by monitoring the conduct of diagnosis and referral services, research and comprehensive
86.19 programs. The state authority shall submit a biennial report to the governor and the legislature
86.20 containing a description of public services delivery and recommendations concerning
86.21 increase of coordination and quality of services, and decrease of service duplication and
86.22 cost;

86.23 (7) establish a state plan which shall set forth goals and priorities for a comprehensive
86.24 continuum of care for substance misuse and substance use disorder for Minnesota. All state

83.21

ARTICLE 7

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MISCELLANEOUS

83.23 Section 1. Minnesota Statutes 2022, section 254A.03, subdivision 1, is amended to read:

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83.25 Alcohol and Other Drug Abuse Section in the Department of Human Services. This section
83.26 shall be headed by a director. The commissioner may place the director's position in the
83.27 unclassified service if the position meets the criteria established in section 43A.08,
83.28 subdivision 1a. The section shall:

84.1 (1) conduct and foster basic research relating to the cause, prevention and methods of
84.2 diagnosis, treatment and recovery of persons with substance misuse and substance use
84.3 disorder;

84.4 (2) coordinate and review all activities and programs of all the various state departments
84.5 as they relate to problems associated with substance misuse and substance use disorder;

84.6 (3) develop, demonstrate, and disseminate new methods and techniques for prevention,
84.7 early intervention, treatment and recovery support for substance misuse and substance use
84.8 disorder;

84.9 (4) gather facts and information about substance misuse and substance use disorder, and
84.10 about the efficiency and effectiveness of prevention, treatment, and recovery support services
84.11 from all comprehensive programs, including programs approved or licensed by the
84.12 commissioner of human services or the commissioner of health or accredited by the Joint
84.13 Commission on Accreditation of Hospitals. The state authority is authorized to require
84.14 information from comprehensive programs which is reasonable and necessary to fulfill
84.15 these duties. When required information has been previously furnished to a state or local
84.16 governmental agency, the state authority shall collect the information from the governmental
84.17 agency. The state authority shall disseminate facts and summary information about problems
84.18 associated with substance misuse and substance use disorder to public and private agencies,
84.19 local governments, local and regional planning agencies, and the courts for guidance to and
84.20 assistance in prevention, treatment and recovery support;

84.21 (5) inform and educate the general public on substance misuse and substance use disorder;

84.22 (6) serve as the state authority concerning substance misuse and substance use disorder
84.23 by monitoring the conduct of diagnosis and referral services, research and comprehensive
84.24 programs. The state authority shall submit a biennial report to the governor and the legislature
84.25 containing a description of public services delivery and recommendations concerning
84.26 increase of coordination and quality of services, and decrease of service duplication and
84.27 cost;

84.28 (7) establish a state plan which shall set forth goals and priorities for a comprehensive
84.29 continuum of care for substance misuse and substance use disorder for Minnesota. All state

86.25 agencies operating substance misuse or substance use disorder programs or administering
86.26 state or federal funds for such programs shall annually set their program goals and priorities
86.27 in accordance with the state plan. Each state agency shall annually submit its plans and
86.28 budgets to the state authority for review. The state authority shall certify whether proposed
86.29 services comply with the comprehensive state plan and advise each state agency of review
86.30 findings;

86.31 (8) make contracts with and grants to public and private agencies and organizations,
86.32 both profit and nonprofit, and individuals, using federal funds, and state funds as authorized
86.33 to pay for costs of state administration, including evaluation, statewide programs and services,
86.34 research and demonstration projects, and American Indian programs;

87.1 (9) receive and administer money available for substance misuse and substance use
87.2 disorder programs under the alcohol, drug abuse, and mental health services block grant,
87.3 United States Code, title 42, sections 300X to 300X-9;

87.4 (10) solicit and accept any gift of money or property for purposes of Laws 1973, chapter
87.5 572, and any grant of money, services, or property from the federal government, the state,
87.6 any political subdivision thereof, or any private source;

87.7 (11) with respect to substance misuse and substance use disorder programs serving the
87.8 American Indian community, establish guidelines for the employment of personnel with
87.9 considerable practical experience in substance misuse and substance use disorder, and
87.10 understanding of social and cultural problems related to substance misuse and substance
87.11 use disorder, in the American Indian community.

87.12 Sec. 2. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10, is
87.13 amended to read:

87.14 Subd. 10. **Evaluation of information and data.** (a) The commissioner shall, within
87.15 available resources, conduct research and gather data and information from existing state
87.16 systems or other outside sources on the following items:

87.17 (1) differences in the underlying cost to provide services and care across the state;

87.18 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
87.19 units of transportation for all day services, which must be collected from providers using
87.20 the rate management worksheet and entered into the rates management system; and

87.21 (3) the distinct underlying costs for services provided by a license holder under sections
87.22 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
87.23 by a license holder certified under section 245D.33.

87.24 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the
87.25 following values already in subdivisions 6 to 9, or issues that impact all services, including,
87.26 but not limited to:

87.27 (1) values for transportation rates;

84.30 agencies operating substance misuse or substance use disorder programs or administering
84.31 state or federal funds for such programs shall annually set their program goals and priorities
84.32 in accordance with the state plan. Each state agency shall annually submit its plans and
84.33 budgets to the state authority for review. The state authority shall certify whether proposed
85.1 services comply with the comprehensive state plan and advise each state agency of review
85.2 findings;

85.3 (8) make contracts with and grants to public and private agencies and organizations,
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85.5 to pay for costs of state administration, including evaluation, statewide programs and services,
85.6 research and demonstration projects, and American Indian programs;

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85.8 disorder programs under the alcohol, drug abuse, and mental health services block grant,
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85.11 572, and any grant of money, services, or property from the federal government, the state,
85.12 any political subdivision thereof, or any private source;

85.13 (11) with respect to substance misuse and substance use disorder programs serving the
85.14 American Indian community, establish guidelines for the employment of personnel with
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85.24 (2) mileage, vehicle type, lift requirements, incidents of individual and shared rides, and
85.25 units of transportation for all day services, which must be collected from providers using
85.26 the rate management worksheet and entered into the rates management system; and

85.27 (3) the distinct underlying costs for services provided by a license holder under sections
85.28 245D.05, 245D.06, 245D.07, 245D.071, 245D.081, and 245D.09, and for services provided
85.29 by a license holder certified under section 245D.33.

85.30 (b) The commissioner, in consultation with stakeholders, shall review and evaluate the
85.31 following values already in subdivisions 6 to 9, or issues that impact all services, including,
85.32 but not limited to:

86.1 (1) values for transportation rates;

87.28 (2) values for services where monitoring technology replaces staff time;
87.29 (3) values for indirect services;
87.30 (4) values for nursing;
88.1 (5) values for the facility use rate in day services, and the weightings used in the day
88.2 service ratios and adjustments to those weightings;
88.3 (6) values for workers' compensation as part of employee-related expenses;
88.4 (7) values for unemployment insurance as part of employee-related expenses;
88.5 (8) direct care workforce labor market measures;
88.6 (9) any changes in state or federal law with a direct impact on the underlying cost of
88.7 providing home and community-based services;
88.8 (10) outcome measures, determined by the commissioner, for home and community-based
88.9 services rates determined under this section; and
88.10 (11) different competitive workforce factors by service, as determined under subdivision
88.11 10b.
88.12 ~~(e) The commissioner shall report to the chairs and the ranking minority members of~~
88.13 ~~the legislative committees and divisions with jurisdiction over health and human services~~
88.14 ~~policy and finance with the information and data gathered under paragraphs (a) and (b) on~~
88.15 ~~January 15, 2021, with a full report, and a full report once every four years thereafter.~~
88.16 ~~(d)~~ (c) Beginning July 1, 2022, the commissioner shall renew analysis and implement
88.17 changes to the regional adjustment factors once every six years. Prior to implementation,
88.18 the commissioner shall consult with stakeholders on the methodology to calculate the
88.19 adjustment.
88.20 Sec. 3. Minnesota Statutes 2023 Supplement, section 256B.4914, subdivision 10a, is
88.21 amended to read:
88.22 Subd. 10a. **Reporting and analysis of cost data.** (a) The commissioner must ensure
88.23 that wage values and component values in subdivisions 5 to 9 reflect the cost to provide the
88.24 service. As determined by the commissioner, in consultation with stakeholders identified
88.25 in subdivision 17, a provider enrolled to provide services with rates determined under this
88.26 section must submit requested cost data to the commissioner to support research on the cost
88.27 of providing services that have rates determined by the disability waiver rates system.
88.28 Requested cost data may include, but is not limited to:
88.29 (1) worker wage costs;
88.30 (2) benefits paid;
88.31 (3) supervisor wage costs;

86.2 (2) values for services where monitoring technology replaces staff time;
86.3 (3) values for indirect services;
86.4 (4) values for nursing;
86.5 (5) values for the facility use rate in day services, and the weightings used in the day
86.6 service ratios and adjustments to those weightings;
86.7 (6) values for workers' compensation as part of employee-related expenses;
86.8 (7) values for unemployment insurance as part of employee-related expenses;
86.9 (8) direct care workforce labor market measures;
86.10 (9) any changes in state or federal law with a direct impact on the underlying cost of
86.11 providing home and community-based services;
86.12 (10) outcome measures, determined by the commissioner, for home and community-based
86.13 services rates determined under this section; and
86.14 (11) different competitive workforce factors by service, as determined under subdivision
86.15 10b.
86.16 ~~(e) The commissioner shall report to the chairs and the ranking minority members of~~
86.17 ~~the legislative committees and divisions with jurisdiction over health and human services~~
86.18 ~~policy and finance with the information and data gathered under paragraphs (a) and (b) on~~
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86.30 section must submit requested cost data to the commissioner to support research on the cost
87.1 of providing services that have rates determined by the disability waiver rates system.
87.2 Requested cost data may include, but is not limited to:
87.3 (1) worker wage costs;
87.4 (2) benefits paid;
87.5 (3) supervisor wage costs;

89.1 (4) executive wage costs;
89.2 (5) vacation, sick, and training time paid;
89.3 (6) taxes, workers' compensation, and unemployment insurance costs paid;
89.4 (7) administrative costs paid;
89.5 (8) program costs paid;
89.6 (9) transportation costs paid;
89.7 (10) vacancy rates; and
89.8 (11) other data relating to costs required to provide services requested by the
89.9 commissioner.
89.10 (b) At least once in any five-year period, a provider must submit cost data for a fiscal
89.11 year that ended not more than 18 months prior to the submission date. The commissioner
89.12 shall provide each provider a 90-day notice prior to its submission due date. If a provider
89.13 fails to submit required reporting data, the commissioner shall provide notice to providers
89.14 that have not provided required data 30 days after the required submission date, and a second
89.15 notice for providers who have not provided required data 60 days after the required
89.16 submission date. The commissioner shall temporarily suspend payments to the provider if
89.17 cost data is not received 90 days after the required submission date. Withheld payments
89.18 shall be made once data is received by the commissioner.
89.19 (c) The commissioner shall conduct a random validation of data submitted under
89.20 paragraph (a) to ensure data accuracy. The commissioner shall analyze cost documentation
89.21 in paragraph (a) and provide recommendations for adjustments to cost components.
89.22 (d) The commissioner shall analyze cost data submitted under paragraph (a) ~~and, in~~
89.23 ~~consultation with stakeholders identified in subdivision 17, may submit recommendations~~
89.24 ~~on component values and inflationary factor adjustments to the chairs and ranking minority~~
89.25 ~~members of the legislative committees with jurisdiction over human services once every~~
89.26 ~~four years beginning January 1, 2021. The commissioner shall make recommendations in~~
89.27 ~~conjunction with reports submitted to the legislature according to subdivision 10, paragraph~~
89.28 ~~(e).~~ The commissioner shall release cost data in an aggregate form. Cost data from individual
89.29 providers must not be released except as provided for in current law.
89.30 (e) The commissioner shall use data collected in paragraph (a) to determine the
89.31 compliance with requirements identified under subdivision 10d. The commissioner shall
89.32 identify providers who have not met the thresholds identified under subdivision 10d on the
90.1 Department of Human Services website for the year for which the providers reported their
90.2 costs.

87.6 (4) executive wage costs;
87.7 (5) vacation, sick, and training time paid;
87.8 (6) taxes, workers' compensation, and unemployment insurance costs paid;
87.9 (7) administrative costs paid;
87.10 (8) program costs paid;
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87.28 ~~consultation with stakeholders identified in subdivision 17, may submit recommendations~~
87.29 ~~on component values and inflationary factor adjustments to the chairs and ranking minority~~
87.30 ~~members of the legislative committees with jurisdiction over human services once every~~
87.31 ~~four years beginning January 1, 2021. The commissioner shall make recommendations in~~
88.1 ~~conjunction with reports submitted to the legislature according to subdivision 10, paragraph~~
88.2 ~~(e).~~ The commissioner shall release cost data in an aggregate form. Cost data from individual
88.3 providers must not be released except as provided for in current law.
88.4 (e) The commissioner shall use data collected in paragraph (a) to determine the
88.5 compliance with requirements identified under subdivision 10d. The commissioner shall
88.6 identify providers who have not met the thresholds identified under subdivision 10d on the
88.7 Department of Human Services website for the year for which the providers reported their
88.8 costs.

90.3 Sec. 4. Minnesota Statutes 2022, section 256B.69, subdivision 5k, is amended to read:

90.4 Subd. 5k. **Actuarial soundness.** ~~(a)~~ Rates paid to managed care plans and county-based

90.5 purchasing plans shall satisfy requirements for actuarial soundness. In order to comply with

90.6 this subdivision, the rates must:

90.7 (1) be neither inadequate nor excessive;

90.8 (2) satisfy federal requirements;

90.9 (3) in the case of contracts with incentive arrangements, not exceed 105 percent of the

90.10 approved capitation payments attributable to the enrollees or services covered by the incentive

90.11 arrangement;

90.12 (4) be developed in accordance with generally accepted actuarial principles and practices;

90.13 (5) be appropriate for the populations to be covered and the services to be furnished

90.14 under the contract; and

90.15 (6) be certified as meeting the requirements of federal regulations by actuaries who meet

90.16 the qualification standards established by the American Academy of Actuaries and follow

90.17 the practice standards established by the Actuarial Standards Board.

90.18 ~~(b) Each year within 30 days of the establishment of plan rates the commissioner shall~~

90.19 ~~report to the chairs and ranking minority members of the senate Health and Human Services~~

90.20 ~~Budget Division and the house of representatives Health Care and Human Services Finance~~

90.21 ~~Division to certify how each of these conditions have been met by the new payment rates.~~

90.22 Sec. 5. Minnesota Statutes 2022, section 402A.16, subdivision 2, is amended to read:

90.23 Subd. 2. **Duties.** The Human Services Performance Council shall:

90.24 (1) hold meetings at least quarterly that are in compliance with Minnesota's Open Meeting

90.25 Law under chapter 13D;

90.26 (2) annually review the annual performance data submitted by counties or service delivery

90.27 authorities;

90.28 (3) review and advise the commissioner on department procedures related to the

90.29 implementation of the performance management system and system process requirements

90.30 and on barriers to process improvement in human services delivery;

91.1 (4) advise the commissioner on the training and technical assistance needs of county or

91.2 service delivery authority and department personnel;

91.3 (5) review instances in which a county or service delivery authority has not made adequate

91.4 progress on a performance improvement plan and make recommendations to the

91.5 commissioner under section 402A.18;

88.9 Sec. 4. Minnesota Statutes 2022, section 256B.69, subdivision 5k, is amended to read:

88.10 Subd. 5k. **Actuarial soundness.** ~~(a)~~ Rates paid to managed care plans and county-based

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88.12 this subdivision, the rates must:

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88.15 (3) in the case of contracts with incentive arrangements, not exceed 105 percent of the

88.16 approved capitation payments attributable to the enrollees or services covered by the incentive

88.17 arrangement;

88.18 (4) be developed in accordance with generally accepted actuarial principles and practices;

88.19 (5) be appropriate for the populations to be covered and the services to be furnished

88.20 under the contract; and

88.21 (6) be certified as meeting the requirements of federal regulations by actuaries who meet

88.22 the qualification standards established by the American Academy of Actuaries and follow

88.23 the practice standards established by the Actuarial Standards Board.

88.24 ~~(b) Each year within 30 days of the establishment of plan rates the commissioner shall~~

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89.4 implementation of the performance management system and system process requirements

89.5 and on barriers to process improvement in human services delivery;

89.6 (4) advise the commissioner on the training and technical assistance needs of county or

89.7 service delivery authority and department personnel;

89.8 (5) review instances in which a county or service delivery authority has not made adequate

89.9 progress on a performance improvement plan and make recommendations to the

89.10 commissioner under section 402A.18;

91.6 (6) consider appeals from counties or service delivery authorities that are in the remedies
91.7 process and make recommendations to the commissioner on resolving the issue;

91.8 (7) convene working groups to update and develop outcomes, measures, and performance
91.9 thresholds for the performance management system and, on an annual basis, present these
91.10 recommendations to the commissioner, including recommendations on when a particular
91.11 essential human services program has a balanced set of program measures in place;

91.12 (8) make recommendations on human services administrative rules or statutes that could
91.13 be repealed in order to improve service delivery; and

91.14 (9) provide information to stakeholders on the council's role and regularly collect
91.15 stakeholder input on performance management system performance; ~~and.~~

91.16 ~~(10) submit an annual report to the legislature and the commissioner, which includes a~~
91.17 ~~comprehensive report on the performance of individual counties or service delivery~~
91.18 ~~authorities as it relates to system measures; a list of counties or service delivery authorities~~
91.19 ~~that have been required to create performance improvement plans and the areas identified~~
91.20 ~~for improvement as part of the remedies process; a summary of performance improvement~~
91.21 ~~training and technical assistance activities offered to the county personnel by the department;~~
91.22 ~~recommendations on administrative rules or state statutes that could be repealed in order to~~
91.23 ~~improve service delivery; recommendations for system improvements, including updates~~
91.24 ~~to system outcomes, measures, and thresholds; and a response from the commissioner.~~

91.25 Sec. 6. **REPEALER.**

91.26 Minnesota Statutes 2022, sections 245G.011, subdivision 5; 252.34; and 256.01,
91.27 subdivision 39, are repealed.

89.11 (6) consider appeals from counties or service delivery authorities that are in the remedies
89.12 process and make recommendations to the commissioner on resolving the issue;

89.13 (7) convene working groups to update and develop outcomes, measures, and performance
89.14 thresholds for the performance management system and, on an annual basis, present these
89.15 recommendations to the commissioner, including recommendations on when a particular
89.16 essential human services program has a balanced set of program measures in place;

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89.18 be repealed in order to improve service delivery; and

89.19 (9) provide information to stakeholders on the council's role and regularly collect
89.20 stakeholder input on performance management system performance; ~~and.~~

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89.24 ~~that have been required to create performance improvement plans and the areas identified~~
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89.28 ~~improve service delivery; recommendations for system improvements, including updates~~
89.29 ~~to system outcomes, measures, and thresholds; and a response from the commissioner.~~

89.30 Sec. 6. **REPEALER.**

89.31 Minnesota Statutes 2022, sections 245G.011, subdivision 5; 252.34; 256.01, subdivisions
89.32 39 and 41; 256B.79, subdivision 6; and 256K.45, subdivision 2, are repealed.