				-		
E	I ORIGINAL		ED		LRB or Bill N DWD 56	lo./Adm. Rule No.
FISCAL ESTIMATE	CORRECTED		UPPLEMENTAL		Amendment	No. if Applicable
DOA-2048 N(R03/97)						
Subject Child care copayments				·		
Fiscal Effect State: D No State Fiscal Effect			1	_	_	
Check columns below only if bill makes a direct appropriation				□ Increase Costs - May be possible to Absorb		
or affects a sum sufficient appropriation.				Within Agency's Budget 🛛 Yes 🛛 No		
 Increase Existing Appropriation Increase Existing Revenues Decrease Existing Appropriation Create New Appropriation 				⊠ Decrease Costs		
Local: 🗵 No local government costs						
1. 🛛 Increase Costs	3. 🛛 Increase Revenues			5. Types of Local Governmental Units Affected:		
□ Permissive □ Mandatory	🗆 Permissive	e 🗆 Manda	atory	🗆 Towns	🗆 Villag	es 🛛 Cities
2. Decrease Costs	4. 🛛 Decrease Revenues			□ Counties	□ Others	S
Permissive Mandatory	Permissive	e 🗆 Manda	atory	School Di	istricts I	UWTCS Districts
Fund Sources Affected Affected Ch ☑ GPR ☑ FED □ PRO □ PRS ☑ SEG □ SEG-S 20.445 (3)					riations	
Assumptions Used in Arriving at Fiscal Estimate						

By combining the copayment rates for licensed and certified care at the licensed level, the Department will experience savings related to the increased copayment for certified care. By comparing the current copayments at the certified rate against the new copayment and applying that to the cost of care for child care subsidy parents who used certified care in SFY 07, it is estimated that the Department will realize about \$475,000 in savings in direct child care subsidies for the three months that the rule will be effective in SFY 08, based on savings of \$1,900,000 that might be expected for a full year.

Savings may diminish over time when program participants experience no differential in cost for varying types of care. As a result, SFY 09 savings are assumed to be only twice the SFY 08 amount, or \$950,000. Current-year appropriations are still anticipated to be fully expended.

Long-Range Fiscal Implications If program participants migrate to higher cost licensed care, the change may be cost neutral over time.

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