						2007 Session	
					LRB or Bill N	No./Adm. Rule No.	
					DWD 40		
	□ ORIGINAL □ ORDER		UPDATED				
FISCAL ESTIMATE DOA-2048 N(R03/97)	☐ CORRECT	ED 🗆	SUPPLEMENTA	AL	Amendment	No. if Applicable	
Subject							
Establishment of birth cost orders based on child support guidelines							
Fiscal Effect							
State: ☑ No State Fiscal Effect							
Check columns below only if bill makes a direct appropriation				☐ Increase 0	☐ Increase Costs - May be possible to Absorb		
or affects a sum sufficient appropriation.				Within Ag	Within Agency's Budget ☐ Yes ☐ No		
☐ Increase Existing Appropriation ☐ Increase Existing Revenues							
☐ Decrease Existing Appropriation ☐ Decrease Existing Revenues			☐ Decrease Costs				
☐ Create New Appropriation Local:							
l <u> </u>					F. Types of Legal Covernmental Unite Affected:		
□ Increase Costs □ Permissive □ Mandatory			s □ Mandatory		Types of Local Governmental Units Affected: □ Towns □ Villages □ Cities		
2. ☐ Decrease Costs		ennissive ease Revenue	,	☐ Counties	☐ Villag		
□ Permissive □ Mandatory			□ Mandatory	☐ School Dis		S ☐ WTCS Districts	
				Ch. 20 Appropriations			
Assumptions Used in Arriving at Fiscal Estimate							
The rule allows Wisconsin to continue to collect birth cost judgments owed to the state through federal income tax refund offset. If the department failed to enact this rule to comply with OCSE requirements, the state and county child support agencies would likely experience a decrease in revenue. In calendar year 2007, the child support program collected \$11,481,000 in birth costs through federal income tax refund offset. Of the nearly \$11.5 million collected, approximately \$6.62 million was returned to the federal government to reimburse Medicaid costs, \$1.72 million was used by county child support agency programs to benefit children in the state, and the remaining \$3.14 million was returned to the state Medicaid program.							
Long-Range Fiscal Implications Continuation of current revenue.							
Continuation of current revenue.							
Agency/Prepared by: (Name & Phone No DWD/Sue Kinas 608-264-9826	.)	Authorize	d Signature/Tele	phone No.		Date	