DOAA
Georgia Department
of Audits & Accounts

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State Auditor

February 4, 2026

Senator Kay Kirkpatrick
Chairman, Senate Children and Families
421-B Capitol Building
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
Senate Bill 402 (LC 52 0892)

Dear Chairman Kirkpatrick:

The bill would establish a pilot program through the Division of Family and Children Services (DFCS) within the Department of Human Services (DHS) to provide screenings, clinical evaluations, training, services, and resources related to autism spectrum disorder for children in foster care. The program would include development, implementation, and administration of services, as well as preparation of a final report with recommendations. The bill also provides for definitions, rules and regulations, and automatic repeal, and it does not specify an effective date. Projected costs of the bill use the data and assumptions below.

Program Background

Data provided by DFCS indicates that, as of January 26, 2026, there were 9,810 foster care children in custody across 14 DFCS regions. DFCS also reported approximately 4,900 to 5,500 foster care removals per year across the state, with an average length of stay of approximately 23 to 27 months. The number of annual screenings for autism will be driven by both the existing foster care population and new entrants.

Funding was provided in fiscal year 2023 for a pilot program in region 12. For purposes of this fiscal note, Region 12 is treated as one of the three regions in the first year of the pilot required by the bill. The fiscal note estimate considers the experience of the existing pilot.

Cost Estimate

Table 1 presents estimated program costs associated with pilot expansion. Year 1 reflects initial screening of all foster care children in participating regions, while Year 2 reflects screening of newly entering foster care children and additional regions coming online. Final year reflects the annual cost for implementation across all 14 DFCS regions, based on current foster care population levels. Once all regions have received one-time training and all children in the final regions have been screened, the annual ongoing costs will slightly decline to approximately $5.0 million.

Table 1: Estimated Annual Costs of LC 52 0892

	Year 1 (3 Regions)	Year 2 (6 Regions)	Final Year (14 Regions)
Screening and Diagnosis			
Licensed Practical Nurse	$265,700	$531,400	$1,417,100
Medical Receptionist	$222,900	$445,700	$1,188,600
Physician Assistant (PT)	$356,600	$713,143	$1,901,700
Screening Materials[1]	$6,750	$9,900	$22,500
Program Management			
Project Director	$390,000	$390,000	$390,000
Project Design (One Time)	$50,000	-	-
Travel	$6,000	$12,000	$24,000
Data Analysis	<$110,000	<$110,000	<$110,000
Training			
Staff Training (Per Region)[2]	$160,000	$240,000	$240,000
Training Podcasts (One Time)	$12,000	-	-
Total	$1,579,900	$2,452,200	$5,293,900

Note: Totals may not sum due to rounding

[1] The regions chosen for the pilot each year will impact the screening material costs. On January 26, 2026, the number of children per region ranged from 324 to 1,343. Year 1 costs are based on the population of regions 4, 9, and 12. Costs include screening for all children in the region added, as well as children entering the system during the year in all regions already included in the pilot. Final year assumes three regions added have a total of 2,500 children already in foster care system.

[2] Contract costs to train regional practices are estimated at $80,000 per region, incurred only in the year the region is added to the pilot. The multi-year total would be $1.04 million for 13 regions (region 12 already has a regional practice). Final year assumes three regions are added to the pilot

- **Screening and Diagnosis Costs** – All foster care children in a participating region would receive an initial autism screening. Based on the screening result, children would receive further clinical evaluation and diagnostic services. While additional screening could lead to an increase in treatment costs, it is also possible that the children are currently be treated for misdiagnosed conditions. As a result, we cannot determine how treatment costs may change.

  Screening and diagnostic services would be delivered through contracted physician offices located within participating regions. The state, through DFCS, would contract with regional provider offices to support and fund the delivery of screening and diagnostic services for children in foster care. For each participating region, services would be delivered through a designated physician office.[1]

  Screening activities would be conducted by a dedicated Licensed Practical Nurse (LPN) within the physician office, while scheduling, follow-up, and coordination would be handled by a medical receptionist in the same office. A physician assistant would devote one day per week to the program. We assumed salaries of $62,000 for the LPN, $52,000 for the medical receptionist, and $83,200 for the physician assistant time. Consistent with data from the Bureau of Labor Statistics, we added benefits to equal 30% of total compensation.

  Screening materials cost approximately $3 per youth. The amounts in Table 1 assume that all youth already in the system are screened, as well as any youth that enter the system within a typical year. Total screening material costs will vary by region and year based on

[1] *For two regions with more than 1,000 foster children each, we assumed two LPNs, two medical receptionists, and two physician assistants.*

foster care population and intake activity. For year one, we assumed 2,250 screenings, which includes 1,500 children already in the region and 750 entering the system during the year. For year two, we assumed 3,200 screenings (1,700 in the three new regions and 1,600 entering the system across the six regions in the pilot. Once all regions are included, we assumed 7,500 screenings (2,500 children in the last regions added and 5,000 added to the system during the year).

- **Project Oversight and Evaluation** – Under the existing pilot, project director costs total approximately $130,000 annually. As the program expands to three regions, project director costs are expected to increase up to a maximum of three times the current cost for one region. Accordingly, project director costs are assumed at $390,000 annually. Additional funding is provided for travel to regions as part of program management and oversight.

  Other costs include one-time costs of up to $50,000 for program design, such as creating policies, procedures, data collection tools, and other documents needed by providers. Finally, data analysis and evaluation costs during the original pilot were $110,000 annually. During the pilot created by this bill, evaluation objectives are expected to be less complex; therefore, costs are expected to be less than $110,000 annually.

- **Training and Startup Costs** – The training of healthcare providers, nurses, medical receptionists, and county leadership is estimated at approximately $80,000 per region and occurs only in the year the region is added to the pilot. In addition, the creation of training podcasts is estimated at approximately $400–$500 per episode, with an estimated total of 30 episodes. These are also one-time startup costs.

  A one-time project design cost of approximately $50,000 would be incurred to develop standardized workflows, screening protocols, and data collection tools and is not expected to recur for additional regions.

Additional Considerations

Factors that may affect the fiscal impact of this bill include variation in foster care populations by region and over time, provider availability, and the number of children requiring clinical evaluation following screening.

It should be noted that treatment costs are covered by Medicaid and are not included in this fiscal note.

Respectfully,

Greg S. Griffin
State Auditor

Richard Dunn, Director
Office of Planning and Budget

GSG/RD/jt