

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |



**Fiscal Year FY 2024-2025  
Agency Budget Plan**

**FORM A - BUDGET PLAN SUMMARY**

|   |   |   |
|---|---|---|
| <b>OPERATING REQUESTS</b><br><i>(FORM B1)</i> | <b>For FY 2024-2025, my agency is (mark "X"):</b> |   |
|   | <input checked="" type="checkbox"/>               | Requesting General Fund Appropriations. |
|   | <input checked="" type="checkbox"/>               | Requesting Federal/Other Authorization. |
|   | <input type="checkbox"/>                          | Not requesting any changes.             |

|   |   |   |
|---|---|---|
| <b>NON-RECURRING REQUESTS</b><br><i>(FORM B2)</i> | <b>For FY 2024-2025, my agency is (mark "X"):</b> |   |
|   | <input type="checkbox"/>                          | Requesting Non-Recurring Appropriations.              |
|   | <input type="checkbox"/>                          | Requesting Non-Recurring Federal/Other Authorization. |
|   | <input checked="" type="checkbox"/>               | Not requesting any changes.                           |

|  |   |  |
|--|---|--|
| <b>CAPITAL REQUESTS</b><br><i>(FORM C)</i> | <b>For FY 2024-2025, my agency is (mark "X"):</b> |  |
|  | <input checked="" type="checkbox"/>               | Requesting funding for Capital Projects. |
|  | <input type="checkbox"/>                          | Not requesting any changes.              |

|                                    |   |   |
|------------------------------------|---|---|
| <b>PROVISOS</b><br><i>(FORM D)</i> | <b>For FY 2024-2025, my agency is (mark "X"):</b> |   |
|                                    | <input type="checkbox"/>                          | Requesting a new proviso and/or substantive changes to existing provisos. |
|                                    | <input type="checkbox"/>                          | Only requesting technical proviso changes (such as date references).      |
|                                    | <input checked="" type="checkbox"/>               | Not requesting any proviso changes.                                       |

Please identify your agency's preferred contacts for this year's budget process.

|                           | <i>Name</i>  | <i>Phone</i>   | <i>Email</i>         |
|---------------------------|--|----------------|----------------------|
| <b>PRIMARY CONTACT:</b>   | Sabrina Walker, Director of Grants & Funds Managem | (803) 896-6604 | swalker@scvrd.net    |
| <b>SECONDARY CONTACT:</b> | Keri Dowd-Pugh, Senior Administrative Manager      | (803) 896-4838 | KDowd-Pugh@SCVRD.NET |

I have reviewed and approved the enclosed FY 2024-2025 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

|                         | <i>Agency Director</i>            | <i>Board or Commission Chair</i> |
|-------------------------|-----------------------------------|----------------------------------|
| <b>SIGN/DATE:</b>       | <i>Felicia W. Johnson 9/21/23</i> | <i>Roxzanne B. Braland, D.C.</i> |
| <b>TYPE/PRINT NAME:</b> | <i>Felicia W. Johnson</i>         | <i>ROXZANNE B. BRALAND, D.C.</i> |

*This form must be signed by the agency head – not a delegate.*

|              |   |
|--------------|---|
| Agency Name: | Department Of Vocational Rehabilitation |
| Agency Code: | H730                                    |
| Section:     | 32                                      |

| BUDGET REQUESTS |                |                                   | FUNDING |            |           |            |            | FTES  |         |           |            |       |
|-----------------|----------------|-----------------------------------|---------|------------|-----------|------------|------------|-------|---------|-----------|------------|-------|
| Priority        | Request Type   | Request Title                     | State   | Federal    | Earmarked | Restricted | Total      | State | Federal | Earmarked | Restricted | Total |
| 1               | B1 - Recurring | Case Services - Rate Increases    | 500,000 | 5,500,000  | 0         | 0          | 6,000,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 2               | C - Capital    | Conway VR Center Repaving         | 141,750 | 425,250    | 0         | 0          | 567,000    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 3               | C - Capital    | Lexington VR Center Repaving      | 176,850 | 530,550    | 0         | 0          | 707,400    | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| 4               | B1 - Recurring | Bonus Pay - Federal Authorization | 0       | 3,815,000  | 0         | 0          | 3,815,000  | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| TOTALS          |                |                                   | 818,600 | 10,270,800 | 0         | 0          | 11,089,400 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |          |
|------------------------|----------|
| <b>AGENCY PRIORITY</b> | <b>1</b> |
|------------------------|----------|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                                       |
|--------------|---------------------------------------|
| <b>TITLE</b> | <b>Case Services - Rate Increases</b> |
|--------------|---------------------------------------|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$500,000</b></p> <p><b>Federal: \$5,500,000</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$6,000,000</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |             |
|----------------------|-------------|
| <b>NEW POSITIONS</b> | <b>0.00</b> |
|----------------------|-------------|

*Please provide the total number of new positions needed for this request.*

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                    |   |
|  | <input checked="" type="checkbox"/>                    | Change in cost of providing current services to existing program audience |
|  | <input type="checkbox"/>                               | Change in case load/enrollment under existing program guidelines          |
|  | <input type="checkbox"/>                               | Non-mandated change in eligibility/enrollment for existing program        |
|  | <input type="checkbox"/>                               | Non-mandated program change in service levels or areas                    |
|  | <input type="checkbox"/>                               | Proposed establishment of a new program or initiative                     |
|  | <input type="checkbox"/>                               | Loss of federal or other external financial support for existing program  |
|  | <input type="checkbox"/>                               | Exhaustion of fund balances previously used to support program            |
|  | <input type="checkbox"/>                               | IT Technology/Security related  |
|  | <input type="checkbox"/>                               | Consulted DTO during development  |
| <input type="checkbox"/>                   | Related to a Non-Recurring request – If so, Priority # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <input checked="" type="checkbox"/>  | Education, Training, and Human Development     |
|  | <input type="checkbox"/>   | Healthy and Safe Families                      |
|  | <input type="checkbox"/>   | Maintaining Safety, Integrity, and Security    |
|  | <input type="checkbox"/>   | Public Infrastructure and Economic Development |
| <input type="checkbox"/>                         | Government and Citizens  |  |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>This request is expected to increase and enhance services to all consumers. We also expect to increase training services to consumers to aid in an increase in credential attainments and measurable skill gains. Use of funds will be evaluated against outcomes achieved. Performance measures to be used include Successful Employment Outcomes, percentage of rehabilitated consumers entering competitive employment, return on state's investment via employment of program participants, percentage of successfully rehabilitated consumers working 30+ hours per week, and an increase in the rehabilitation rate for consumers receiving services through SCVRD work training centers.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

|  |   |
|--|---|
|  | <p>These funds would also be used to provide pre-employment transition services to assist students with disabilities in making the transition from secondary school to post-secondary education/training programs and competitive integrated employment. Funds would be also used to purchase direct case services for the general consumer</p> |
|--|---|

**RECIPIENTS OF FUNDS**

population from vendors, such as post-secondary tuition, books, room & board for consumers who reside on campus, hearing aids, dental, durable medical equipment, and other items as allowed by regulations and agency policy.

The funds would also be used for purchasing direct consumer services from vendors/partners for post-secondary training, job-tryouts, on-the-job training, occupational and vocational training, customized employment, and other services to support credential attainment and skill gains.

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

Rates for services related to hearing aids and dental for consumers have not been reviewed in over 10 years. At this time, some vendors are not accepting the agency's rates for hearing aids and dental services. Research has been conducted and contact has been made to several vendors to justify the rate increase. See breakdown below:

**HEARING AIDS:**

We propose hearing aids be increased to \$4000.00 for a set (2). The amount proposed is a more feasible rate as hearing aids range from \$3500.00-\$7000.00 per set.

We propose an increase to \$2000.00 for (1) hearing aid.

\*\*\*\*Justification: We propose these rate increases as VR allowable fee for hearing aids has not changed in over 15 years.

**DENTAL:**

We propose a rate increase of 50% of the current Medicare allowable rates. By increasing these rates, we hope to allow more flexibility in meeting the demands of current and future vendors.

\*\*\*\*Justification: Medicare has not increased the dental rates in over 10-12 years.

**TECHNOLOGY: (Laptops, iPads, Desktop computers, printers, etc).**

We propose an increase in the budget to cover electronic expenses.

\*\*\*\*Justification: Due to inflation and rising costs in the manufacturing of electronics.

**TUITION: 4 Year:** We propose an increase from \$3776.00 per semester to \$6952.00, an increase of \$3176.00 per semester.

**2 Year (Technical) :** We propose an increase from \$3776.00 to \$6198.00, an increase of \$2422.00 per semester.

\*\*\*\*Justification: We propose these increases due to inflation and the rising cost of obtaining a degree based on information from the Commission on Higher Education.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM B1 – RECURRING OPERATING REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 4 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |  |
|--------------|--|
| <b>TITLE</b> | <b>Bonus Pay - Federal Authorization</b> |
|--------------|--|

*Provide a brief, descriptive title for this request.*

|               |   |
|---------------|---|
| <b>AMOUNT</b> | <p><b>General: \$0</b></p> <p><b>Federal: \$3,815,000</b></p> <p><b>Other: \$0</b></p> <p><b>Total: \$3,815,000</b></p> |
|---------------|---|

*What is the net change in requested appropriations for FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |      |
|----------------------|------|
| <b>NEW POSITIONS</b> | 0.00 |
|----------------------|------|

*Please provide the total number of new positions needed for this request.*

|  |  |   |
|--|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>                    |   |
|  | <input checked="" type="checkbox"/>                    | Change in cost of providing current services to existing program audience |
|  | <input type="checkbox"/>                               | Change in case load/enrollment under existing program guidelines          |
|  | <input type="checkbox"/>                               | Non-mandated change in eligibility/enrollment for existing program        |
|  | <input type="checkbox"/>                               | Non-mandated program change in service levels or areas                    |
|  | <input type="checkbox"/>                               | Proposed establishment of a new program or initiative                     |
|  | <input type="checkbox"/>                               | Loss of federal or other external financial support for existing program  |
|  | <input type="checkbox"/>                               | Exhaustion of fund balances previously used to support program            |
|  | <input type="checkbox"/>                               | IT Technology/Security related  |
|  | <input type="checkbox"/>                               | Consulted DTO during development  |
| <input type="checkbox"/>                   | Related to a Non-Recurring request – If so, Priority # |   |

|  |  |  |
|--|--|--|
| <b>STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES</b> | <b>Mark "X" for primary applicable Statewide Enterprise Strategic Objective:</b> |  |
|  | <input type="checkbox"/>   | Education, Training, and Human Development     |
|  | <input type="checkbox"/>   | Healthy and Safe Families                      |
|  | <input type="checkbox"/>   | Maintaining Safety, Integrity, and Security    |
|  | <input type="checkbox"/>   | Public Infrastructure and Economic Development |
| <input checked="" type="checkbox"/>              | Government and Citizens  |  |

|                                |  |
|--------------------------------|--|
| <b>ACCOUNTABILITY OF FUNDS</b> | <p>The funding request supports strategy 2.2, which reads, "Foster an environment promoting opportunity, staff stability and professional development for future leadership needs." The funds would advance the strategy by bolstering retention efforts through bonus pay in recognition of quality job performance. The use of the funds would be evaluated by the year-over-year change in the Agency's staff turnover rate, which is measure 2.2.2 on the Strategic Development template of the Accountability Report.</p> |
|--------------------------------|--|

*What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?*

|                      |  |
|----------------------|--|
| <b>RECIPIENTS OF</b> | <p>In an effort to recruit and retain employees we have been using the Bonus provision (performance based). We need to increase our federal budget authority in 501070 (budget code where the bonus pay posts) to accommodate these bonuses.</p> |
|----------------------|--|

**FUNDS**

*What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?*

**JUSTIFICATION OF REQUEST**

We currently have 1,111.85 Federal FTEs. If each position qualified for the maximum Bonus pay of \$3,000, this would total approximately \$3,515,000. Fringe Benefits (7.65%) would cost another approximately \$300,000. Overall total cost of providing an employee bonus would be \$3,815,000.00 which would be paid with our Federal Grant Award. If this request was not funded, we would reduce the amount of the bonuses we provide to employees or research other methods to recruit and retain employees.

*Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.*

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM C – CAPITAL REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 2 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                           |
|--------------|---------------------------|
| <b>TITLE</b> | Conway VR Center Repaving |
|--------------|---------------------------|

*Provide a brief, descriptive title for this request.*

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$567,000 |
|---------------|-----------|

*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | This proposed project is included in the CPIP submitted earlier this year. Plan Year 2, Overall priority 11 of 15. |
|----------------------|--|

*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | Additional approval would be required by the Joint Bond Review Committee (JBRC). In addition, this project will require approval by the Rehabilitation Services Administration (RSA), U.S. Department of Education. |
|------------------------|---|

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The Agency will use 75% federal funding (\$425,250) and 25% state funding (\$141,750) to fund this project pending appropriate approvals.</p> <p>Additional cost identified will be for the maintenance and care of the pavement which will be covered by the Agency's federal grant.</p> <p>The expected useful life will be between 20-25 years.</p> |
|--|---|

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The Agency is in need of repaving the parking lot and loading area at the Conway VR Center. The facility is over 45 years old and the asphalt has deteriorated beyond basic maintenance and repair. Subsurface investigations will be required to determine the depth and extent of deterioration of the existing paving prior to resurfacing. Exterior lighting will be added to the parking areas for increased safety and security.</p> |
|--|---|

## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*



|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM C – CAPITAL REQUEST**

|                        |   |
|------------------------|---|
| <b>AGENCY PRIORITY</b> | 3 |
|------------------------|---|

*Provide the Agency Priority Ranking from the Executive Summary.*

|              |                              |
|--------------|------------------------------|
| <b>TITLE</b> | Lexington VR Center Repaving |
|--------------|------------------------------|

*Provide a brief, descriptive title for this request.*

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$707,400 |
|---------------|-----------|

*How much is requested for this project in FY 2024-2025? This amount should correspond to the total for all funding sources on the Executive Summary.*

|                      |  |
|----------------------|--|
| <b>CPIP PRIORITY</b> | This proposed project is included in the CPIP submitted earlier this year. Plan Year 2, Overall priority 12 of 15. |
|----------------------|--|

*Identify the project's CPIP plan year and priority number, along with the first year in which the project was included in the agency's CPIP. If not included in the agency's CPIP, please provide an explanation. If the project involves a request for appropriated state funding, briefly describe the agency's contingency plan in the event that state funding is not made available in the amount requested.*

|                        |   |
|------------------------|---|
| <b>OTHER APPROVALS</b> | Additional approval would be required by the Joint Bond Review Committee (JBRC). In addition, this project will require approval by the Rehabilitation Services Administration (RSA), U.S. Department of Education. |
|------------------------|---|

*What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, SFAA, etc.)*

|  |   |
|--|---|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The Agency will use 75% federal funding (\$530,550) and 25% state funding (\$176,850) to fund this project pending appropriate approvals.</p> <p>Additional cost identified will be for the maintenance and care of the pavement which will be covered by the Agency's federal grant.</p> <p>The expected useful life will be between 20-25 years.</p> |
|--|---|

*What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured? What is the agency's expectation with regard to additional annual costs or savings associated with this capital improvement? What source of funds will be impacted by those costs or savings? What is the expected useful life of the capital improvement?*

|  |  |
|--|--|
| <b>LONG-TERM PLANNING AND SUSTAINABILITY</b> | <p>The Agency is in need of repaving the parking lot and loading area at the Lexington VR Center. The facility is over 43 years old and the asphalt has deteriorated beyond basic maintenance and repair. Subsurface investigations will be required to determine the depth and extent of deterioration of the existing paving prior to resurfacing. Exterior lighting will be added to the parking areas for increased safety and security.</p> |
|--|--|

## SUMMARY

*Provide a summary of the project and explain why it is necessary. Please refer to the budget guidelines for appropriate questions and thoroughly answer all related items.*

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN**

|              |   |
|--------------|---|
| <b>TITLE</b> | Agency Cost Savings and General Fund Reduction Contingency Plan |
|--------------|---|

|               |           |
|---------------|-----------|
| <b>AMOUNT</b> | \$556,164 |
|---------------|-----------|

*What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.*

|                                  |      |
|----------------------------------|------|
| <b>ASSOCIATED FTE REDUCTIONS</b> | None |
|----------------------------------|------|

*How many FTEs would be reduced in association with this General Fund reduction?*

|                                  |   |
|----------------------------------|---|
| <b>PROGRAM / ACTIVITY IMPACT</b> | <p>The Basic Service program makes purchases to assist our consumers in achieving a successful employment outcome. A reduction in our General Fund dollars totaling \$556,164 would impact our general consumer population and reduce the number of purchases from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment.</p> <p>In addition, a reduction in General Funds would impact our Maintenance of Effort levels that could lead to a federal match penalty in future state fiscal years.</p> |
|----------------------------------|---|

*What programs or activities are supported by the General Funds identified?*

|                |   |
|----------------|---|
| <b>SUMMARY</b> | <p>The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 include performance measures tied to Vocational Rehabilitation services to people with disabilities. These measures include levels of competitive employment for consumers, success in maintaining that employment, median earnings, attainment of recognized credentials, measurable skills gains, and the Agency's effectiveness in serving employers.</p> <p>A reduction in the Basic Service Program consumer services purchases would have an impact on WIOA objectives including the focus on school-to-work transition services for youth.</p> <p>Funding that would be used to purchase direct consumer services from vendors for post-secondary training, on-the job training, occupational and vocational training, customized employment, demand driven training and other services to support credential attainment would be impacted.</p> <p>The Basic Service Program is a federal mandated program with a 78.7% federal and 21.3% state match. A reduction totaling \$556,164 in general fund money could lead to a reduction in federal dollars totaling \$2,054,935 (combined loss of funding totaling \$2,611,099). In SFY 2023, the average total cost per successful rehabilitation was \$19,856. Accordingly, with a combined loss of \$2,611,009, the agency could experience a decrease of approximately 131 successful employment outcomes for its consumers.</p> |
|----------------|---|

*Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.*

**AGENCY COST  
SAVINGS PLANS**

SCVRD's efforts in reducing expenditures will focus on the areas of Salaries/Contributions and operations and seek to minimize the impact on Consumer Services expenditures. Generally, we will utilize employee attrition and reassignments to achieve savings. Every position that becomes vacant is being reviewed to determine if and when it will be filled and when appropriate to restructure positions to best achieve WIOA performance measures and other agency goals.

*What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?*

|              |   |          |    |
|--------------|---|----------|----|
| Agency Name: | Department Of Vocational Rehabilitation |          |    |
| Agency Code: | H730                                    | Section: | 32 |

## **FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS**

|              |                      |
|--------------|----------------------|
| <b>TITLE</b> | Return on Investment |
|--------------|----------------------|

*Provide a brief, descriptive title for this request.*

|  |   |
|--|---|
| <b>EXPECTED SAVINGS TO BUSINESSES AND CITIZENS</b> | In State Fiscal Year 2023, each successfully employed consumer will repay \$3.60 in taxes for each dollar spent on his/her rehabilitation. It will take 3.86 years for each rehabilitated consumer to repay the cost of their rehabilitation. The average net profit for taxpayers as a result of SCVRD services provided to consumers receiving an employment outcome is \$51,614. |
|--|---|

*What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.*

|  |   |
|--|---|
| <b>FACTORS ASSOCIATED WITH THE REQUEST</b> | <b>Mark "X" for all that apply:</b>   |
|  | <input type="checkbox"/> Repeal or revision of regulations.                                       |
|  | <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens.             |
|  | <input type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. |
|  | <input checked="" type="checkbox"/> Other   |

|                              |   |
|------------------------------|---|
| <b>METHOD OF CALCULATION</b> | The SCVRD Cost Benefit Analysis Model is used at SCVRD for determining the benefit the State of South Carolina receives from each rehabilitated consumer. This automated report allows for information to be pulled directly from the consumer services caseload summary to amortize these costs over the rehabilitation period. The result is a report that shows entire consumer population or by referral source, disability, sex, age, and ethnicity. A validation study in October 2007, found that the model was viable and concluded that "the factors used for the cost benefit analysis provide a very conservative look at the benefits derived from rehabilitation." |
|------------------------------|---|

*Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.*

|                                   |   |
|-----------------------------------|---|
| <b>REDUCTION OF FEES OR FINES</b> | Our agency does not charge fees or fines. |
|-----------------------------------|---|

*Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?*

|                                |   |
|--------------------------------|---|
| <b>REDUCTION OF REGULATION</b> | The Amendments to the Rehabilitation Act of 1973 under Title IV of the Workforce Innovation and Opportunity Act (WIOA) of 2014 is the federal authority that created the Vocational Rehabilitation Program. Therefore, we do not have the authority to amend or delete federal regulations. |
|--------------------------------|---|

*Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?*

|  |  |
|--|--|
|  | People with disabilities who exit the program with a successful employment outcome enhance the quality of their lives and their families' lives by earning paychecks, lessening their reliance on government assistance, and stimulating the state's economy by paying taxes, making purchases, and ultimately contributing to the state's return on its investment in their services. Based on a cost benefit analysis it is estimated that these rehabilitated consumers will pay back over three dollars for every dollar spent on their services by becoming taxpayers instead of tax consumers. |
|--|--|

## SUMMARY

*Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?*