Management and Financial Consulting Services Provided By Donald Rice

Donald Rice
Management and Financial Services Consultant
5992 Annapurna Drive
Evergreen, CO 80439
(303) 674-0449

Description of Management and Financial Consulting Services Provided by Donald Rice

On August 1, 1990, I initiated my own consulting business, specializing in the management and fiscal needs of public and private sector clients. To date, major clients have included the following organizations:

Ada Wilson Children's Center

Carmel House

Centennial Developmental Services, Inc.

Colorado Association of Community Centered Boards

Colorado Behavioral Healthcare Council

Colorado Bankers Mortgage

Foothills-Gateway Rehabilitation Center

George K. Baum & Company

Harbor American Health Care Trust, Inc.

Health Concepts Corporation

Human Services Research Institute

Massachusetts Financial Services Company

Mile High Transplant Bank

Rebound Corporation

Res-Care, Inc.

State of Colorado Department of Institutions

State of Colorado Division for Developmental Disabilities

State of Colorado Division of Youth Services

State of Texas Department of Mental Health and Mental Retardation

State of Utah Division of Services to the Handicapped

Trailhead Wilderness School

VOCA Corporation

In working with these clients, efforts have primarily focused on the following types of services:

1. Specialty Consulting

Much of my efforts are geared toward organizations which do not represent your runof-the-mill business, either due to the fact that they serve a specialized clientele, or work in an area which is quite unique. Such organizations often do not fare well with typical consulting firms, as their needs do not fit within the knowledge of many traditional consulting companies. Thus, I have attempted to work with groups that are somewhat different, especially those rendering services to persons with developmental disabilities, mental illness, or juvenile justice/child welfare system involvement. Activities have usually keyed on financial analysis, these having included state-wide rate system studies, improving third-party payment recoveries, and the financial aspects of proposed organizational changes. However, it should be noted that I have sought to include in such analytical endeavors a large number of recommendations that focus on those management activities that will be necessitated in order for the desired fiscal outcome to be achieved. I have also tried to raise some issues associated with the evaluation of the achievement of the final goal, in order for the client to be able to better assess ultimate successes in the particular matter for which my services were sought. In other words, instead of looking at a narrow financial issue, I strive to give clients a more comprehensive approach to their problems, in order to provide a more successful, long-range solution to the issue at hand.

2. <u>Public/Private Interrelationships</u>

Based on my years of experience in working within governments, another phase of my activities has centered on the problems private sector organizations have in working Specifically, most companies do not have inside with governmental entities. knowledge regarding the most effective and efficient manner in which to succeed when requiring the involvement of a public sector agency. Therefore, I have attempted either to serve as an intermediary on behalf of the client in working with government, or to provide the private sector firm with the knowledge required to get the public sector to do whatever the client needs in order for an endeavor to succeed. Additionally, I have concentrated on front-end efforts to assess the feasibility of a given public/private issue to ensure that an organization is not embarking on a project which the government is highly unlikely to approve. With such clients, I try to work on the inside of a bureaucracy to become acquainted with the governmental side of the problem, thereby attempting to better understand all sides of the equation to ensure the ultimate success of public/private interactions. Endeavors of this type have often included not only structuring the fiscal aspects of the client's desired outcome, but have also involved the preparation of the government's side of the financing, thus seeking outcomes that are financially beneficial for the service provider as well as the agency charged with overseeing the funding of the particular human service at issue.

3. <u>Deinstitutionalization Projects</u>

Over the past 13 years, I have been involved with rendering assistance to a variety of states and providers that have wanted to downsize, and ultimately close, large residential institutions serving persons with developmental disabilities. The key in all of these efforts has been to attempt to find a means by which the states funding these Intermediate Care Facilities for the Mentally Retarded through Medicaid can render assistance to the service provider in moving residents to more normalized, home and community-based placement sites, while not costing the state or the residential organization any more money. Such activities almost always, therefore, involve walking a tight line in trying to find cost-effective means through which persons with developmental disabilities can be moved to far more optimal residential environments, but still ensuring that such changes do not result in additional expenditures of state funds or financial losses to the service provider. Efforts to date have been in a number of states, and have involved state-run institutions, for-profit companies, and not-forprofit organizations. As one might imagine, in order to perform such undertakings, I have had to work very closely with all public and private sector players to be certain that the fiscal requirements of each are met, while attempting to significantly improve the lives of persons with developmental disabilities. More recently, these projects have become increasingly important as a result of the 1999 U.S. Supreme Court decision in Olmstead vs. L.C., which held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. In this regard, the court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities.

4. Procurement of Capital

Six of my past clients were in need of large amounts of capital. In meeting their requirements, a number of different options were used to procure funds on behalf of these organizations. Specifically, capital was raised through tax-exempt municipal bond or certificate of participation issues, commercial bank loans, below-market interest foundation loans, and the use of innovative mortgage programs. In this regard, much of my time has been spent working on behalf of State or non-profit organizations to take advantage of the low interest rates associated with the issuance of municipal bonds. These activities have employed pooled loan programs, which benefit a number of organizations through a single bond issue, as well as working on structuring stand alone issues for single corporate entities. Efforts in this area involve working with the underwriting community in order to assess the feasibility of a given bond issue, as well as ensuring that the "best deal" is obtained on behalf of the prospective borrower. Also, I have served as the principal representative on behalf of borrowers, thereby working with Trustee banks in the management of the proceeds of an issue, once it has been closed. Additionally, I perform long range projections on behalf of the borrower to update debt service requirements, as well as ongoing fees, associated with past issues of revenue bonds or certificates of participation. Finally, I have undertaken the use of mortgage programs benefiting providers of developmentally disabled group home services, thereby securing capital for new acquisitions and the refinancing of existing debt at interest rates well below those that can normally be obtained by these types of private non-profit and for-profit organizations.

In summary, my services have been geared toward the integration of financial and management activities, including evaluation of the project itself. Also, I have striven to limit those areas of difference that are inherent in working with both public and private sector organizations. While past and present work has involved strictly financial or solely management consulting, with periodic emphasis on deinstitutionalization efforts and municipal bond issues, the primary difference between my business and that of other more traditional consultants lies in the fact that I work closely with the organization's executive management structure to better ensure the ultimate success of my recommendations once they are implemented. In this regard, rather than simply writing a report and leaving the scene, I prefer a continuing relationship with any given client in order to assist the entity in seeing that the goals of the project are actually achieved, instead of simply making recommendations and leaving a client to fare for itself.

For further information concerning past consulting services, please see the attached list of vendors and major projects performed to date. For additional specifics regarding any assistance that I can render to your agency or organization, please contact:

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Phone: (303) 674-0449

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Description of Past Consulting Projects Performed by Donald Rice

1. Carmel House

This activity involved the movement of 82 persons with developmental disabilities from a large Intermediate Care Facility for the Mentally Retarded (ICF/MR) to individualized placements within the community, such as apartment houses. The downsizing of the institution was accomplished as quickly as possible (over an 18 month period), and the provider of services for the ICF/MR continued to serve the same clientele, but from a dispersed, community-based locale. The bulk of my part of the job was to structure the financial aspects of downsizing in such a manner as to save the State money, while ensuring that no losses were incurred by the provider during the transition period. Also, I served as the primary intermediary between the State oversight agencies and the client to facilitate overall communications, as well as to explain to those responsible for re-appropriating State funds how the new fiscal structure would operate, and how it was possible for all to benefit financially from the new type of provider arrangement. More recently, I worked on the facility's behalf with State and local oversight agencies to eliminate the repayment of funds by the provider to these entities, which became necessary as a result of past governmental overpayments to Carmel.

2. <u>Health Concepts Corporation</u>

A somewhat similar task involved the initiation of downsizing activities for an 87 bed ICF/MR operated by this client. In this instance, duties centered on the creation of a proposal and financing plan to utilize 16 slots previously appropriated by the General Assembly for the movement of developmentally disabled clients from an institutional environment to community-based personal care alternative settings. Based on these efforts, the State agreed to award the slots to Health Concepts Corporation, and clients were relocated over a four month period. While this initial group represented less than 20% of the institution's total capacity, it did serve as the catalyst for the initiation of more complete downsizing efforts that are discussed immediately below.

3. Res-Care, Inc.

After the initial 16 slots discussed above were successfully used by the ICF/MR provider, the institution was acquired by Res-Care, Inc. Once the acquisition was completed, I was engaged to complete the fiscal and "bureaucratic" aspects of a complete closure plan for the facility, again with clients moving to community-based personal care alternative placements. As with Carmel House, this involved the preparation and/or review of budgets for the institution during the downsizing process, as well as the completion, submission, and follow-up on all State appropriation documents and processes that are required in such endeavors. At this time, the plan has been implemented, and the institution outplaced the last resident in April, 1995. Since then, I initiated a similar downsizing effort with a second ICF/MR operated by Res-Care in northern Colorado.

4. VOCA Corporation

I worked with this large provider of services to persons with developmental disabilities as part of a team putting together a proposal to the State of New Jersey for the downsizing and closure of one of its developmental centers. In essence, this deinstitutionalization project was

offering the services of the private sector to the State in an attempt to improve the lives of several hundred of its residents in New Jersey's state-run ICFs/MR through the provision of community residential placement, while saving the state significant amounts of money.

5. State of Texas Department of Mental Health and Mental Retardation

During August, 1994, I was contacted by the State of Texas to advise their ICF/MR Section on the most operationally efficient and cost effective manner in which to downsize and close one of its 72 bed, private ICFs/MR. This project would be the first of its kind in this state, and would serve as a model for future downsizing/deinstitutionalization efforts. In effect, the State Medicaid office was embarking on a demonstration project, which it hoped would not only improve the current living arrangements of 72 institutionalized children with developmental disabilities, but it was attempting to do so at no additional cost to the State. Ultimately, the State approved the downsizing, and the first children began moving to community-based residential settings in December, 1994, with the facility closed in 1996.

6. Ada Wilson Children's Center

Starting in December, 1994, I began advising the facility discussed immediately above in how to downsize its residential operations. This organization, which has been serving the residential and day treatment needs of children with developmental disabilities throughout Texas, had elected to outplace its residents to community-based alternative slots, while attempting to find another use for the physical facility at issue. The intended outcomes of this endeavor, therefore, not only involved the 72 children living at Ada Wilson Children's Center (AWCC), but also the long term financial health and viability of this well established non-profit corporation. Seeing as this was the first such project of its kind for the company itself, not to mention the entire State of Texas, a great deal was riding on its future end results, and its success assisted the State in charting future deinstitutionalization efforts. Simultaneously, I began work on possible joint ventures between this facility and other Texas non-profit corporations, and succeeded in merging AWCC with an established children's hospital in South Texas.

7. <u>Centennial Developmental Services, Inc.</u>

A recent project for this regional case management and direct service provider involved a complete financial assessment of the organization, with associated recommendations to the Executive Director and Board of Directors. Essentially, this agency had been losing large amounts of money for a number of years, and had therefore been in need of a new financial strategy through which to turns things around in both the long and short term. As part of this effort, I worked with the State oversight agency to deal with cash flow shortages and proposed rate increases. Since the project's inception, operational profits were realized for 16 consecutive months.

8. State of Colorado Division for Developmental Disabilities

During 1993, I was asked by this State agency to provide a variety of consulting services to achieve the goal of closing all remaining on-campus institutional beds at the State's oldest ICF/MR. Tasks included obtaining legislative approval for transferring funds between appropriated line items, determining the impact on rates and associated revenue by moving off campus, mitigating any revenue losses through alternative financing arrangements,

performing a variety of financial analysis efforts centering on cost differences between current and planned residential sites, evaluating the fiscal pros and cons of various licensing alternatives, analyzing current and future space requirements, determining methods by which community-based facilities could be financed, constructed, leased, and/or procured in other manners, and finally, estimating the costs associated with group homes that would be used through lease arrangements.

9. State of Utah Division of Services to the Handicapped

This job entailed a comprehensive review of the financial management practices of the client and some of its related State agencies. The report centered on the improvement of expenditure control systems, significant third party revenue recovery changes, major data system needs, and organizational changes that were required in order to best facilitate the systemic and procedural modifications that were recommended for implementation. At the request of the client, a follow-up report was done five months later which, though indicating vastly improved collection rates, centered on those areas which required additional work in order for all systemic improvements to be fully implemented.

10. Human Services Research Institute

I served as a subcontractor to this organization on two separate analytical projects. The first of these was a contract to perform a study of Colorado's system for funding services and supports for persons with developmental disabilities. The second job was done for the Arizona Governor's Council on Developmental Disabilities, and involved an analysis of the effects of the State's Division of Developmental Disabilities organizational structure on service quality and cost-effectiveness. On the Colorado subcontract, I was primarily involved in making recommendations concerning a revised system of paying for services, and for finding new sources of federal revenue through which to enhance payment levels. As part of the Arizona job, I was responsible for analyzing the financial impact of then current and proposed organizational structures on providers of services for the developmentally disabled.

11. Rebound Corporation

This client was in need of my services as part of their effort to obtain additional funding from the State of Colorado in exchange for providing larger numbers of juvenile corrections beds. Essentially, this for-profit entity was attempting to increase its market share in Colorado by expanding existing contractual relationships with the State Division of Youth Services. In order to allow for such expansion, it was necessary to work with both the Executive and Legislative branches of State government in attempting to increase levels of State funds appropriated for the contractual placement of delinquent youth. Additionally, I advised Rebound Corporation on financial matters associated with the construction of juvenile facilities, as well as provided a variety of differing alternatives for housing, siting, financing, and building secure facilities for delinquent youth committed by the juvenile justice system to the State.

12. Harbor American Health Care Trust, Inc.

A project undertaken on behalf of this client involved the reuse of a facility which was leased to a provider of ICF/MR services. Essentially, once the then current lease expired, Harbor American was to be left with an unoccupied building unless unusual measures were taken to

ensure its reuse. Accordingly, I was hired to prepare a proposal to the State of Colorado for the provision of juvenile detention services within the aforementioned facility. In doing so, I arranged for a partnership between my client and Esmor, Inc., which was then ranked as operating the sixth largest number of private correctional facility beds in the country.

13. Massachusetts Financial Services Corporation

This company required assistance in finding a buyer for a secure, juvenile services facility in northeastern Colorado, which had been abandoned by a lessee due to bankruptcy and delicensure proceedings. MFS was in the unfortunate position of owning the underlying municipal bonds secured by the facility, which were a part of one of its mutual funds. Due to the bad reputation of the bankrupt lessee, the facility was extremely difficult to market and sell. That notwithstanding, a buyer was found, and the property was sold during the latter part of 2001.

14. State of Colorado Division of Youth Services

This governmental agency was in need of consulting assistance to determine what existing federal fund sources were available to be tapped by the Division to be able to expand services, while not costing additional amounts of State General Fund dollars. Accordingly, this study centered on how the Division could access such fund sources as Title IV-E of the Social Security Act, Title IV-A of the Social Security Act, Supplemental Security Income, and Medicaid. The end result of this effort was to specify those actions that needed to be taken by the Division in order to access the aforementioned federal funds, thereby resulting in millions of new dollars becoming available for this State agency, which were very sorely needed to alleviate severe overcrowding in Colorado's State-run juvenile corrections institutions.

15. Foothills-Gateway Rehabilitation Center

This project entailed refinancing the facility's then existing debt in order to lower debt service, thereby taking into account declining revenues from certain governmental sources. Several methods were explored initially, primarily centering on the issuance of tax-exempt revenue bonds. For a variety of reasons, however, the loan source ended up being a commercial bank, which agreed to successfully renegotiate the terms surrounding the existing debt, with negligible front-end costs, and a term that allowed for debt service payments to be stretched farther into the future, thereby recognizing the diminished governmental subsidy payments.

16. Mile High Transplant Bank

This client sought funds with which it could construct a building to house all of its operations. As a not-for-profit entity, it was a good candidate for the issuance of revenue bonds through the Colorado Health Facilities Authority. I served as financial advisor to the client, securing underwriting services and other professionals required to complete the financing. Because of the unusual nature of this client's business, which involves the recovery and distribution of human tissue for transplantation, the first underwriter was unable to sell the issue. However, I did succeed in finding another underwriter that was willing to sell directly to retail, rather than institutional, customers. Therefore, the transaction was successfully completed, and the client moved into its new quarters, which allowed for major expansion, in early 1993. More

recently, I was re-engaged by this company to analyze a variety of possible joint ventures, mergers and acquisitions involving several other tissue banks located throughout the country.

17. Trailhead Wilderness School

This small Residential Treatment Center for children with mental health problems from the State's child welfare system had been experiencing very serious difficulties in working with the State of Colorado, particularly with regard to the recoupment of Medicaid funds as well as money from the Colorado Department of Education. Accordingly, initial efforts were primarily in the area of representing Trailhead in its dealings with the State. This evolved into a variety of areas, including but not limited to: proposing new Medicaid rate-setting methodologies, working to maximize Medicaid reimbursement, dealing with State proposals for a new Medicaid waiver, representing Trailhead on State rule-making issues, and working with other Trailhead staff on revenue/cash flow projections.

18. Colorado Bankers Mortgage

This organization and I worked on a joint venture to provide low interest rate mortgages to providers of group home services for persons with developmental disabilities. At that time, we had applicants from eighteen states, and the first \$10 million in loans were closed. This program was being offered under the auspices of the Federal National Mortgage Association, with up to \$150 million available for the purposes described above. Still, it should be noted that until Colorado Bankers Mortgage and I initiated the use of the program during the summer of 1992, almost no loans had been made in other parts of the country. Because of this lack of success nationally, my job was to market the program to interested providers. As a result, our partnership expected to close more than four times the principal value of prior loans made throughout the balance of the United States.

19. State of Colorado Department of Institutions

Major tasks undertaken for this client over a four year time frame centered on the management of financial resources associated with two issues of certificates of participation that had been initiated in 1979 and 1986. With regard to the 1979 issue, I restructured debt service payments and investment vehicles in such a manner as to position the State to pay off the certificates two years in advance of their planned maturity. On the 1986 issue, I secured arbitrage earnings in ways which allowed for the final year of the issue to require only a small appropriation for debt service. Late in 1992, I served as the Department's representative in the refinancing of the remaining unmatured certificates as part of a state-wide debt restructuring, which culminated in the issuance of more than \$108 million in certificates of participation that refinanced almost all of the State's outstanding principal balance through the Colorado Capital Finance Corporation. Later, my efforts centered on obtaining refunds of various amounts that had been set aside for, or paid to counties, prior to closing on the refinancing. These endeavors resulted in approximately \$475,000 being returned to the Colorado Department of Institutions.

20. George K. Baum & Company

Again working as part of a joint venture, I assisted in the initiation and marketing of a \$20 million revenue bond issue done through the Colorado Health Facilities Authority. This represented the third such Community Provider Pooled Loan Program completed in Colorado, with the first two having been done in concert with this client in 1987 and 1988. The latest series of revenue bonds was closed as a pool of providers of services for the mentally ill, the developmentally disabled, and substance abusers. The issue was insured by Capital Guaranty Insurance Co., resulting in a AAA bond rating by Standard & Poors Corp., thus allowing for the issuance of revenue bonds with very attractive interest rates for borrowers who otherwise would have been unable to enter the bond market on their own.

21. Colorado Association of Community Centered Boards

This ongoing project involves working with most of Colorado's non-profit providers of services to the developmentally disabled, as well as the larger for-profit companies. Primary activities have included determining the fiscal impact of moving to a managed care system, simplifying categorical funding provided by the State of Colorado, analyzing federal Medicaid waiver proposals, generating performance data as to the effectiveness of the community-based developmental disabilities service system, and working on contractual issues between the State, Community Centered Boards, and Service Agencies. As part of these efforts, I represented borrowers in closing another pooled bond issue, this time using a bank's letter of credit as the key underlying security feature/credit enhancement for the issue. Most recent efforts have focused on the creation of a variety of analytical data to improve operations through more efficient spending patterns, finding new sources of federal Medicaid matching funds, as well as providing technical assistance to the Association in its Intervenor role in a federal waiting list lawsuit.

22. Colorado Behavioral Healthcare Council (CBHC)

This continuing endeavor revolves around the association formed to represent all of Colorado's community mental health centers and its managed care entities. In this regard, CBHC was having increasing difficulty in working with State funding authorities, and was faring rather poorly in obtaining sufficient appropriations from the Colorado General Assembly. This problem was worsening as a result of bidding that had been reinitiated as a byproduct of the State's managed care system of providing mental health services. Therefore, technical assistance was requested by CBHC primarily in the areas of working with the State, and in finding new ways in which to compensate for managed care funding losses. At this time, the project has entered its second phase, which has centered on funding cuts to the community mental health system during the past two legislative sessions. My latest analyses have focused on budget requests and legislative actions on same, a review of most recent audited financial data, and recommendations concerning fund allocation methodologies for new resources that were pumped into the community-based mental health system.

RESUME OF DONALD B. RICE

5992 Annapurna Drive Evergreen, CO 80439 (303) 674-0449

BUSINESS EXPERIENCE

1990 to 1995 & October '97 to present

INDEPENDENT CONSULTANT 5992 So. Annapurna Drive Evergreen, Colorado 80439

Management and Financial Consultant--Began my own consulting business, specializing in the management and fiscal needs of public and private sector clients. Efforts are primarily focused on the following: 1) specialty consulting services, often keyed on financial analysis and other analytic endeavors, especially for those clients rendering services to the developmentally disabled, mentally ill, or children with juvenile justice/child welfare system involvement; 2) public/private interrelationships, particularly those centering on the problems private sector organizations have in working with governmental entities; 3) deinstitutionalization projects involving large residential institutions housing persons with developmental disabilities, and 4) procurement of capital through tax-exempt municipal bond issues, commercial bank loans, below-market interest foundation loans, and the use of innovative mortgage programs.

1995 to 1997

PRESIDENT/CHIEF EXECUTIVE OFFICER Youthtrack, Inc. 10184 W. Belleview Ave., Suite 300 Littleton, CO 80127

Took a leave of absence from my consulting business to establish and direct all activities associated with the operation of this juvenile corrections company. Supervised all corporate staff, including the Vice Presidents of Business Development, Site Development, and Operations. Took the company from its inception with no revenue to becoming the largest provider of juvenile corrections services to Colorado youth in only 10 months. Completed the first year of the company's existence on a profitable basis, despite having no revenue producing projects for its first seven months. Grew from three salaried staff to 250 employees and an annualized revenue base of more than \$10 million in the company's initial year of operations. Accrued pre-tax profits of more than \$775,000 for the then most recent 12 month period. Served as the corporate liaison with Youthtrack's publicly-traded parent organization (Res-Care, Inc.), and represented all corporate officers on the Youthtrack Board of Directors. Integrated all of the company's financial and management activities associated with the privatization of public sector juvenile corrections projects.

COLORADO DEPT. OF INSTITUTIONS 3550 West Oxford Avenue Denver, Colorado 80236

Associate Director--Responsible for the overall administration and management of the Colorado Department of Institutions, entailing development and oversight of an annual budget of approximately \$270 million, which included funding for services to 99,000 clients, a state workforce of over 3,800 employees, and monies for 58 community service agencies. Functions also included directing management support services, including both budget and finance, as well as data processing activities, facilities, risk management, and human resource management. Implemented multi-million dollar shared savings energy conservation programs with no front end capital. Procured natural gas through private sources and converted the Department's largest energy user from natural gas to coal. Established the state's first self-insurance program for Worker's Compensation, saving more than \$1 million in its first year. Originated and closed three bond issues totaling \$55 million to rebuild almost all state-run Youth Services facilities and to refinance the long-term debt of private sector community providers. In January, 1989, became responsible for

directing department-wide program services, while retaining oversight for all bond issues, and continuing to serve as Acting Executive Director in the absence of same.

1980 to 1983

COLORADO DEPARTMENT OF HEALTH 4210 East Eleventh Avenue Denver, Colorado 80220

Associate Director--Upon returning to the State Health Department after a one year leave of absence on other special assignments within state government, assumed the position of Associate Director. In addition to prior duties, assumed new functions including full line responsibility for the management of all administration and support programs, including the Administrative Services Division and the Division of Laboratory Services. Responsible for the Department's budget, approximating \$60 million annually. Also, assumed full control of all departmental emergency response systems on a state-wide basis.

March 1980 to June 1980

OFFICE OF THE GOVERNOR State of Colorado State Capitol Denver, Colorado 80203

Special Representative--On leave from the Colorado Department of Health, became responsible for improving physical and mental health conditions at the State's maximum security prison in Canon City. Operating under the authority of the Governor, coordinated the efforts of the Governor's Office with the Departments of Corrections, Institutions, Health and Law in managing and providing health care programs to inmates, pursuant to orders issued by the United States District Court. Developed, implemented and monitored a plan of action for physical and mental health care in connection with on-going litigation thereby averting a possible takeover of state prisons by the federal court.

1979 to 1980

COLORADO HOSPITAL COMMISSION

1390 Logan Street Denver, Colorado 80203

Executive Director--On leave from the Colorado Department of Health, assumed this position to restructure the agency in such a manner as to save it from legislated extinction. Responsible for the overall operation of the Commission, which was statutorily charged to set prospective reimbursement levels for all 98 Colorado hospitals and all payors except for Medicare and Medicaid. Developed a compliance system to ensure that approved financial requirements were followed. Reviewed and approved all discount arrangements between hospitals and third party payors. Supervised a small accounting and budget staff that performed reviews on over \$850 million in hospital expenses. Developed a system whereby the Commission would be responsible for setting Medicare reimbursement levels. Directed research and development efforts in order to perfect the system of prospective budget review.

1977 to 1979

COLORADO DEPARTMENT OF HEALTH 4210 East Eleventh Avenue Denver, Colorado 80220

Executive Administrator--Responsible for the overall management and coordination of the various offices and divisions within the State Health Department. Established overall departmental fiscal policies, including the design and monitoring of reporting systems to meet the needs of top management. Developed policies and processes for obtaining grant and contract funds. Served as a primary liaison with the State General Assembly, Congress, and various federal agencies regarding the management of departmental programs. Prior to formally joining the staff, served as an administrative consultant analyzing departmental management operations for the Executive Director.

1974 to 1977

HEALTH FACILITIES FOUNDATION CENTER FOR HEALTH STUDIES 717 Market Street San Francisco, California 94103

Vice President--Responsible for the overall management of all projects for both corporations. In charge of financial planning, budgeting, and on-going fiscal operations for both companies. Participated directly in the following projects:

Administrator (Martinez Health Center)--Responsible for the management of a 48 bed acute hospital, 179 bed skilled nursing facility, and multi-phasic health assessment facility. Functioned as in-house administrator as the lead member of a management team operating under contract to the facility. Also, advised the affiliated HMO on financial and programmatic matters as needed under a separate management consulting agreement.

Fiscal and Administrative Director (Mission Neighborhood Health Center)--Coordinated all fiscal and administrative services, as well as providing direction for medical and social services programs through their respective directors. As the lead member of a management team, functioned as the overall administrator of the facility. Prepared all budgets for the Center in line with federal guidelines and regulations. Installed a new automated billing system for all third-party receivables coupled with a complementary computer-based system for reporting on federal data base requirements. Developed and installed a productivity and budgeting system to combine workload performance targets with an organized method of determining their budgetary compliance. Instituted a microfilming and storage system for all Center medical records to alleviate space and accessibility problems.

Center for Health Studies Programs--Managed a variety of degree programs including an accredited Bachelor of Arts and Master of Arts in Health Services Administration, and accredited B.A. and M.A. programs in psychology with a specialization in counseling the physically disabled. Developed a Ph.D. program in clinical psychology, M.A. in Business Administration with a concentration in health services, a B.A. in Human Services, and an Associate of Arts degree to be used in conjunction with non-degree training programs. Administered the Center's Licensed Vocational Nursing and Operating Room Technician vocational education programs. Coordinated a review course for foreign medical graduates to prepare them for licensure in this country. Taught a management course for the M.A. program in Health Services Administration. Either directed or assisted in a variety of research projects, including an evaluation contract of the State Department of Health's Volume Purchase Plan for prescription drugs used in the Medi-Cal program.

1972 to 1974

NEW YORK CITY DEPT. OF HEALTH 125 Worth Street New York, New York 10013

Associate Management Analyst--Principal responsibilities in budget administration for the Department of Health and Health Services Administration. Responsible for budget preparation, allocation of funds, budget modifications, approval of all major expenditures, and administration of budgetary auditing systems. Administered a district inventory control system and departmental security program for all 80 field installations. Prior to assuming this position, served as a Program Research Analyst with responsibilities in all phases of district operations. Initiated and administered the department's Medicaid reimbursement program, coordinating the acceptance of claims between 73 Child Health Stations, the Health Services Administration Computer Center, the Department of Social Services, and the federal government. In charge of various aspects of departmental reorganization, including the implementation and administration of new auditing systems for the Health Services Administration. As a Management Analyst Trainee, served as Assistant to the First Deputy Commissioner. In charge of various aspects of the Department's decentralization program and responsible for the preparation of analyses concerning district operations. Studied and evaluated central office operational and accounting systems, emphasizing the elimination of bureaucratic delays.

EDUCATION

State University of New York at Stony Brook Stony Brook, Long Island, New York 11790 B.A. with Honors Magna cum laude

PUBLICATIONS

- "Government Regulation of the Hospital Industry in Colorado." Journal of Public Health Policy, Volume 2, Number 1, March, 1981, pp. 58-69.
- "Judicial Involvement in Colorado Prison Health Care Reform." Journal of Health Politics, Policy and Law, Volume 6, Number 1, Summer 1981, pp. 315-320.
- "Colorado Court Involvement in Chemical Spill Clean-up Activities." American Journal of Public Health, Volume 71, Number 9, September, 1981, pp. 1044-1045.
- Ashbaugh, J. & Rice, D. (1992). <u>Study of Colorado's System For Funding Services and Supports For People With Developmental Disabilities</u>. Cambridge: Human Services Research Institute.
- Ashbaugh, J. & Rice, D. (1992). <u>The Division of Developmental Disabilities: The Contribution of the Organization's Structure, Culture and Locus to Service Quality and Cost Effectiveness</u>. Cambridge: Human Services Research Institute.
- Rice, D. (1980). <u>Future Uses of the National Asthma Center Campus</u>. Denver: Rice Consulting Services.
- Rice, D. (1980). Physical and Mental Health Services Plan. Denver: State of Colorado.
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