

Patrick Monette-Shaw

San Francisco, CA 94109

Phone: [REDACTED] • e-mail: [REDACTED]

October 13, 2025

Ed Harrington, Chair
Commission Streamlining Task Force
c/o City Administrator's Office
City Hall, Room 316
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4694

"The LTCCC focused only on community-based services, because of its utter hatred of institutional-based skilled nursing facility settings. That created an out-of-county patient dumping disaster."

Re: **Mayor's Long-Term Care Coordinating Council (LTCCC)**

Dear Mr. Harrington and Commission Streamlining Task Force Members,

The Streamlining Task Force must more carefully decide what to do with the "*Mayor's Long-Term Coordinating Council*" (LTCCC) rather than simply eliminating it and assigning only one or two of the LTCCC's **functions** to another policy body, Board or Commission.

The LTCCC focused only on community-based services, because of its utter antipathy to institutional-based skilled nursing facility settings.

As I've written elsewhere, this Task Force isn't carefully analyzing whether combining the "*functions*" performed by one body can simply be "*absorbed*" by another body before recommending combining two bodies into one, as the Budget and Legislative Analyst warned you to analyze beforehand. You're doing it again: Failing to analyze all functions of a body, apparently unfazed!

The "*Staff Discussion*" on page 124 in today's 134-page "*Public Health and Wellbeing Bodies Memo*," states lamely that "[the LTCCC] *body has some specific duties under the Charter and Administrative Code and cannot be eliminated without voter approval.*" The Staff Discussion goes on to list just three of the LTCCC's functions, writing:

"Examples include 1) appointing members to the Dignity Fund Oversight and Advisory Committee (Charter § 16.128-6), 2) providing input to DAS on the uses of the Community Living Fund (Administrative Code § 10.100-53), and 3) reviewing drafts of the Dignity Fund Community Needs Assessments (Charter § 16.128-6).

The Task Force should recommend that this body be eliminated, transfer appointing authority for the DF-OAC seats, and remove the references to providing input on the Community Living Fund and Dignity Fund Community Needs Assessments."

This isn't just about the LTCCC making appointments to the Dignity Fund Oversight Advisory Committee's seats. Then, the accompanying PowerPoint presentation on the LTCCC specifically stated "*Remove reference to reviewing draft documents and providing input to DAS.*"

The Staff Discussion wrongly states that the LTCCC has "*significant overlap with other policy bodies.*" **That's pure gaslighting**, as there is no other body performing the LTCCC's *entire* functions.

You can not simply erase a small portion of the LTCCC's functions from City Charter § 16.128-11! And then expect voters to approve taking that out of the City Charter or out of the Administrative Code.

That's ridiculous! As an advisory body, the LTCC is expressly charged with making recommendations to the Mayor, the Board of Supervisors, and/or the Department of Public Health, the Human Services Agency, or the Department of Disability and Aging Services. LTCCC's functions advising on use of the Community Living Fund and the separate Dignity Fund are crucial, and there are no other bodies performing that function, let alone providing advice on larger, overarching long-term care policies. **Why on earth would this Streamlining Task Force eliminate the LTCCC or prohibit it from "*providing input*" on policy matters. Isn't that First Amendment free-speech protected?**

"Somewhere between 3,614 and 12,022 San Franciscans have been transferred from San Francisco hospitals in the last four calendar years alone to out-of-county long-term care skilled nursing facilities, in part because the LTCCC failed to plan for a sufficient number of institutional-based skilled nursing facilities in county."

"The Staff Discussion wrongly states that the LTCCC has '*significant overlap with other policy bodies.*' That's pure gaslighting. There is no other body performing the LTCCC's entire functions."

LTCCC's Primary Mission

In November 2004, San Francisco Mayor Gavin Newsom appointed the LTCCC to advise the Mayor, Board of Supervisors, and relevant City Departments on policy and provide guidance for an **integrated** long-term care system. The Council's role was to address issues related to long-term care services and create an accessible system for older adults and people with disabilities.

The LTCCC's purpose was established to provide policy guidance on all issues concerning long-term care in San Francisco. The goal included creating a more integrated and accessible system for long-term care services for older adults and people with disabilities. The LTCCC was expressly empowered to provide policy guidance!

As I previously wrote to this Streamlining Task Force on July 14, the Streamlining Task Force is relying on disinformation in its Microsoft Excel "*Commission Workbook*," because the *purpose* column for the LTCCC's contains an abbreviated description, merely saying:

"Advises the Mayor and city on policy, planning, and service delivery issues for older adults and people with disabilities."

The Task Force's Workbook does a disservice to the LTCCC's purpose and functions. The purpose statement deserves to be expanded. In fact, the LTCCC's purpose is more nuanced than merely advising on service delivery issues.

More precisely, a LTCCC "history and accomplishments" document dated June 24, 2014 stated unequivocally that the LTCCC is:

*"An official **policy body** appointed by the Mayor [Gavin Newsom] in November 2004 to provide policy guidance to the Mayor to: (1) **advise, implement, and monitor community-based long term care planning** in San Francisco; and (2) **facilitate the improved coordination of home, community-based, and institutional services** for older adults and adults with disabilities."*

Indeed, the LTCCC's letterhead had for years contained its inaugural mission statement, which read:

*"Guiding the development of an **integrated** system of home, community-based, **and institutional services** for older adults and adults with disabilities"*

As you can see from Exhibits 1 and 2 to this letter, the LTCCC's letterhead specifically included a "*tag line*" that the LTCCC's mission involved developing an integrated system of long-term care services, including in institutional settings like Laguna Honda Hospital, the Jewish Home, and community-based Residential Care Facilities for the Elderly (RCFE).

When the LTCCC was created, its mandate was to:

- Advise, implement and evaluate all issues relating to long term care (LTC) and supportive services, including **how different service systems interact**.
- Make policy recommendations about **how to improve coordination within different settings** (home-based, community-based, and institutional care) and service sectors (health, supportive services, housing, transportation, et al.).

Exhibits 3 and 4 to this letter show the broad member categories and qualifications designed to ensure adequate representation from consumer, advocacy groups and individuals, service providers for older adults and people with disabilities, and City and County of San Francisco Departments. Individuals were appointed to reflect this diversity. While this Streamlining Task Force may balk at having 40 members on this advisory body, your artificial maximum of just 15 policy body members would not provide the diversity and representation for healthcare providers, consumers, and City Department staff, who all have a stakeholder interest in the LTCCC.

"San Francisco Mayor Gavin Newsom appointed the LTCCC in November 2004 to provide guidance for an **integrated long-term care system, and to facilitate the improved coordination of home, community-based, and institutional services. Unfortunately, the LTCCC despised the '**institutional settings drtvices**' portion of its mandate!"**

Additional Organization's Observations

San Francisco's Human Services Agency, published its needs assessment report¹ that contained a section titled: "Long Term Care Coordinating Council," which reads:

"In 2004, Mayor Gavin Newsom announced the appointment of the Long-Term Care Coordinating Council to provide policy guidance regarding all issues related to improving community-based long-term care and supportive services. The Council was intended to be the single body in San Francisco that would evaluate how different service delivery systems interacted and make recommendations about how to improve service coordination. Membership of the Long-Term Coordinating Council is comprised of three groups, with the largest group being consumers and advocates. Representing both seniors and people with disabilities, consumers and advocates fill 15 of the Council's 37 seats. The Council also has 14 seats reserved for service providers, including representatives from services related to health, behavioral health, developmental disabilities, and other disabilities. Eight of the seats are designated for city and county departments, including the Department of Aging and Adult Services, the Department of Human Services, the Department of Public Health, the Mayor's Office on Disability, the Mayor's Office of Housing, the San Francisco Housing Authority, and the city's transportation department. Periodically, the Council has convened workgroups to address specific issues, including long term care integration design in the environment of Medi-Cal managed care."

"The LTCCC was intended to be the single body in San Francisco that would evaluate how different service delivery systems interacted and make recommendations about how to improve service coordination."

No other body in San Francisco is coordinating services, especially not with the Department of Public Health or with LHH."

HSA noted the LTCCC's function was to advise the Mayor and city on long-term care issues, focusing on policies, planning, and service delivery for older adults and people with disabilities. The LTCCC aimed to promote an integrated and accessible long-term care system, and provides recommendations to the Board of Supervisors to act on as part of the City's legislative process

HSA also noted the LTCCC was to help the City further study and assess the establishment and sustainability of Residential Care Facilities as a critical component of the City's ability to serve populations with additional, long-term needs.

Separately, the consulting firm Health Management Associates² issued a report that noted the LTCCC lacked the authority necessary to ensure that required changes to the long-term care (LTC) system would be accomplished.

HMA also noted that since San Francisco has:

"one of the largest city/county-funded LTC systems in the country, it is essential that one person be charged with the responsibility for the oversight and direction of all Department activities specific to long-term care programs and services. ... Therefore, the Department [of Public Health] should recruit an experienced Long-Term Care (LTC) Director. This person should have nursing home experience and expertise with home and community-based LTC programs. The LTC Director should report to the Chief Operating Officer (COO) to ensure both policy and operational coordination across all elements of the delivery system. The LTC Director should also work cooperatively with DHS, DAAS, the institutional leadership at SFGH and LHH, and community providers. In this manner, the Department would coordinate across programs to ensure LTC policy is implemented in a manner that benefits the LTC needs of San Franciscan system-wide perspective."

¹ Human Service Agency website, "San Francisco Department of Aging and Adult Services, Area Plan 2012 – 2016." Downloaded on October 12, 2025.

² Health Management Associates, "San Francisco Department of Public Health: Long Term Care Services as an Effective Continuum of Care," on July 14, 2005 https://www.sfhhsa.org/sites/default/files/media/document/migrated/DAAS%20Area%20Plan_2012-2016_Final.pdf. Downloaded on October 12, 2025.

Finally, HMA noted:

"The Mayor and Board of Supervisors, upon the recommendations of the Department and Health Commission, should determine and then support the scope of city/county responsibilities in regard to LTC services for San Franciscans and clearly articulate these responsibilities. They should, within that scope, expressly commit to the provision of community-based LTC services whenever possible. In order to support the continuum of care for LTC services within the public system, the Mayor should actively advocate for Medi-Cal funding of such SNF alternatives as Assisted Living."

Unfortunately, the Department of Public Health failed to hire an experienced Long-Term Care (LTC) Director, perhaps hoping the LTCCC would be around enough to advocate with the Mayor and Board of Supervisors to realize the goal of a fully-functioning and **integrated network of home, community-based, and institutional services for older adults and adults with disabilities.**

During a Board of Supervisors "Committee of the Whole" hearing on LHH May 9, 2023, Supervisor Melgar herself said that she had not seen where San Francisco's "Long-Term [Care] Coordinating Council" (LTCCC) is regarding protecting LHH. Melgar stated on videotape:

"I do think that there is something to be said about [developing] a regulatory ... a better regulatory structure to make sure that what we are seeing happen at Laguna Honda doesn't happen again. When we do achieve [LHH's] recertification, the onus will be on us [the Board of Supervisors] to make sure that this never happens again."

Melgar is right. We need the functions of an LTCCC to help ensure San Francisco has a better regulatory structure to ensure Laguna Honda never repeats its 26-month decertification crisis. Having a policy body focused on overseeing institutional-based long-term care facilities, and ensuring there is sufficient capacity of such facilities in the City is crucial.

They've all passed the buck, hoping someone else would take up the problem, and now this Streamlining Task Force is proposing to pass the buck again, and simply eliminate the LTCCC's role in ensuring development of that continuum of long-term care services and sufficient skilled nursing facilities.

It's been a masterclass in how to practice utter denial.

Exhibit 5 — *Out-of-County Patient Discharges Due to a Lack of Skilled Nursing Beds in San Francisco* — to this letter shows that somewhere between 3,614 and 12,022 San Franciscans have been transferred from San Francisco hospitals in the last four calendar years alone to out-of-county skilled nursing facilities to receive long-term care, in part because the LTCCC and the San Francisco Department of Public Health both failed to plan for a sufficient number of institutional-based skilled nursing facilities beds in San Francisco. That's not including other San Franciscans who had **not** been admitted to an acute care hospital, but were forced into an out-of-county skilled nursing facility on their own.

As part of the Streamlining Task Force's reforms of City government and Bords and Commissions, this Task Force needs to ensure that the Health Commission must be **required** to take more proactive efforts to increase SNF-bed capacity in-county.

Policy Bodies Can't "Self-Disband"

As I wrote to this Task Force on July 14, the LTCCC should **not** have had authority to disband itself, since it was a policy body created by the Mayor's Office under then-Mayor Gavin Newsom. Generally, City bodies do not have the authority to unilaterally self-disband under San Francisco's administrative code. San Francisco's current framework seems to require that the power to dissolve City bodies rests with the Board of Supervisors' legislative processes, via a voter-approved Charter amendment, or with the appointing authority that determined the inaugural need to create the policy body, not with the bodies themselves.

"The Mayor and Board of Supervisors, upon the recommendations of the Department and Health Commission, should determine and then support the scope of city/county responsibilities in regard to long-term care services'."

Unfortunately, the Department of Public Health failed to hire an experienced Long-Term Care (LTC) Director. So the LTCCC is needed to advise on the scope of long-term care services, that no other policy body performs."

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Mayor's Long-Term Care Coordinating Council (LTCCC)

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The LTCCC has acted as if it were a “*Policy Body Bystander*,” disconnected from its mandate to ensure day-to-day institutional-based long-term care is provided to San Franciscans. The LTCCC appears to be out of the loop during our current crisis of massive out-of-county patient dumping due to a lack of in-county institutional long-term care facilities, illustrating the LTCCC’s complete lack of engagement on this serious disenfranchisement issue.

This CSTF should disregard the LTCCC’s unilateral, unauthorized decision to self-disband. It wasn’t in the LTCCC’s purview to do so.

Detailed Recommendations

Therefore, I recommend that:

- The CSTF’s “*Workbook*” expand the “*purpose*” statement column for the LTCCC, as discussed above,
- The CSTF’s “*Workbook*” list the LTCCC’s primary City department as being the Mayor’s Office (MYR), not housed in DAS or HSA
- The LTCCC be retained, but with a much smaller 15-member advisory body housed in the Mayor’s Office, not housed in DAS or HMA,
- Appointing authority for LTCCC members be split dually between the Mayor and the Board of Supervisors, and
- **The LTCCC’s duties to recommend policy changes to increase long-term care institutional settings should be explicitly added to the core duties of the Department of Public Health, and enshrined in the Charter as part and parcel of SFDPH’s core functions. The Charter should be revised to explicitly state that institutional-based long-term care service delivery is the responsibility of the Department of Public Health.** Institutional-based care settings are beyond the purview or expertise of DAS and HSA.

Don’t just simply eliminate the LTCCC, without preserving its entire *functions* of ensuring an adequate supply of institutional skilled nursing facility beds in our City who need and want that level of care!

Sincerely,

/s/

Patrick Monette-Shaw

cc: Rachel Alonso, Project Director, City Administrator’s Office

“ The LTCCC’s duties to recommend policy changes to increase long-term care institutional settings should be explicitly added to core duties of the Department of Public Health, and enshrined in the Charter as part and parcel of SFDPH’s core functions. ”

“ Don’t just simply eliminate the LTCCC, *without* preserving its *entire* functions. ”

Exhibit 1:
Facsimile: Extract of LTCCC Memo Dated February 8, 2007

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated system of home, community-based, and institutional long term care services for older adults and adults with disabilities

February 8, 2007

Memorandum # 8

To: Julian Potter and Sue Wong
Office of the Mayor

From: Marie Jobling and Sandy Mori, Co-Chairs
Long Term Care Coordinating Council

Re: Strategy to impact the City budget process - including questions to pose to City departments to determine how their budgets relate to community-based long-term care services for adults with disabilities and seniors

At the Long-Term Care Coordinating Council (LTCCC) meeting held January 11, 2006, the LTCCC discussed and took action to inform and advise the Mayor and relevant departments during the budget process as a means to further the LTCCC mission, which is:

To guide the development of an integrated system of home, community-based, and institutional long term care services for older adults and adults with disabilities."

...

Exhibit 2:
Extract of LTCCC's Meeting Agenda January 10, 2008

LONG TERM CARE COORDINATING COUNCIL

Guiding the development of an integrated system of home, community-based, and institutional long term care services for older adults and adults with disabilities

MINUTES OF MEETING

DATE: Thursday, January 10, 2008

TIME: 1:00 pm to 3:00 pm

LOCATION: Bank of America Building - Conference Room
1 South Van Ness Avenue

Present: Phil Arnold, Margy Baran, Nancy Brundy, Donna Calame, Luis Calderon, Steve Fields, Lin Gray, Vera Haile, Anne Hinton, Bill Hirsh, **Paul Isakson**, Eleanor Jacobs, Belinda Jeffries, Marie Jobling, Abby Kovalsky, Herb Levine, Margaret Miller, Sandy Mori, **Benson Nadell**, Norma Satten, Ken Stein, Kate Toran, Akiko Takeshita, Patricia Webb Jennifer Walsh

Absent: Cathy Davis, Geraldine Earp, Mary Ruth Gross, Eileen Kunz, Joel Lipski, Sandy O'Neill, Marcia Peterzell, Tom Ryan, Bob Trevorow, Valorie Villela

Guests: Martha Peterson, Diana Jensen, Linda Edelstein, Marc Slavin, **Patrick Monette Shaw**, Elissa Gershon, LaNay Eastman, Steve Shane, Alice Dueker, Grace Li, James Chionsini, Joanne Holland (RTZ Associates)

DAAS: Bill Haskell

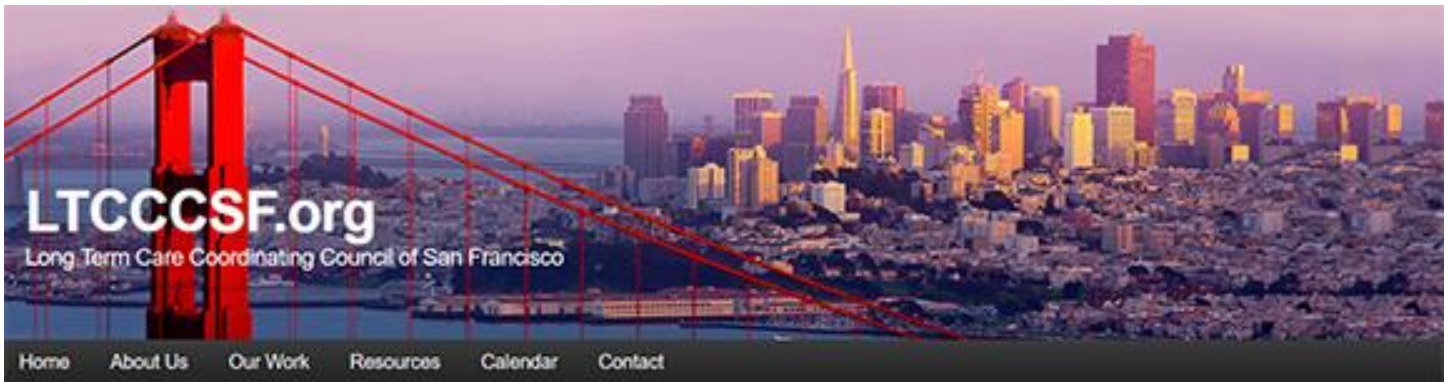
Note: Paul Isakson, MD, was then LHH's Medical Director. Patrick Monette-Shaw attended LTCCC meetings using his paid vacation time as an interested community observer; he was then the secretary to LHH's Rehabilitation Services Department (Physical Therapy, Occupational Therapy, and Speech Language Pathology Departments), and reported to LHH's then- and current-Director of Rehabilitation Services, Lisa Pasqual, MD and LHH's three physiatrists (MD's who specialize in Physical Medicine and Rehabilitation (PM&R) — fully trained physicians who focus on restoring function and quality of life for people with physical impairments or disabilities).

Pascual also subsequently served as a member of the LTCCC, alongside Dr. Iskason, who both held the Department of Public Health's then two LTCCC membership seats as service providers from San Francisco city departments.

Benson Nadell was then, and remains, San Francisco's Long-Term Care Ombudsman. Nadell has long been publicly highly critical of the LTCCC's abandonment of its mandate to advocate for institutional-based long-term care skilled nursing facilities in county.

Exhibit 3:
LTCCC's Initial Membership Categories

<https://ltccsf.org/membership-categories/>



Membership Categories

The Council is comprised of 40 members all appointed by the Mayor. To ensure adequate representation from consumer and advocate groups and individuals **and service providers for older adults and people with disabilities**, and City and County of San Francisco Departments. Individuals are appointed to **reflect this diversity**.

Consumers and Advocates

- People with Disabilities
- Older Adults
- Transitional Age Youth
- At large
- Housing
- Consumer & Organizational Advocates

Service Provider Organizations

- Long Term Care and Supportive Service Providers
- Health Systems and Hospitals
- HIV/AIDS Services/Systems
- Behavioral Health Service Systems
- Well Elder Service Providers
- Other Disability Services/Systems
- Labor

City and County of SF Departments

- Aging and Adult Services (DAAS)
- Human Services Agency (HSA)
- Public Health (DPH)
- Mayor's Office on Disability (MOD)
- Mayor's Office on Housing (MOH)
- Homelessness & Supportive Housing
- Municipal Transit Authority (SF MTA, or MUNI)

Exhibit 4:
LTCCC's Membership Roster as of August 2023

SAN FRANCISCO LONG TERM CARE COORDINATING COUNCIL
Membership Categories & Members (August 2023)

Community and Organizational Members	
Health Systems and Hospitals * Eileen Kunz, On Lok Senior Health Services	Long-Term Care & Supportive Service: Community * Laura Liesem, Institute on Aging Long-Term Care & Supportive Service: Congregate * VACANT
HIV/AIDS Services and Systems * Vince Crisostomo, SF AIDS Foundation	Adult with Disabilities: Consumers and Advocates * VACANT Adult with Disabilities: Services & Supports * Jennifer Walsh, Community Living Campaign
Behavioral Health Services and Systems * Bernadette Navarro-Simeon, Progress Foundation	Caregiver: Supports and Services * Eileen Norman, San Francisco IHSS Public Authority
Alzheimer's: Support and Services * Rachel Main, Alzheimer's Association	Older Adults: Supports and Services * Ramona Davies
San Francisco City and County Department members	
* Human Services Agency Susie Smith	* Mayor's Office on Disability VACANT
* Dept. of Disability and Aging Services Cindy Kauffman	* Dept. of Homelessness and Supportive Housing Elizabeth Hewson
* Dept. of Public Health Irin Blanco Jennie Hua	

Source: San Francisco Human Services Agency website.

Exhibit 5:

Out-of-County Patient Discharges Due to a Lack of Skilled Nursing Beds in San Francisco

Calendar Years 2021, 2022, 2023, and 2024

SFDPH Skilled Nursing Facilities Discharge and Transfer Reporting Required Under San Francisco Health Code Ordinance #77-22 Calendar Years 2021, 2022, 2023, and 2024							
Only San Francisco Residents Discharged Out-of-County							
Transferred to an Out-of-County Health Facility to Receive Standard SNF Care							
Facility	Foot-note	SF Residents 2021	SF Residents 2022	SF Residents 2023	SF Residents 2024	4-Year Total	SF % of TOTAL
1 Chinese Hospital		>10	>10	47	59	106 + >20	0.9%
2 Kaiser Foundation Hospital		435	304	354	351	1,444	12.0%
3 UCSF		316	298	316	248	1,178	9.8%
4 UCSF Health (St. Francis & St. Mary's)		74	104	12	129	319	2.7%
5 SFGH		137	126	115	88	466	3.9%
6 Laguna Honda Hospital		0	39	0	0	39	0.3%
7 Jewish Home and Rehab Center		0	0	<10	<10	<20	
8 Kentfield Hospital		15	12	14	21	62	0.5%
Subtotal Less CPMC Standard SNF Care:		977	883	858	896	3,614	30.1%
		+ >10	+ >10	+ \$9	+ \$9	+ >20 + \$18	
9 CPMC for Standard SNF Care	1	1,945	2,112	2,378	1,973	8,408	69.9%
All 9 Hospitals Subtotal Standard SNF Care:		2,922	2,995	3,236	2,869	12,022	100.0%
		+ >10	+ >10	+ \$9	+ \$9	+ >20 + \$18	

Transferred to an Out-of-County Health Facility to Receive Subacute SNF Care							
1 Chinese Hospital		<10	<10	0	0	<20	
2 Kaiser Foundation Hospital		<10	<10	<10	<10	<40	
3 CPMC		<10	<10	<10	<10	<40	
4 UCSF	3	22	15	16	<10	53 + <10	100.0%
5 UCSF Health (St. Francis & St. Mary's)		<10	<10	<10	<10	<40	
6 SFGH	2	N/A	<10	<10	0	<20	
7 Laguna Honda Hospital				Data not reported			
8 Jewish Home and Rehab Center				Data not reported			
9 Kentfield Hospital		<10	<10	<10		<30	
Subtotal for Subacute Care:		22	15	16	0	53	100.0%
		+ \$45	+ \$54	+ \$45	+ \$36	+ \$180	
Standard SNF Care + Subacute Total:		2,944	3,010	3,252	2,869	12,075	
		+ >10 + \$45	+ >10 + \$54	+ \$54	+ \$45	+ >20 + \$198	
Footnotes							
1 CPMC asserted for its 2021 and 2022 data, and again for 2023 and 2024, that its electronic medical record database does not track addresses of facilities patients are transferred to, so CPMC's data includes San Franciscans who were discharged to both in-county and out-of-county facilities in a single number. That's gaslighting, since CPMC is the only hospital system to do so. CPMC's database systems have the same capabilities as other San Francisco hospitals that did break out <i>in-county</i> vs. <i>out-of-county</i> discharge data. Six of the nine hospitals also utilize the " <i>accepting facility's address</i> " to isolate <i>out-of-county</i> discharges. All of the hospitals surely must know the name and city of the accepting facility of each patient transferred.							
2 SFGH claims it was unable to differentiate subacute patients standardly for the 2021 data report. For the 2022 data report, SFGH asserts it calculated the number of subacute patients through a query of medical charts of patients discharged to a skilled nursing facility that offered subacute care and met the medical criteria for subacute before discharge. This disproves previous misinformation from SFGH that its EPIC electronic healthcare records database could not identify patients discharged to any type of skilled nursing facility for any type of SNF care.							
3 UCSF asserts that in its reports, some patients with a subacute skilled nursing discharge disposition were discharged to facilities that don't offer subacute skilled nursing care , and instead only offer skilled nursing care or other services. Therefore, UCSF claims the actual number of subacute skilled nursing discharges made by UCSF may be less than what it reports.							
Source: SFDPH reports "SNF Transfer Reporting Requirements and CY2021 and CY2022" created 4/6/2023 and presented 4/4/2023; "SNF Transfer Reporting Requirements CY2023" dated 6/28/2024 and presented 7/4/2024; and "SNF Transfer Reporting Requirements CY2024" dated 8/14/2025 and presented 8/18/2025. The two 31-page reports total 79 pages.							
As of: 8/16/2025							