

OASIS · AT A GLANCE

52% of Providers Are Considering More Cuts

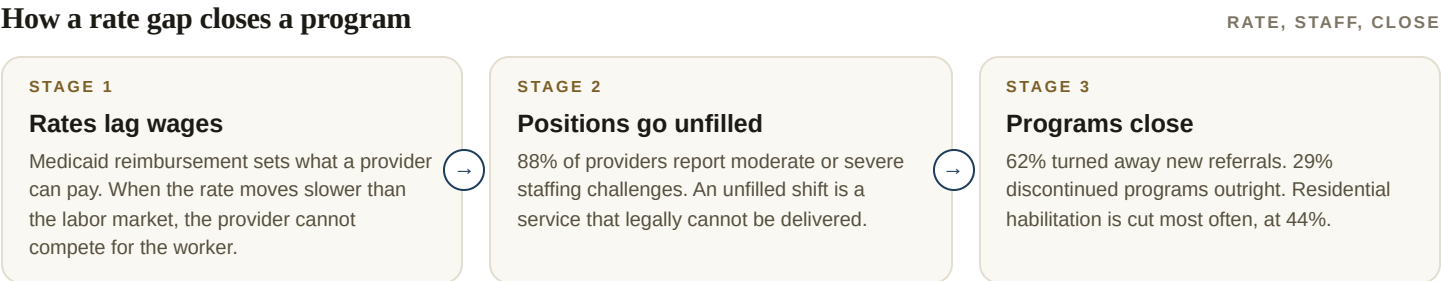
ANCOR surveyed 469 provider organizations across 48 states in 2025. More than half are weighing further program cuts, up from about a third a year earlier. The services cut first are the ones high support needs adults cannot substitute.

PILLAR: WHY, WHO | COMPANION TO BLOG POST B165 | 2-PAGE BRIEF

52%

WEIGHING MORE CUTS

Of provider organizations, up from 34% in 2024.



What the 2025 survey found

N = 469 ORGANIZATIONS, 48 STATES AND DC

Share of providers reporting each condition

ANCOR survey of 469 provider organizations, fielded August to September 2025.

Moderate or severe staffing challenges

88%

Turned away new referrals

62%

Delaying new program launches

59%

Considering further program cuts

52%

Discontinued programs or services

29%

44%

Cut residential hab

The most commonly discontinued service. Home-based and day habilitation followed at 28%.

34%

Same question, 2024

Against 52% in 2025. The largest single-year increase the survey has recorded.

36%

More incidents

Of providers report more frequent reportable incidents because of staffing shortages.

WHAT LOSING WORKS LIKE FROM THE INSIDE

“

We lost 50% of staff for one of our services there within a six-week period.

A RURAL PROVIDER, TO ANCOR, 2025.

THE TAKEAWAY

Providers cannot raise the rate, cannot bill families the difference, and cannot ignore staffing ratios. The only variable they control is how many programs they run.

TURN THE PAGE

What to ask your provider now, and how to convert an undeliverable service into an appealable one.

When your provider is the one in trouble

ASK EARLY, DOCUMENT EVERYTHING

ASK

Get ahead of the notice

☐ Ask whether your program is under review for reduction

☐ Ask for the answer by email, not by phone

☐ Ask what the provider needs in order to keep it open

☐ Ask how many shifts went unfilled last month

☐ Ask when they would tell you if that changed

NOTIFY

Tell the CMHSP first

☐ Write that a service interruption is possible

☐ Ask that it be noted in the record with a date

☐ Request the list of other authorized providers in your region

☐ Call each one yourself and log the answer

☐ Ask what the continuity plan is, in writing

DOCUMENT

Build the file now

☐ Exact services and hours authorized in the plan

☐ Every staffing gap, with dates and hours missed

☐ What you paid out of pocket or lost in wages

☐ Any incident, injury, or ER visit tied to a missed shift

☐ The date you first flagged the problem

APPEAL

Treat a gap as a denial

☐ Twenty hours authorized and eight delivered is a denied service

☐ Request a written adverse action notice

☐ File for a Medicaid fair hearing

☐ Bring the staffing log as evidence

☐ Take three minutes of public comment at the board

BRING ONE PAGE, NOT A BINDER

The service delivery gap sheet

01

Authorized

The hours and services in your current plan of service.

02

Delivered

The hours actually delivered, month by month.

03

Cost

What the gap cost you in money, wages, or safety.

04

Asked

Every date you raised it and who you told.

YOUR MOVE

When the service exists on paper but not in your house

1

Ask the provider

Is this program on any list of possible reductions?

2

Warn the CMHSP

In writing, before the closure, not after.

3

Get the provider list

And call every name on it yourself.

4

Demand the notice

An undeliverable service is an adverse action.

5

File the hearing

Records are the only thing that makes a shortage countable.

A provider closing is not a private business decision when the service is one the state authorized and the person is entitled to receive.

SOURCES

ANCOR. The State of America's Direct Support Workforce Crisis 2025. Survey of 469 provider organizations across 48 states and the District of Columbia, fielded August to September 2025.

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ABOUT THE AUTHOR

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