OASIS · AT A GLANCE

Understanding service deserts and waitlist delays

Some Michigan counties simply don't have the service you need, at any price, on any waitlist. That's not a failure of your advocacy. It's a service desert, and it has a specific, documented cause.

BY JIM PALASTY · 10 MIN READ · WHEN THE SERVICE GENUINELY DOESN'T EXIST NEARBY

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AUTISM-SPECIALIZED DAY PROGRAMS IN SOME MICHIGAN COUNTIES

Entire counties, mostly rural, have zero autism-specialized day programs within reach. This isn't a waitlist problem. The service was never built there in the first place.

How it works

THREE STEPS

STEP 1

You call, and nothing exists

A search for a specific service in your county turns up no providers at all, not even a waitlist to join.

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STEP 2

This has a name: service desert

Geographic areas where specialty services simply don't exist, distinct from a shortage where providers exist but are overbooked.

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STEP 3

Rate and provider economics created it

Inadequate Medicaid reimbursement rates make rural and specialized services financially unsustainable for most providers to offer.

What to request when a service doesn't exist locally

Telehealth delivery	Ask whether the service can be delivered remotely
Out-of-area placement	Ask whether CMH will authorize and fund travel or placement elsewhere
Parent-coaching models	Ask about caregiver-delivered service models with remote clinical support
Informal supports	Build community and peer connections while formal options remain thin
Written documentation	Get every 'no service available' response in writing, with the reason given

THE THREE-HOUR ROUND TRIP THAT BECAME ROUTINE

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Karen lives in a rural county with zero autism-specialized day programs, a fact she discovered only after calling every provider listed by her CMH and getting the same answer each time. She asked directly whether telehealth or an out-of-area placement could be authorized. CMH approved a three-hour round trip twice a week to a program in a neighboring region, funded through the waiver, rather than nothing at all. It wasn't the solution she wanted. It was the one that existed.

NOBODY OFFERED THE DRIVE AS AN OPTION UNTIL SHE ASKED THE SPECIFIC QUESTION THAT MADE IT ONE.

What matters, at a glance

MICHIGAN SPECIFIC

A desert is not a waitlist

A waitlist means the service exists and demand exceeds supply. A desert means no provider offers the service in that area at all.

Rural Michigan bears the brunt

Specialized behavioral services concentrate almost entirely around metro Detroit and Grand Rapids, leaving large swaths of the state without local access.

Low Medicaid rates drive it

Reimbursement rates too low to sustain a specialized practice mean providers simply don't open in lower-population, lower-revenue counties.

This isn't your fault

Service unavailability in a desert reflects a systemic funding and provider-network failure, not inadequate advocacy on your part.

Some CMH regions have skeletal networks

Certain PIHP regions have provider networks so thin that even willing providers are stretched across enormous geographic areas.

Telehealth is a real workaround

Requesting telehealth delivery of a service unavailable locally is a legitimate, increasingly common request worth making explicitly.

BRING THESE · CHECK AS YOU GO

- [ ] A written list of every provider contacted and the response given
- [ ] Your regional PIHP's contact information for escalation
- [ ] Documentation of every 'no service available' response, with reasons
- [ ] Your CMH supports coordinator's contact information
- [ ] Notes on transportation feasibility for out-of-area options

YOUR MOVE

When the service you need doesn't exist locally, here is what to do

1. Confirm with CMH, in writing, that no local provider exists.
2. Ask specifically whether telehealth delivery is an option.
3. Ask whether CMH will authorize and fund out-of-area placement.
4. Ask about parent-coaching or caregiver-delivered models with remote support.
5. Document every 'unavailable' response with the reason given.
6. Escalate to the PIHP if CMH offers no workaround at all.

A service desert is a funding and network failure, not a verdict on how hard you've advocated. Document it and push for a workaround anyway.

RESOURCES NAMED IN THIS POST

cmham.org · https://cmham.org

mpas.org · https://www.mpas.org

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ABOUT THE AUTHOR

JP

Jim Palasty

Jim Palasty is the founder of OASIS for Autism and a single father of an adult autistic daughter in Michigan.