Katie Beckett Program Update
A Joint Report to the Tennessee General Assembly

January 30, 2026

Overview and Context

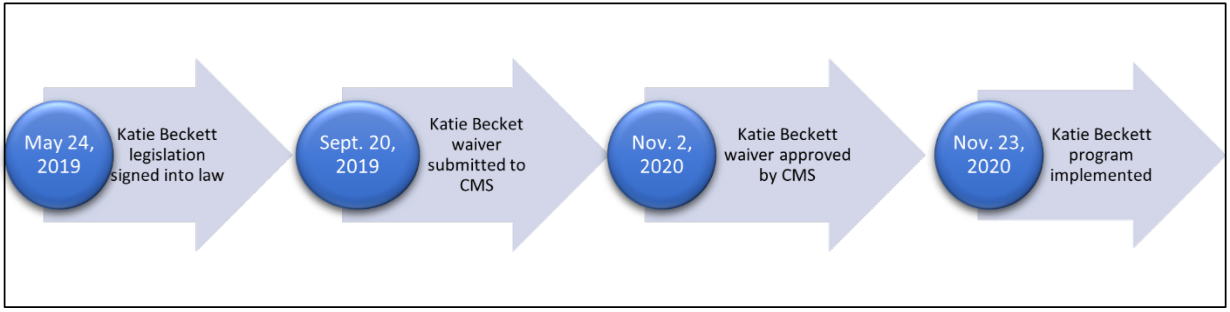
Tennessee’s Katie Beckett Program, which serves children with significant disabilities and/or complex medical needs who are not Medicaid eligible because of their parents’ income or assets, was established pursuant to Public Chapter No. 494, passed by the Tennessee General Assembly during the 2019 legislative session. The program is the result of a grassroots advocacy effort led by parents who have children with significant disabilities and/or complex medical needs, coordinated by the disability advocacy community, and championed by state lawmakers who were committed to prioritizing services for these children and their families within the financial constraints of state government.

The law requires that TennCare and the Department of Disability and Aging (DDA) (formerly the Department of Intellectual and Developmental Disabilities (DIDD)) issue an annual joint report to the Insurance Committee of the Tennessee House of Representatives and the Health and Welfare Committee of the Tennessee Senate on the status of the Katie Beckett program, including:

1. Total spent on program funding, including state and federal funds;
2. The amount of administrative costs to operate the program;
3. The costs of Part A and Part B, individually;
4. The number of children served through the program;
5. The services provided by and through the program; and
6. The income range of the parents of children participating in the program.

The purpose of this joint report is to provide an update on TennCare and DDA’s collaborative efforts in working with stakeholders to continually improve the new program and to meet statutory reporting requirements.

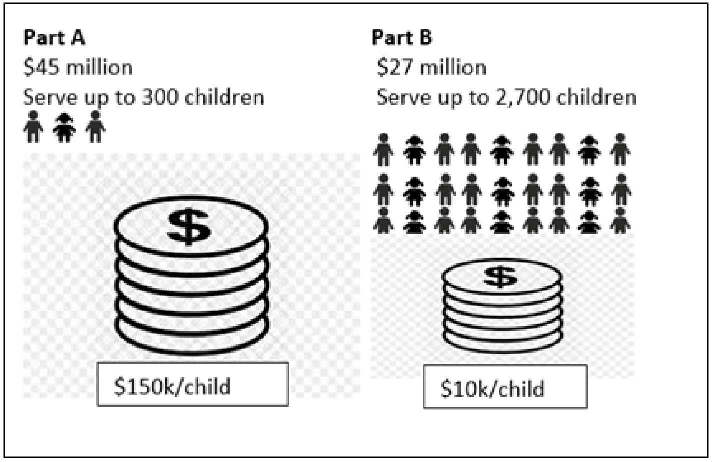
Katie Beckett Program Implementation Timeline



Amendment 40 to the TennCare II Demonstration, requesting authority for the Katie Beckett Program, was submitted to the Centers for Medicare and Medicaid Services (CMS) on September 20, 2019. Following more than a year of conversations with CMS, TennCare received CMS approval on November 2, 2020. Once federal approval was received, TennCare and DDA were able to implement the program quickly (less than a month later on November 23, 2020) because so much planning and preparation had already been completed.

Katie Beckett Program Budget and Costs

Program Funding/Original Fiscal Review Committee Cost Estimate:



Program funding was based on cost projections of the Fiscal Review Committee as depicted above: $45 million to serve up to 300 children in Part A (a projected average of $150,000 per child) and $27 million to serve up to 2,700 children in Part B (a projected average of $10,000 per child).[1]

As depicted below, in August 2023, as a part of budget rebalancing, $13 million in budget authority was transferred from TennCare for the Part A program to DDA for the Part B program, allowing 1,300 additional Part B slots and totaling 4,000 slots, while still preserving enough funding for the 300 Part A slots.

In October 2024, as a part of another budget rebalancing depicted below, $7 million in budget authority was transferred from TennCare for the Part A program to DDA for the Part B program, allowing 700

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[1] The Appropriations Act also included $4,828,200 for DDA administrative expenses related to the Katie Beckett program.

additional Part B slots and totaling 4,700 slots.

In Part A, which is statutorily required to serve children with the most complex medical needs and disabilities, the per child costs to date are lower than projected in the original budget—currently $81,565 per year based on actual expenditures in SFY 2025. As expected, the most significant portion of medical expenses are attributable to nursing care in the home.

Services and Expenditures

Based on FY 2025 actual expenditures, the annualized cost of enrolled Part A participants is just over $23.2 million. As noted above, nursing care accounts for the majority of program expenditures. Other highly utilized services include durable medical equipment, medical supplies, and occupational, physical, and speech therapies.

The annualized cost of currently enrolled Part B members is just over $46.8 million. This is based on the budgeted cost of $10,000 per child per year. Children enrolled in Part B receive a home and community-based services (HCBS) benefit package capped at $10,000 per child per year. Most families seek to maximize the available benefit.

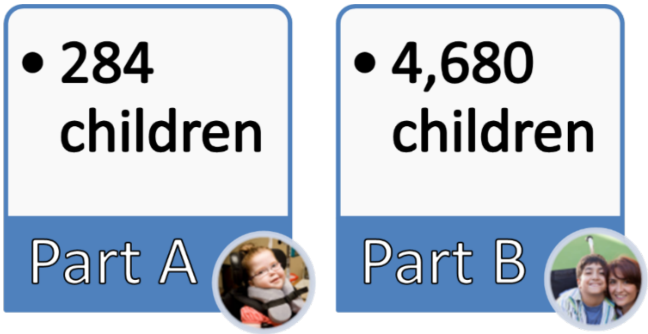
The most widely used benefit in Part B continues to be Automated Health Care and Related Expenses Reimbursement. Of the $45,963,287 in Katie Beckett Part B authorizations for CY25, $44,642,327 are Automated Health Care and Related Expense Reimbursement authorizations. This is a flexible benefit unique to Katie Beckett Part B that is designed to "mimic" a Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), as defined in federal law, except that contributions to the account are made using state and federal Medicaid funds, rather than pre-tax contributions from an employee's paycheck or employer contributions. Families may then utilize a debit card to pay directly for eligible medical expenses (or have such expenses reimbursed). Assistance with [private insurance] Premium Payments is the second most widely used benefit, followed by Supportive Home Care, Individualized Therapeutic Supports Reimbursement (primarily for non-traditional therapies), Assistive Technology, Adaptive Equipment and Supplies, and Minor Home Modifications.

Administrative Costs

During CY 2025, DDA had $15,710,100 in administrative expenditures, including Independent Support Coordinator (ISC) services, related to Part B of the Katie Beckett program. The CY 2025 Katie Beckett Part B ISC (External Case Management) authorizations totaled $5,299,251. The ISC/case management service is not a service listed under the Katie Beckett Part B menu of services as funds for the ISC/case management are not included in the $10,000 annual budget max per member.

Katie Beckett Program Enrollment

As of December 31, 2025, there were 4,964 total slots filled in the Katie Beckett Program, as depicted below:



- 284 children

Part A

- 4,680 children

Part B

When TennCare and DDA began implementing the Katie Beckett program, we had many unknowns. We did not know how many children were going to apply, how many of those children would qualify, or what the average cost of providing the needed services would be. All of these factors are significant in light of a fixed budget allotment for the Katie Beckett program.

We were specifically directed by the Katie Beckett law to establish new eligibility requirements for children and to make sure that the children with the most complex medical needs and disabilities were enrolled in Part A. To that end, we worked with parents of children with complex medical needs and disabilities and physicians who provide their care, as well as advocates and other stakeholders, setting up a Katie Beckett Program Technical Advisory Group (TAG) representing all relevant perspectives.

One of the biggest concerns expressed by the TAG was that so many children would apply in the first weeks and months that it would take up all the room in the program, and that children with the most complex medical needs and disabilities might not be enrolled. None of the stakeholders wanted to be in a position where we had to tell a family with a child with one of the most complex medical needs that applied in the sixth month "sorry, but there is no room for you."

To follow the law, and based specifically on the recommendations of the TAG, TennCare decided to **initially** limit enrollment in Part A to children with the most complex medical or behavioral health needs. These are children who require very complex skilled nursing care and use medical equipment to sustain life, and children with such severe behavioral health needs accompanying their disability that there is imminent risk of serious physical harm—children at risk of needing inpatient care in a medical or psychiatric hospital unless in-home care is available.

To be clear, **every** child who applied and qualified for the Katie Beckett program was enrolled. However, children with less significant needs were **initially** enrolled into Part B. After working through the large volume of applications received upon program implementation, in the first quarter of 2021, TennCare reconvened the TAG and upon their recommendation, opened up enrollment into Part A to all eligible children. Any child eligible for Part A but initially enrolled into Part B has been offered the opportunity to transition to Part A, although some children have elected to remain in Part B. Everyone who has applied for Part A and who has qualified is currently being served. However, due to high demand, a waiting list had to be established for Part B in June 2023. As noted earlier, an additional 1,300 slots were approved for Part B in August 2023. While the children on the waiting list were being actively enrolled, families continued to apply for the program at a high rate. These additional 1,300 slots were filled by October 2024 in addition to newer applicants on the waiting list. In October 2024, an additional 700 slots were approved for Part B. The waiting list continues to be actively worked to enroll eligible individuals. As of December 29, 2025, there were 27 children on the Katie Beckett Part A waiting list and 898 on the Katie Beckett Part B waiting list.

Income Range of Parents

A breakdown of parents' income ranges for children applying for the program is below. More than half of the children's families have combined income of more than $100,000 per year. Another 34% of families have annual income between $50,000 and $100,000, with a small percentage less than or equal to $50,000 per year. The data is based on Katie Beckett applications for which financial eligibility processes had run as of the date the query was completed — December 3, 2025. The data reflects parents' monthly income, using MAGI[2] budgeting, multiplied by 12 months to determine annual income.

Annual income ranges	**# of Individuals**	**% of Total**
<= $50,000	128	**2.64%**
Between $50,000 - $100,000	1664	**34.35%**
> $100000	3052	**63.01%**
Total	4844	**100%**

Program Outreach and Improvements

DDA and TennCare have worked together to continue to provide outreach to educate families about the program, assist them in applying for the program, and provide guidance on how to use their benefits in the program.

Initiatives and improvement efforts for 2025 have included:

- Holding quarterly Katie Beckett Technical Advisory Group (TAG) meetings to gather feedback to

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[2] MAGI or Modified Adjusted Gross Income – as defined in 42 CFR § 435.603. In general, the MAGI methodology is defined by the following characteristics: a) financial eligibility is based on current monthly household income and household size; b) taxable income is countable income; c) non-taxable income is excluded income; and d) household size is determined by the principles of tax dependency.

identify program needs and inform improvement initiatives.

- Planning and creating TennCare's first Katie Beckett informative video in collaboration with TennCare Communications, BlueCare, and DDA.
- Continuing focus on improving the transition process for Katie Beckett members turning 18.
- Participating in Katie Beckett Part A Advisory Group Meetings held by BlueCare semi-annually with select families.
- Transitioning to a new HRA vendor, Total Administrative Service Corporation (TASC), for Katie Beckett Part B participants.
- Conducting several community/stakeholder Katie Beckett program presentations.
- Continuing attention and conversation with TAG members on identifying current mental and behavioral health support options available for Katie Beckett members and exploring potential areas for improvement.
- Enrolling children into Katie Beckett Part C. Part C is for children who have Medicaid, but their Medicaid is ending because their parents' income or resources have increased. Part C allows a child to keep Medicaid if they would qualify for Part A, but there isn't a slot open. These children can remain in Part C until a slot is open for them in Part A. Three children were enrolled in Part C in 2025 as they awaited a Part A slot to open.

Program Innovations, Impacts, and Success Stories

Without question, the most important measure of the program's success is the impact it is having on the lives of children enrolled in the program and their families.

Katie Beckett Part A

Children in Part A are enrolled in TennCare Select, which is operated by Volunteer State Health Plan, a subsidiary of BlueCross BlueShield of Tennessee (BCBST).

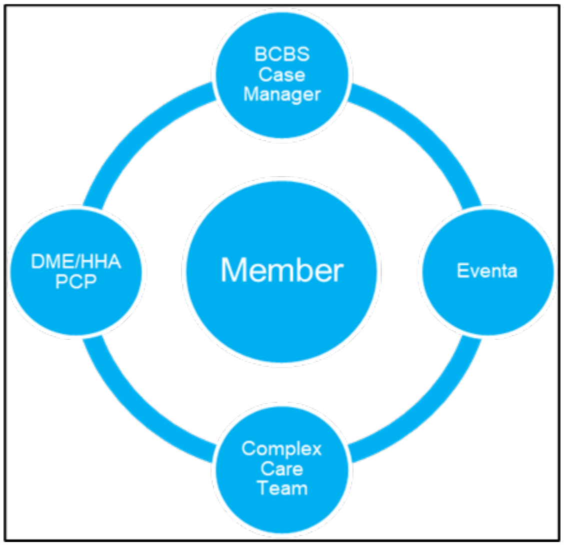
Katie Beckett Part A Telehealth

As part of the Katie Beckett Program, a telehealth pilot option has been utilized to expand access to specialty care in rural areas, reduce travel burden on children with significant medical needs or disabilities and their families, build capacity of primary (in particular, rural) care providers to serve children with medical or behavioral complexity, improve monitoring and management of unstable or high-risk conditions—with a primary focus on children with complex respiratory care needs, reduce unnecessary emergency department visits or inpatient utilization, and improve care management and coordination.

Through the telehealth option, reimbursement is provided for medically necessary services when the TennCare provider is at a qualified site other than where the patient is located and the patient is at a site appropriate to receive healthcare services (which may include the Katie Beckett member's home) for Katie Beckett Part A members with the most complex medical needs and disabilities.

Telehealth for Katie Beckett Part A children with enhanced respiratory care needs offers these children onsite clinical assessment and oversight along with onsite and remote monitoring, including the opportunity for teleconsultation with a family member or paid caregiver in the home, and/or with the treating physician, as needed. Clinical experts in respiratory care ensure that the child is using state-of-the art equipment that supports remote monitoring (when applicable) for purposes of improved clinical management of enhanced respiratory care needs, such as pulse oximetry and end-tidal capnography devices to monitor pertinent vitals (oxygen saturation, heart rate, end-tidal carbon dioxide, and respiratory rate) and portable mechanical ventilators that support opportunities for family, school, and community participation, as appropriate. Additional technology such as heated, high flow molecular humidification devices are used to reduce the need for suctioning and risk of infection. The clinical support team responsible for onsite and remote monitoring for the Katie Beckett Part A telehealth service is available and engaged to provide onsite training and education for family members and/or paid caregivers, as needed, including nurses or those who will be performing self-directed enhanced respiratory health care tasks.

Working with Eventa, LLC, internationally recognized experts in respiratory care, members with the most complex respiratory care needs, at high risk of hospitalization, and/or weaning from the ventilator are monitored closely with the goal of early intervention due to change in respiratory status and to assist in improving quality and overall improved member outcomes. The Katie Beckett Program is the first to launch such a program in the home environment with the expansive reporting and data analysis being developed. The remote monitoring system is not designed to replace bedside nurses or family caregivers for the member in emergency situations. However, the remote monitoring system provides crucial data to medical providers, inclusive of more data points over additional periods of time. For weaning members, the recorded and reported data allows medical providers to make more informed decisions regarding the weaning process.

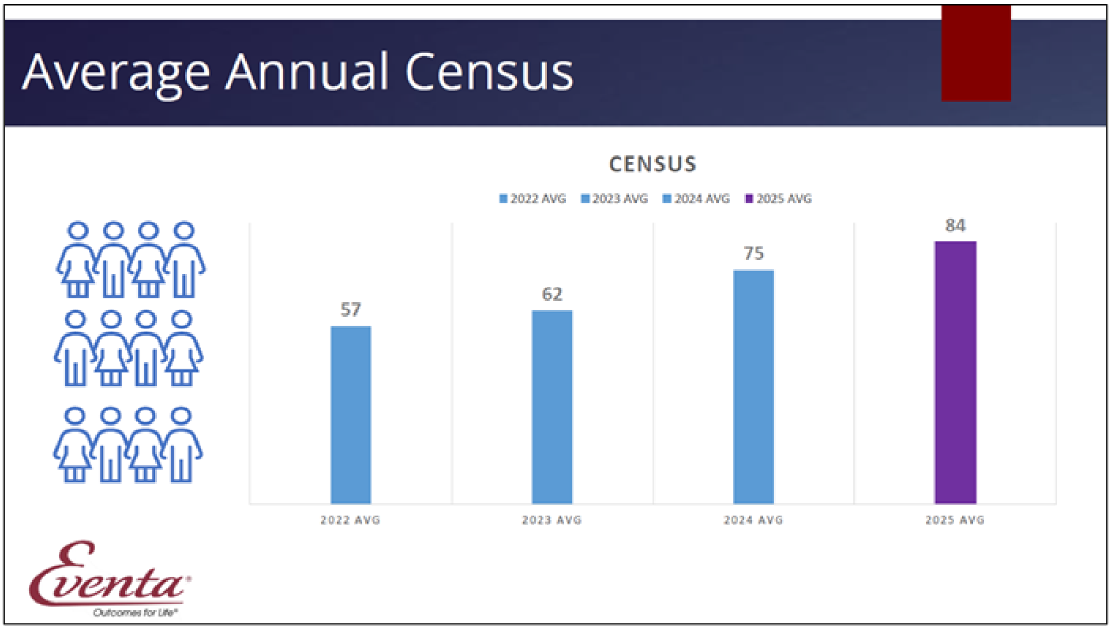


With the implementation of Remote Monitoring, we're achieving:

- Improved Physician/DME/HHA involvement in care plans as a result of the collaborations and trending reports
- Assess and make recommendations for more appropriate home devices to assist in successfully supporting the member at home
- Identify clinical opportunities with early detection and intervention as a result of remote

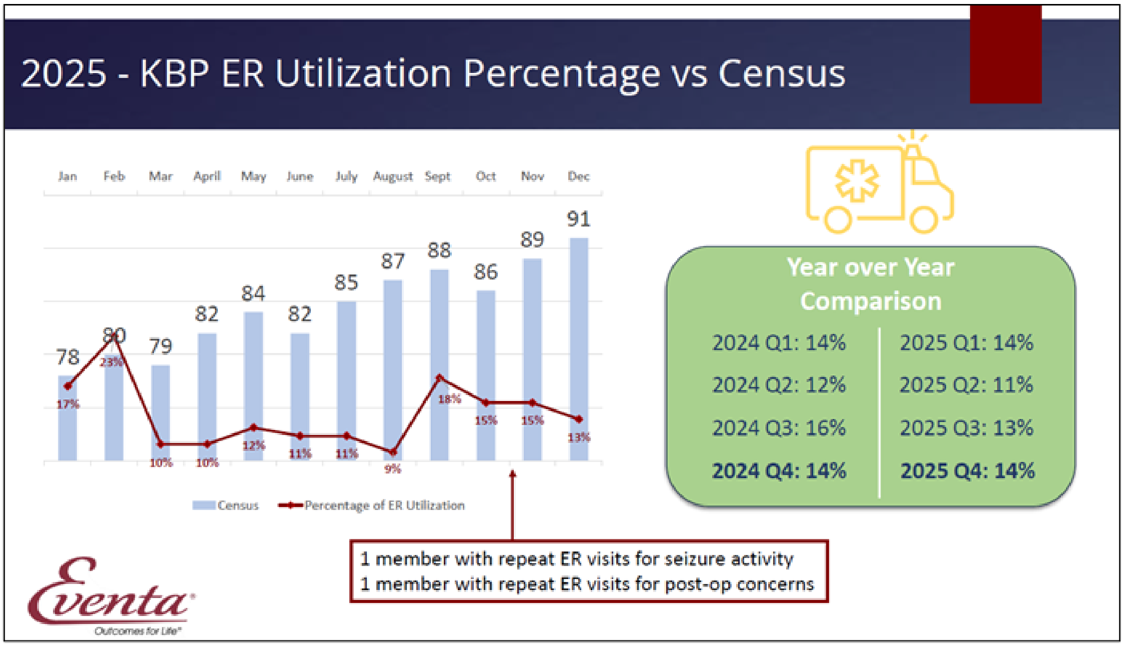
monitoring
- Improved QOL and member satisfaction with increased clinical support, including access after hours.

The total number of children enrolled in the program through CY 2025, Quarter 4 is 84. The chart below provides a breakdown:



Average Annual Census

To date, this program has been successful in limiting Emergency Department visits and unplanned hospitalizations, even as the number of children enrolled in the program increased:

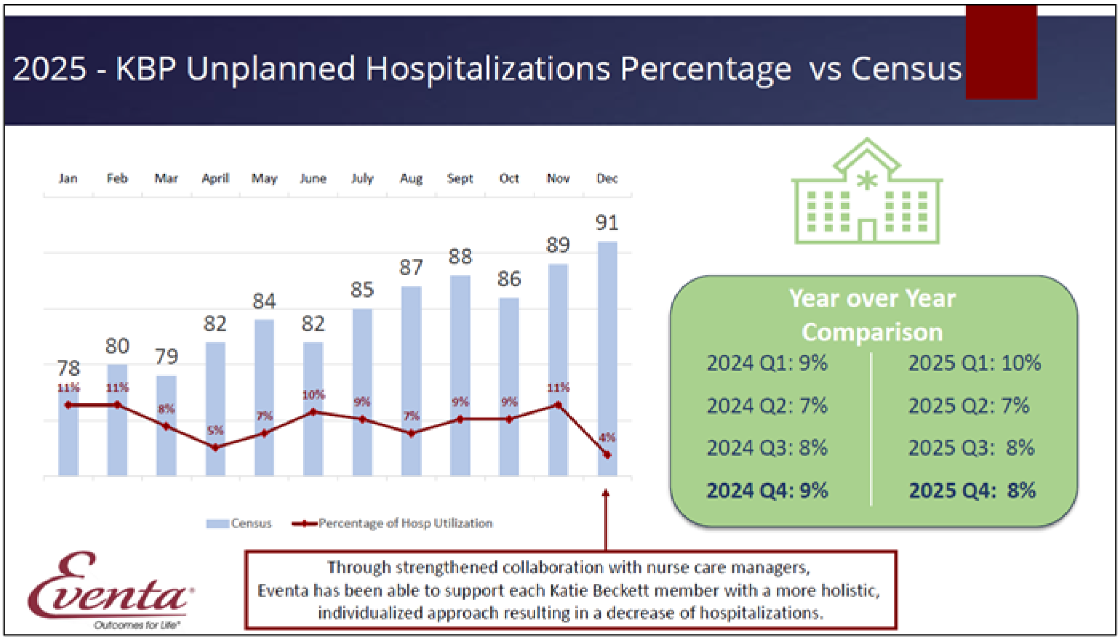


2025 - KBP ER Utilization Percentage vs Census

Year over Year Comparison

2024 Q1: 14%	2025 Q1: 14%
2024 Q2: 12%	2025 Q2: 11%
2024 Q3: 16%	2025 Q3: 13%
2024 Q4: 14%	**2025 Q4: 14%**

1 member with repeat ER visits for seizure activity
1 member with repeat ER visits for post-op concerns



2025 - KBP Unplanned Hospitalizations Percentage vs Census

Year over Year Comparison

2024 Q1: 9%	2025 Q1: 10%
2024 Q2: 7%	2025 Q2: 7%
2024 Q3: 8%	2025 Q3: 8%
2024 Q4: 9%	**2025 Q4: 8%**

Through strengthened collaboration with nurse care managers,
Eventa has been able to support each Katie Beckett member with a more holistic,
individualized approach resulting in a decrease of hospitalizations.

Eventa Success Stories

Road to Decannulation: Eventa supports a member who is 4-years-old with a past medical history significant for chromosome abnormality, trach, vent, and G-tube dependent from birth. He was discharged from the hospital to his home with family and private duty nursing. However, his complex needs resulted in multiple re-hospitalizations. Eventa began following him in the Fall of 2022 prior to his discharge home. While the primary focus was reducing the risk of re-hospitalization, there was also indication for potential weaning. From 2022-2025, Eventa efforts included: high flow humidity started for hygiene and weaning, daily speaking valve and weaning trials, tummy time to build respiratory strength, transitioned to sleep-only vent use, and nocturnal weaning approved in December 2024. Eventa encouraged increased use of high flow to work towards liberation. In August 2025, this member was fully liberated from the vent and has not required any ER or hospital visits since 2022. He has since started preschool and has been approved to begin weaning towards tracheostomy decannulation this upcoming Spring.

Airway Clearance: Eventa has supported a member who is 2-years-old diagnosed with Acardi Syndrome, Hydrocephalus, Epilepsy, Vision Impairment, Hypotonia, and Global Developmental Delay. The member was referred to Eventa in December 2024. Eventa's initial in-home assessment revealed: uncontrolled secretions, coarse breath sounds, difficulty swallowing/gaining weight, and multiple pneumonia-related hospitalizations. Recommendations were made to her provider for airway clearance therapy and concerns were escalated regarding feeding difficulty. The member received a cough assist device in February 2025 and was prescribed Atropine drops to aid in secretion management. The member has continued to improve with the use of airway clearance therapy and pharmacology. At the time of reporting, she had gained 4.5 pounds in the last two months and had not required any hospitalizations.

Since getting her secretions under control, it is reported that this member loves eating.

Emma's Story

Emma Posey is a 6-year-old girl diagnosed with Febrile-Induced Refractory Epilepsy Syndrome. Within three days of her birth, doctors discovered heart defects and at just one week old, Emma had heart surgery at Vanderbilt Children's Hospital to repair a coarctation of the aorta. At nine months, she required a second heart surgery to close an abnormal opening. Despite having a feeding tube, Emma thrived as a young child—she walked, talked, and enjoyed life—until July 2023, when she contracted adenovirus. The virus triggered Febrile-Induced Refractory Epilepsy Syndrome, causing up to 100 seizures per day. Emma was airlifted to Children's Hospital of Atlanta, where she fought for her life for five months, including one month in a medically induced coma. Unfortunately, the relentless seizures caused significant brain damage.

Emma lost the ability to talk and walk independently. She required a ventilator with a tracheostomy and continued G-tube feedings. After three months in the Pediatric Intensive Care Unit (PICU) and two months in inpatient rehab, Emma was discharged home in December 2023, now a wheelchair user. Since then, Emma has made steady progress through intensive, complex care from multiple specialists and therapies, including physical therapy (PT), occupational therapy (OT), and speech therapy (ST). She also participates in robotic therapy in Atlanta, which helps rebuild damaged brain pathways. Emma receives support through the Katie Beckett program from a Nurse Care Manager and an Eventa Respiratory Therapist, who provide monthly check-ins and routine home visits to ensure her medical and respiratory needs are met.

Today, Emma is walking independently inside her home. She is off the ventilator during the day and only uses it at night while sleeping, as she works towards potential ventilator liberation. Emma attends first grade at Waterville Elementary, where she is interactive and social. She can shake her head "no" and use occasional words like "no" and "stop." Emma is part of the Miracle League, a sports program for children with special needs, where she enjoys playing baseball and bowling. Her mom, Keslie, describes Emma as very happy and always smiling. She loves spending time with her mom, her 4-year-old brother

Rhett, and her Grammy. Emma is full of energy and curiosity—she doesn't stop and is into everything!

Keslie's goal is for Emma to become as independent as possible. They are currently working on mobility, potty training, and expanding her vocabulary. Keslie is deeply grateful for the Katie Beckett program and the services provided through Eventa. She also appreciates the private duty nursing that her primary insurance does not cover. Emma's care includes medications costing thousands of dollars per month, which primary insurance alone cannot pay for. Medicaid through Katie Beckett covers these medications, monthly IVIG infusions, and all of Emma's therapies.

Keslie says it would not be financially possible to meet Emma's needs without the Katie Beckett program. Emma has come so far, especially considering she was once given only a 50% chance to live and was expected to remain in a vegetative state. Her progress is nothing short of remarkable.

BlueCare Updates

BlueCross BlueShield Tennessee (BCBST) supports Katie Beckett Part A members and is committed to making a positive difference in their lives. Nurse Care Managers listen to families, encouraging not only the proper care and support of the child, but also the whole family. Nurse Care Managers support and teach families how to recognize signs that require medical intervention. Families have received information and support to make difficult decisions such as when to request hospice, palliative care for pain management, or when more intense treatment may be needed. BCBST's Nurse Care Managers have strongly advocated with members' commercial insurance (primary insurance), and others to be collaborative partners in these children's care and have helped families navigate the broader health care system.

This year has been an excellent year for Katie Beckett Part A. BlueCare began 2025 with 225 members and currently supports 284 Part A members. BlueCare Katie Beckett Part A Advisory meetings continued to be held twice a year, providing valuable information for both families and staff. These sessions featured education and resources from organizations such as TNSTEP, the BlueCare Behavioral Health Team, Star Center, Eventa, and the Seating and Positioning Clinic. Key discussions focused on Katie Beckett HCBS services, including Assistive Technology, Minor Home Modifications, Consumer Direction, and Supportive Home Care. Advisory meetings also give families an important opportunity to share feedback and suggest process improvements.

Several process improvements were implemented in 2025, including enhancements through Eventa, Consumer Direct Care Network of Tennessee (CDTN), and internal form updates:

- Enhanced Respiratory Care Program
  BlueCare and Eventa collaborate closely on this program. Katie Beckett Nurse Care Managers and Eventa Respiratory Therapists review members with potential respiratory needs, determine the best course of action, and often conduct joint in-person visits. This increased communication has accelerated processes and provided a more accurate pulmonary profile for members. Additionally, members on remote monitoring are evaluated frequently to review findings, track improvements, and address emerging needs.
- Vehicle Modifications
  Since Vehicle Modifications are a Katie Beckett Part A-specific service reimbursed through CDTN, BlueCare improved communication to ensure CDTN is informed about the member and the

modification status. In addition to sending the Person-Centered Support Plan (PCSP) once the modification is added, BlueCare now sends a separate email clarifying that the request is for the initiation of the modification—not for consumer direction. This proactive approach allows CDTN to enter the member into their system before the modification is completed and the authorization is sent, significantly reducing reimbursement time for dealerships.

- Katie Beckett Person-Centered Support Plan (PCSP)
  The Katie Beckett Person-Centered Support Plan (PCSP), along with the Katie Beckett Part A Comprehensive Assessment, has been completely revamped and was deployed for use on December 30, 2025. A dedicated workgroup—including TennCare and all three MCOs—met over the past two years to improve and create a new CHOICES and ECF CHOICES Person-Centered Support Plan. Although BlueCare is the only MCO offering Part A, BlueCare used this opportunity to redesign and enhance the Katie Beckett PCSP to align more closely with other LTSS programs, while incorporating essential child-specific elements for the Katie Beckett program.

Mission Moments – Part A Member Success Stories

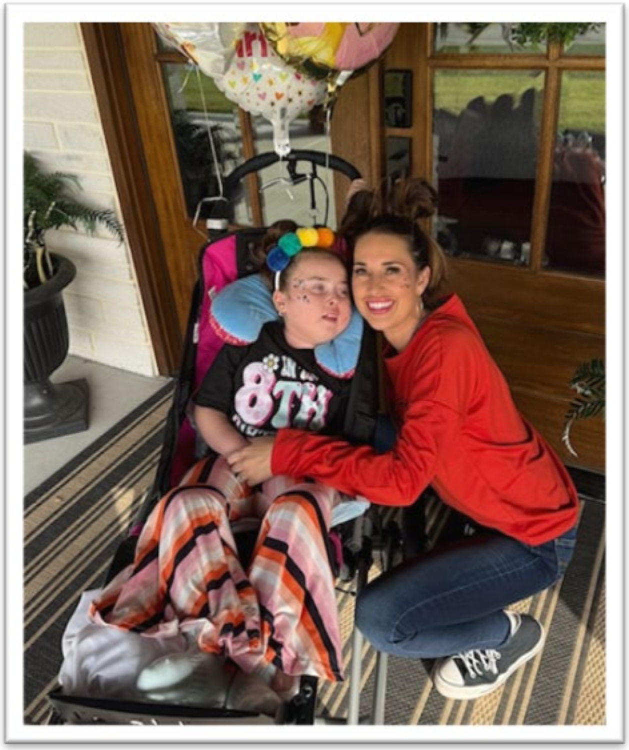
Christian's Story

Christian was born in 2011 at Vanderbilt University Medical Center with a rare condition called Tessier Cleft Lip and Palate, which affected multiple areas of his face. He was born blind and relied on a feeding tube. Though his journey began with extraordinary challenges, Christian has become a source of strength and inspiration to everyone who knows him.

Over the years, Christian has undergone numerous surgeries that have significantly improved his quality of life. With the support of his family and medical team, he learned to walk and talk, mastered braille, and developed a love for learning and music. Today, Christian enjoys spending time with his younger brother, telling jokes, and playing the violin. He approaches life with joy and determination.

Christian's success is rooted in family support and access to essential medical care. His parents worked to ensure he was treated as capable and independent, with the same expectations as any other child. Medical needs like surgeries, therapies, feeding tubes, nursing care, and equipment have been critical supports rather than barriers. The Katie Beckett program has made this possible by covering care that private insurance alone could not. A single surgery can cost well over $100,000, and Christian has needed many. Without this support, his family would have faced impossible financial choices. The Katie Beckett Program has ensured that Christian receives the care he needs without forcing them to choose between his health and their family's stability. It has given them peace of mind and the ability to focus on what matters most—helping Christian thrive.

Because his care is covered, Christian is able to focus on being a kid. Earlier this month, he performed at his violin conservatory's spring recital and earned a certificate for completing Suzuki Violin Book 1. He has taken lessons since age six and worked hard to reach this milestone. His progress reflects his own determination and the support of his family, teachers, medical providers, and the Katie Beckett program. As his mom Lacey shared, "Without it, I honestly don't know where we would be."



Scout's Story

Finley Scout Shannon, known as Scout, is an 8-year-old girl with severe cerebral palsy, global developmental delay, cortical vision impairment, and Lennox-Gastaut syndrome (without status epilepticus). She is completely dependent on others for all her needs. Scout requires supplemental oxygen for more than 8 hours each day and uses a (Chest Physiotherapy) CPT vest 2–3 times daily, along with frequent oral suctioning. She is G-tube dependent for both bolus and continuous feedings.

Scout is closely monitored by multiple specialists, including cardiology, neurology, and pulmonology. She also participates in the Eventa respiratory program, where her respiratory status and care needs are assessed monthly. In addition, Scout receives approximately 60 hours per week of private duty nursing.

Through the Putnam County school system, she has a homebound teacher and receives physical therapy, occupational therapy, and speech services.

Scout lives at home with her single mother and two siblings, ages 12 and 10. She receives Katie Beckett services, including Assistive Technology, and recently enrolled in Supportive Home Care through a formal provider. This program helps her mother to continue providing care for Scout at home. Her mother, Jessica, shares that she doesn't know where they would be without these services. They provide peace of mind and comfort, ensuring Scout can remain at home with her family.

Katie Beckett Part B

The Katie Beckett Part B program continued to be a highly utilized and valuable resource to families across the state of Tennessee.

This year, the program underwent a vendor change in its Healthcare Reimbursement Account (HRA) service, the most popular service within Part B. DDA worked to transition to a new HRA vendor, Total Administrative Service Corporation (TASC), which was awarded the contract as a result of a competitive bidding process. During the latter part of FY25, DDA worked with the outgoing and incoming vendors to close out accounts and transfer data and funding to the new vendor. DDA also facilitated two virtual training sessions to familiarize families and case managers with the claim submission process and account setup. DDA is continuing to work with TASC and families to ensure consistency in claims and documentation requirements under IRS rules.

Satisfaction with the program overall remains high. A survey conducted in early 2025 found that overall satisfaction with the Katie Beckett program was 93 percent, with 96 percent of families reporting that the program had improved both their child's and their family's quality of life.

Feedback from Families:

“The Katie Beckett Program should be the model for how all government-run agencies should operate. We have been continuously impressed at how efficient and responsive the case managers have been. They truly want to help and make sure that our child gets the support that he needs.”

“I'm not sure how we would be making it every year without the Katie Beckett benefit. As a single mom of a very high needs special needs child, this program has helped me give him a greater quality of life than I could've on my own.”

“[The] Katie Beckett Program has been wonderful for our family and allows us to provide services to our child that we otherwise would struggle financially to be able to.”

“This program has been absolutely life-changing for my son, and I have so many good things to say about it. I cannot think of any improvements at this time.”

Mission Moments – Part B Member Success Stories

Lily and Lizzy’s Story

With support from the Katie Beckett program, 8-year-old twins Lily and Lizzy Page refuse to let their disabilities define them.

The twins have been enrolled in Katie Beckett Part B since its inception and have benefited greatly from the program, so they can grow and thrive in their home environment.

Lily, who has cerebral palsy and uses a wheelchair, is described by her parents as a social butterfly. Katie Beckett funding has helped her stay connected to her community through activities such as dance, equine therapy, and Girl Scouts. She’s also working hard in physical therapy, with hopes of one day using a walker.

Lizzy has epilepsy, cerebral palsy, and cortical visual impairment. She feels most comfortable at home, where she enjoys playing on the floor with toys that light up or play music.

Through Katie Beckett services, the family was able to modify their steep driveway to include a more accessible platform for their wheelchair van. The program also helped cover the cost of essential adaptive equipment, including wheelchairs, highchairs, and bath chairs. In addition, the girls were able to enroll in different traditional and non-traditional therapies, while the family received essential assistance with medical care.

“We’re thankful for Katie Beckett because it has helped us overcome that financial burden that we would have otherwise,” said Kristi, the mother of Lily and Lizzy.

The Katie Beckett program has eased the challenges their family once faced and opened the door to greater independence.