Table 4. Sustainment outcomes of Alaska's demonstration elements

Demonstration element	Activity type	Outcomes
Improvements in quality measure reporting infr3.4(m)-3ka		

The sustainme
Appendix are b

Around the midpoint of the demonstration, Alaska began planning a new quality improvement effort referred to as the Patient Centered Medical Home Initiative (PCMHI).

Maryland

Maryland used its CHIPRA dollars to improve the quality of and access to existing intensive care coordination and behavioral health services for children insured by Medicaid who have complex behavioral health needs.[2] To implement most of the grant's activities, the Maryland Medicaid agency contracted with the Institute for Innovation & Implementation at the University of Maryland, School of Social Work. Through this contract, the Institute employed the CHIPRA project director and other demonstration staff. Maryland was part of a three-state partnership, joining Georgia and Wyoming. In the fifth year of the demonstration, Maryland had implemented four potentially sustainable demonstration elements. As of August 2015, three were sustained and one may be sustained (Table 5).

Table 5. Sustainment outcomes of Maryland's demonstration elements

between child-serving agencies and helped these agencies improve data consistency and reduce cross-system variation in the structure of service records. Maintaining these institutionalized changes to existing systems will not require additional state resources above normal operating costs. Thus, Maryland can continue to draw on its increased capacity for data analysis to develop

demonstration. Third, Maryland's experience demonstrates the benefits of building on a service model that had been tested extensively prior to the demonstration.

South Carolina

South Carolina's demonstration, known in the state as Quality through Technology and Innovation in Pediatrics (QTIP), focused primarily on developing the capacity for ongoing quality improvement in 18 primary care practices. The project team included a project director and other staff from South Carolina's Medicaid agency (the South Carolina Department of Health and Human Services, or SCDHHS), individual consultants, staff from the state's chapter of the American Academy of Pediatrics (AAP), and researchers at the Institute for Families in Society at the University of South Carolina. The team worked to assist practices with reporting quality measures, integrating behavioral health services, and achieving NCQA certification as a patient centered medical home (PCMH). In the fifth year of the grant, South Carolina had implemented six potentially sustainable elements of its program, four of which were suprogrfour

received another federal grant to sustain some of this effort, which provided an additional rationale for not sustaining the effort with state funds.

The intellectual capital developed over the course of the demonstration will be sustained through the new Medicaid entity that fosters through the n

that the state would be unable, on its own, to support the learning collaboratives participating practices had valued highly and which the state viewed as effective in helping child-serving practices implement features of the PCMH. Consequently, the federal match provided an attractive option for sustaining this effort, assuming that state funds could be found. UPIQ's leadership worked closely with the state and consulted with many of the state's child-serving organizations before University of Utah Health Plans agreed to provide the funds. Overall, this effort reflects the influence of strong partnerships (in this case between the state and UPIQ and between UPIQ and other child-serving entities) and the availability of alternative sources of funds (via Medicaid administrative claiming).

Fourth, because Utah residents who live near the Idaho border may receive care in Idaho, statelevel quality measures may not account for children who receive recommended immunizations in Idaho (and vice versa). To improve the accuracy of both states' immunization measures, the states worked to clear legal and technical hurdles to support data sharing between their immunization registries. Although the states were unable to achieve bidirectional exchange by August 31, 2015 (the closing date for data for this study), Utah was able to use direct file transfer to send records to Idaho for more than 10,000 Idaho children who had been immunized in Utah. Assuming the states move forward with bidirectional exchange, this positive sustainment outcome will illustrate the benefits of aligning project goals with broader state agency priorities (in this instance, developing accurate quality measures).

Using grant funds, the state provided stipends for "parent partners" (a family engagement element noted in the table above). These parents worked with practices to help them provide more family-