



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

Mr. Michael Melendez  
Associate Regional Administrator  
Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
Division of Medicaid and Children's Health Operations  
26 Federal Plaza - Room 37-100 North  
New York, New York 10278

DEC 18 2017

RE: SPA #17-0066

Dear Mr. Melendez:

The State requests approval of the enclosed amendment #17-0066 to the Title XIX (Medicaid) State Plan effective October 1, 2017 (Appendix I).

A summary of the plan amendment is provided in Appendix II. Copies of pertinent sections of enacted legislation are enclosed for your information (Appendix III).

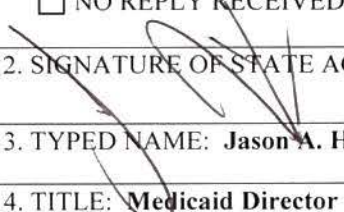
In keeping with our continued agreement, this amendment is being sent to you prior to the end of the fourth quarter.

If you or your staff have any questions or need further assistance, please do not hesitate to contact Regina Deyette of my staff at (518) 473-3658.

Sincerely,

  
Jason A. Helgeson  
Medicaid Director  
Office of Health Insurance Programs

Enclosures

|  |  |   |  |
|--|--|---|--|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><br><b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   |  | 1. TRANSMITTAL NUMBER:<br><div style="text-align: center;"><b>17-0066</b></div>   | 2. STATE<br><br><div style="text-align: center;"><b>New York</b></div> |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE<br/>SOCIAL SECURITY ACT (MEDICAID)</b>   |  |
| 4. PROPOSED EFFECTIVE DATE<br><div style="text-align: center;"><b>October 1, 2017</b></div>  |  | 5. TYPE OF PLAN MATERIAL <i>(Check One)</i> :<br><br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> |  |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>   |  |   |  |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Federal Social Security Act § 1902(e)(13) and<br/>Social Services Law §366-a(11)</b>   |  | 7. FEDERAL BUDGET IMPACT: <i>(in thousands)</i><br><b>a. FFY 10/01/17-09/30/18 \$ 0</b><br><b>b. FFY 10/01/18-09/30/19 \$ 0</b>   |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br><b>Attachment 1.1: Pages 11b, 11c, 11d</b>  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN<br>SECTION OR ATTACHMENT <i>(If Applicable)</i> :<br><br><b>Attachment 1.1: Pages 11b, 11c, 11d</b>   |  |
| 10. SUBJECT OF AMENDMENT:<br><b>Express Lane for Children on TA<br/>(FMAP = 50%)</b>   |  |   |  |
| 11. GOVERNOR'S REVIEW <i>(Check One)</i> :<br><div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br/> <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br/> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div> <input type="checkbox"/> OTHER, AS SPECIFIED:         </div> </div> |  |   |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br>  |  | 16. RETURN TO:<br><b>New York State Department of Health<br/>Division of Finance and Rate Setting<br/>99 Washington Ave – One Commerce Plaza<br/>Suite 1460<br/>Albany, NY 12210</b>  |  |
| 13. TYPED NAME: <b>Jason A. Helgersen</b>  |  | 17. DATE RECEIVED:  |  |
| 14. TITLE: <b>Medicaid Director<br/>Department of Health</b>   |  | 18. DATE APPROVED:  |  |
| 15. DATE SUBMITTED: <b>DEC 18 2017</b>   |  | <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:   |  |
| 21. TYPED NAME:  |  | 22. TITLE:  |  |
| 23. REMARKS:   |  |   |  |

**Appendix I**  
**2017 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Amended SPA Pages**

**New York  
11b**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
SECTION 2 – COVERAGE AND ELIGIBILITY**

**Citation(s)**

**2.1 Application, Determination of Eligibility and Furnishing  
Medicaid (Continued)**

1902(e)(13) of  
the Act

☒ (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after 9/30/2017.

(1) The Express Lane option is applied to:

☐ Initial determinations  
☒ Both

☐ Redeterminations

(2) A child is defined as younger than age:

☒ 19

☐ 20

☐ 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

[The New York State Department of Health (NYSDOH), Office of Health Insurance Program (OHIP), [Division of Coverage and Enrollment (DCE)] Division of Eligibility and Marketplace Integrations (DEMI) administers the Medicaid and Child Health Plus (CHPlus, New York's separate CHIP program) programs. At CHPlus redetermination, the Medicaid agency elects to rely on findings from the Child Health Plus program to determine initial eligibility for the Medicaid program.

When applying or renewing for Temporary Assistance the Medicaid agency elects to rely on findings from Temporary Assistance program to automatically enroll and renew eligible children in Medicaid.]

**TN #17-0066**

**Approval Date**

**Supersedes TN #15-0003**

**Effective Date**



**New York  
11c**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
SECTION 2 – COVERAGE AND ELIGIBILITY**

**Citation(s)**

**2.1 Application, Determination of Eligibility and Furnishing  
Medicaid (Continued)**

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

[Child Health Plus annually renews eligibility for children enrolled in CHPlus. Under the screen and enroll process, the first step is to determine if the child is eligible for Medicaid. In order to streamline eligibility for children who screen Medicaid eligible, the Department of Health is implementing a process that will send the eligibility findings made at the renewal by CHPlus to the Local Departments of Social Services (LDSS).

The State will use an income finding from CHPlus and apply this income information to enroll a child in Medicaid if a child is found to be ineligible for CHPlus at renewal. Both Medicaid and Child Health Plus use MAGI (modified adjusted gross income) to determine eligibility. Medicaid will be accepting the income findings determined by CHPlus using MAGI methodology based on Medicaid income rules.

Medicaid and CHPlus both use the same residency rules. Neither Medicaid nor CHPlus require documentation of residency at renewal. Medicaid will accept the CHPlus agency's finding for residency.

Temporary Assistance requires the same verification of citizenship that Medicaid requires for eligibility. Income budgeting is slightly different, Temporary Assistance uses net income after allowing income disregards. Medicaid determines eligibility using MAGI (modified adjusted gross income) methodology. Since TA income guidelines are lower than the Medicaid levels, this slight discrepancy in budgeting income would not affect eligibility in a majority of the cases.]

**TN #17-0066**

**Approval Date**

**Supersedes TN #15-0003**

**Effective Date**

**New York  
11d**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
SECTION 2 – COVERAGE AND ELIGIBILITY**

**Citation(s)**

**2.1 Application, Determination of Eligibility and Furnishing  
Medicaid (Continued)**

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under Title XXI.

☐ (a) Screening threshold established by the Medicaid agency as:

☐ (i) \_\_\_ percentage of the Federal Poverty Level (FPL) which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points: specify \_\_\_\_\_; or

☐ (ii) \_\_\_ percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency; or

☒ (b) Temporary enrollment pending screen and enroll.

☐ (c) State's regular screen and enroll process for CHIP.

[If Medicaid eligible based on the findings of the Express Lane Agency, the child is given two months of temporary CHPlus coverage, and the case information will be sent to LDSS to open a Medicaid case. In upstate counties, this process will be done manually and in NYC, this will be done electronically.

In both upstate counties and NYC, when a child is determined eligible for Temporary Assistance, the child will automatically be given Medicaid with no action required by the family.]

☒ (6) The State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

☐ (7) The State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

**TN #17-0066**

**Approval Date**

**Supersedes TN #15-0003**

**Effective Date**

**Appendix II**  
**2017 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Summary**

**SUMMARY**  
**SPA #17-0066**

This State Plan Amendment proposes to end Express Lane Eligibility. Due to approval of SPA 17-0014, Income Determination – Public Benefit Program to Support Medicaid Determinations, which now covers the means tested public benefits program to support Medicaid eligibility determinations, Express Lane Eligibility (which is optional under both federal and State law) is no longer necessary.



**Appendix III**  
**2017 Title XIX State Plan**  
**Fourth Quarter Amendment**  
**Authorizing Provisions**

Federal Social Security Act section 1902(e)(13)

(13)[46](A) In general.—

(i) Option to use a finding from an express lane agency.—the option of the State, the State plan may provide that in determining eligibility under this title for a child (as defined in subparagraph (G)), the State may rely on a finding made within a reasonable period (as determined by the State) from an Express Lane agency (as defined in subparagraph (F)) when it determines whether a child satisfies one or more components of eligibility for medical assistance under this title. The State may rely on a finding from an Express Lane agency notwithstanding sections 1902(a)(46)(B) and 1137(d) or any differences in budget unit, disregard, deeming or other methodology, if the following requirements are met:

(I) Prohibition on determining children ineligible for coverage.—If a finding from an Express Lane agency would result in a determination that a child does not satisfy an eligibility requirement for medical assistance under this title and for child health assistance under title XXI, the State shall determine eligibility for assistance using its regular procedures.

(II) Notice requirement.—For any child who is found eligible for medical assistance under the State plan under this title or child health assistance under title XXI and who is subject to premiums based on an Express Lane agency's finding of such child's income level, the State shall provide notice that the child may qualify for lower premium payments if evaluated by the State using its regular policies and of the procedures for requesting such an evaluation.

(III) Compliance with screen and enroll requirement.—The State shall satisfy the requirements under subparagraphs (A) and (B) of section 2102(b)(3) (relating to screen and enroll) before enrolling a child in child health assistance under title XXI. At its option, the State may fulfill such requirements in accordance with either option provided under subparagraph (C) of this paragraph.

(IV) Verification of citizenship or nationality status.—The State shall satisfy the requirements of section 1902(a)(46)(B) or 2105(c)(9), as applicable for verifications of citizenship or nationality status.

(V) Coding.—The State meets the requirements of subparagraph (E).

(ii) Option to apply to renewals and redeterminations.—The State may apply the provisions of this paragraph when conducting initial determinations of eligibility, redeterminations of eligibility, or both, as described in the State plan.

(B) Rules of construction.—Nothing in this paragraph shall be construed—

(i) to limit or prohibit a State from taking any actions otherwise permitted under this title or title XXI in determining eligibility for or enrolling children into medical assistance under this title or child health assistance under title XXI; or

(ii) to modify the limitations in section 1902(a)(5) concerning the agencies that may make a determination of eligibility for medical assistance under this title.

(C) Options for satisfying the screen and enroll requirement.—

(i) In general.—With respect to a child whose eligibility for medical assistance under this title or for child health assistance under title XXI has been evaluated by a State agency using an income finding from an Express Lane agency, a State may carry out its duties under subparagraphs (A) and (B) of section 2102(b)(3) (relating to screen and enroll) in accordance with either clause (ii) or clause (iii).

(ii) Establishing a screening threshold.—

(I) In general.—Under this clause, the State establishes a screening threshold set as a percentage of the Federal poverty level that exceeds the highest income threshold applicable under this title to the child by a minimum of 30 percentage points or, at State option, a higher number of percentage points that reflects the value (as determined by the State and described in the State plan) of any differences between income methodologies used by the program administered by the Express Lane agency and the methodologies used by the State in determining eligibility for medical assistance under this title.

(II) Children with income not above threshold.—If the income of a child does not exceed the screening threshold, the child is deemed to satisfy the income eligibility criteria for medical assistance under this title regardless of whether such child would otherwise satisfy such criteria.

(III) Children with income above threshold.—If the income of a child exceeds the screening threshold, the child shall be considered to have an income above the Medicaid applicable income level described in section 2110(b)(4) and to satisfy the requirement under section 2110(b)(1)(C) (relating to the requirement that CHIP matching funds be used only for children not eligible for Medicaid). If such a child is enrolled in child health assistance under title XXI, the State shall provide the parent, guardian, or custodial relative with the following:

(aa) Notice that the child may be eligible to receive medical assistance under the State plan under this title if evaluated for such assistance under the State's regular procedures and notice of the process through which a parent, guardian, or custodial relative can request that the State evaluate the child's eligibility for medical assistance under this title using such regular procedures.

(bb) A description of differences between the medical assistance provided under this title and child health assistance under title XXI, including differences in cost-sharing requirements and covered benefits.

(iii) Temporary enrollment in chip pending screen and enroll.—



(I) In general.—Under this clause, a State enrolls a child in child health assistance under title XXI for a temporary period if the child appears eligible for such assistance based on an income finding by an Express Lane agency.

(II) Determination of eligibility.—During such temporary enrollment period, the State shall determine the child's eligibility for child health assistance under title XXI or for medical assistance under this title in accordance with this clause.

(III) Prompt follow up.—In making such a determination, the State shall take prompt action to determine whether the child should be enrolled in medical assistance under this title or child health assistance under title XXI pursuant to subparagraphs (A) and (B) of section 2102(b)(3) (relating to screen and enroll).

(IV) Requirement for simplified determination.—In making such a determination, the State shall use procedures that, to the maximum feasible extent, reduce the burden imposed on the individual of such determination. Such procedures may not require the child's parent, guardian, or custodial relative to provide or verify information that already has been provided to the State agency by an Express Lane agency or another source of information unless the State agency has reason to believe the information is erroneous.

(V) Availability of chip matching funds during temporary enrollment period.—Medical assistance for items and services that are provided to a child enrolled in title XXI during a temporary enrollment period under this clause shall be treated as child health assistance under such title.

(D) Option for automatic enrollment.—

(i) In general.—The State may initiate and determine eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan without a program application from, or on behalf of, the child based on data obtained from sources other than the child (or the child's family), but a child can only be automatically enrolled in the State Medicaid plan or the State CHIP plan if the child or the family affirmatively consents to being enrolled through affirmation in writing, by telephone, orally, through electronic signature, or through any other means specified by the Secretary or by signature on an Express Lane agency application, if the requirement of clause (ii) is met.

(ii) Information requirement.—The requirement of this clause is that the State informs the parent, guardian, or custodial relative of the child of the services that will be covered, appropriate methods for using such services, premium or other cost sharing charges (if any) that apply, medical support obligations (under section 1912(a)) created by enrollment (if applicable), and the actions the parent, guardian, or relative must take to maintain enrollment and renew coverage.

(E) Coding; application to enrollment error rates.—



(i) In general.—For purposes of subparagraph (A)(iv), the requirement of this subparagraph for a State is that the State agrees to—

(I) assign such codes as the Secretary shall require to the children who are enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency for the duration of the State’s election under this paragraph;

(II) annually provide the Secretary with a statistically valid sample (that is approved by Secretary) of the children enrolled in such plans through reliance on such a finding by conducting a full Medicaid eligibility review of the children identified for such sample for purposes of determining an eligibility error rate (as described in clause (iv)) with respect to the enrollment of such children (and shall not include such children in any data or samples used for purposes of complying with a Medicaid Eligibility Quality Control (MEQC) review or a payment error rate measurement (PERM) requirement);

(III) submit the error rate determined under subclause (II) to the Secretary;

(IV) if such error rate exceeds 3 percent for either of the first 2 fiscal years in which the State elects to apply this paragraph, demonstrate to the satisfaction of the Secretary the specific corrective actions implemented by the State to improve upon such error rate; and

(V) if such error rate exceeds 3 percent for any fiscal year in which the State elects to apply this paragraph, a reduction in the amount otherwise payable to the State under section 1903(a) for quarters for that fiscal year, equal to the total amount of erroneous excess payments determined for the fiscal year only with respect to the children included in the sample for the fiscal year that are in excess of a 3 percent error rate with respect to such children.

(ii) No punitive action based on error rate.—The Secretary shall not apply the error rate derived from the sample under clause (i) to the entire population of children enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency, or to the population of children enrolled in such plans on the basis of the State’s regular procedures for determining eligibility, or penalize the State on the basis of such error rate in any manner other than the reduction of payments provided for under clause (i)(V).

(iii) Rule of construction.—Nothing in this paragraph shall be construed as relieving a State that elects to apply this paragraph from being subject to a penalty under section 1903(u), for payments made under the State Medicaid plan with respect to ineligible individuals and families that are determined to exceed the error rate permitted under that section (as determined without regard to the error rate determined under clause (i)(II)).

(iv) Error rate defined.—In this subparagraph, the term “error rate” means the rate of erroneous excess payments for medical assistance (as defined in section 1903(u)(1)(D)) for the period involved, except that such payments shall be limited to individuals for which eligibility determinations are made under this paragraph and except that in applying this paragraph under title XXI, there shall be substituted for references to provisions of this title corresponding provisions within title XXI.

(F) Express lane agency.—

(i) In general.—In this paragraph, the term Express Lane agency means a public agency that—

(I) is determined by the State Medicaid agency or the State CHIP agency (as applicable) to be capable of making the determinations of one or more eligibility requirements described in subparagraph (A)(i);

(II) is identified in the State Medicaid plan or the State CHIP plan; and

(III) notifies the child's family—

(aa) of the information which shall be disclosed in accordance with this paragraph;

(bb) that the information disclosed will be used solely for purposes of determining eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan; and

(cc) that the family may elect to not have the information disclosed for such purposes; and

(IV) enters into, or is subject to, an interagency agreement to limit the disclosure and use of the information disclosed.

(ii) Inclusion of specific public agencies and Indian tribes and tribal organizations.—Such term includes the following:

(I) A public agency that determines eligibility for assistance under any of the following:

(aa) The temporary assistance for needy families program funded under part A of title IV.

(bb) A State program funded under part D of title IV.

(cc) The State Medicaid plan.

(dd) The State CHIP plan.

(ee) The Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.).

(ff) The Head Start Act (42 U.S.C. 9801 et seq.).

(gg) The Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.).

(hh) The Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.).

(ii) The Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.).



(jj) The Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11301 et seq.).

(kk) The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.).

(ll) The Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.).

(II) A State-specified governmental agency that has fiscal liability or legal responsibility for the accuracy of the eligibility determination findings relied on by the State.

(III) A public agency that is subject to an interagency agreement limiting the disclosure and use of the information disclosed for purposes of determining eligibility under the State Medicaid plan or the State CHIP plan.

(IV) The Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization (as defined in section 1139(c)).

(iii) Exclusions.—Such term does not include an agency that determines eligibility for a program established under the Social Services Block Grant established under title XX or a private, for-profit organization.

(iv) Rules of construction.—Nothing in this paragraph shall be construed as—

(I) exempting a State Medicaid agency from complying with the requirements of section 1902(a)(4) relating to merit-based personnel standards for employees of the State Medicaid agency and safeguards against conflicts of interest); or

(II) authorizing a State Medicaid agency that elects to use Express Lane agencies under this subparagraph to use the Express Lane option to avoid complying with such requirements for purposes of making eligibility determinations under the State Medicaid plan.

(v) Additional definitions.—In this paragraph:

(I) State.—The term “State” means 1 of the 50 States or the District of Columbia.

(II) State chip agency.—The term “State CHIP agency” means the State agency responsible for administering the State CHIP plan.

(III) State chip plan.—The term “State CHIP plan” means the State child health plan established under title XXI and includes any waiver of such plan.

(IV) State medicaid agency.—The term “State Medicaid agency” means the State agency responsible for administering the State Medicaid plan.

(V) State medicaid plan.—The term “State Medicaid plan” means the State plan established under title XIX and includes any waiver of such plan.

(G) Child defined.—For purposes of this paragraph, the term “child” means an individual under 19 years of age, or, at the option of a State, such higher age, not to exceed 21 years of age, as the State may elect.

(H) State option to rely on state income tax data or return.—At the option of the State, a finding from an Express Lane agency may include gross income or adjusted gross income shown by State income tax records or returns.

(I) Application.—This paragraph shall not apply with respect to eligibility determinations made after September 30, 2017[47].

(14)[48] Exclusion of compensation for participation in a clinical trial for testing of treatments for a rare disease or condition.—The first \$2,000 received by an individual (who has attained 19 years of age) as compensation for participation in a clinical trial meeting the requirements of section 1612(b)(26) shall be disregarded for purposes of determining the income eligibility of such individual for medical assistance under the State plan or any waiver of such plan.



New York Social Services Law section 366-a(11)

11. (a) Notwithstanding any inconsistent provision of law, rule or regulation, the commissioner of health is authorized to (i) establish standards and procedures for express lane enrollment and renewal implemented in accordance with section 1902(e)(13) of the federal social security act, including but not limited to reliance on a finding made by an express lane agency, as defined in section 1902(e)(13)(F) and (H) of the federal social security act, to determine whether a child meets one or more of the eligibility criteria for medical assistance; (ii) specify such standards and procedures in the medical assistance state plan established under title XIX of the federal social security act; and (iii) waive any information and documentation requirements set forth in this section necessary to implement express lane eligibility; provided, however, information and documentation required pursuant to section one hundred twenty-two of this chapter may not be waived.

(b) Subject to federal approval, such standards and procedures shall specify that information and documentation regarding citizenship and immigration status collected by an express lane agency and provided to the commissioner for the purpose of express lane eligibility may be used to satisfy the requirements of section one hundred twenty-two of this chapter.

(c) Such standards and procedures shall also include a process for determining enrollment error rates and implementing corrective actions as required by section 1902(e)(13)(E) of the federal social security act.

(d) For purposes of a medical assistance eligibility determination made in accordance with this subdivision, a child shall be deemed to satisfy the income eligibility criteria for medical assistance if an express lane agency, as defined in section 1902(e)(13)(F) and (H) of the federal social security act and specified in the standards and procedures established pursuant to paragraph (a) of this subdivision, has determined that: the child's family has income that does not exceed a screening threshold amount, as determined by the commissioner of health, equal to a percentage of the federal poverty line (as defined and annually revised by the United States department of health and human services) that exceeds by thirty percentage points the highest income eligibility level applicable to a family of the same size under the medical assistance program.