



**320-T NON-DISCRETIONARY FEDERAL GRANTS<sup>1</sup>**

INITIAL

EFFECTIVE DATE: 7/01/2016

**Description**

AHCCCS receives Federal grants to deliver behavioral health services in addition to Federal Medicaid (Title XIX) and the State Children's Health Insurance Program (Title XXI) funding. The grants are awarded by a Federal agency and made available to AHCCCS. AHCCCS then disburses the funding throughout Arizona for the delivery of covered behavioral health services in accordance with the requirements of the fund source.

Only the Contractors and TRBHAs who receive funding from the grants identified in this [Policy](#) are subject to the requirements of this [Policy](#).

This section is intended to present an overview of the major Federal grants that provide AHCCCS and the behavioral health system with funding to deliver services to members who may otherwise not be eligible for covered behavioral health services.

**A. SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG)**

The SABG supports primary prevention services and treatment services for members with substance use disorders. It is used to plan, implement and evaluate activities to prevent and treat Substance Use Disorders. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users.

1. Who is covered Eligibility and -and what ppriority populations are prioritized?

SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):

- a. Pregnant women/teenagers who use drugs by injection,
- b. Pregnant women/teenagers who use substances,
- c. Other persons who use drugs by injection,
- d. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
- e. All other members-individuals with a substance use disorder, regardless of gender or route of use, (as funding is available).

<sup>1</sup> Name changed



2. Requirements for AHCCCS Eligibility Requirements

a. All members receiving SABG-funded services are required to have a Title XIX/XXI eligibility screening completed and documented in their clinical record at the time of intake and annually.

~~a.b. The member can be served through SABG while waiting for a determination of Medicaid or Children's Health Insurance Program (CHIP) eligibility. However, upon eligibility determination when they are determined eligible, the covered dates of services are retroactive requiring billing for those services, if reimbursable, to be charged to the Contractor of enrollment. AHCCCS. Hence, the billing would have to be changed so that those prior services, if reimbursable, are charged to AHCCCS. Members can be served through SABG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination when the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to SABG, the Contractor is required to reverse the billing for those services and cover them under their Title XIX/XXI funding<sup>2</sup>.~~

b.c. The SABG is specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding. This includes substance use services for members who do not qualify for Title XIX/XXI eligibility, as well as the non-Medicaid reimbursable services identified by AHCCCS in the Covered Behavioral Health Services Guide. The SABG is to be used as the payor of last resort.

e.d. Members must indicate active substance use within the previous 12-months to be eligible for SABG services. This also includes individuals who were incarcerated and reported using while incarcerated. The 12-month standard may be waived for members on medically necessary methadone maintenance upon assessment for continued necessity as well as members incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.

d.e. Members shall not be charged a copayment, or any other fee, for substance use treatment services funded by the SABG.

3. Do members have a choice Choice of substance use providers?

a. Members receiving substance use treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.

<sup>2</sup> Clarification of payment responsibility



- b. Behavioral health subcontractors providing substance use services under the SABG must notify members of this right using Exhibit 320-9, *Notice to Individuals Receiving Substance Use Services*. Providers must document that the member has received notice in their comprehensive clinical record.
  - c. If a member objects to the religious character of a behavioral health provider, the provider must refer the member to an alternative provider within seven days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the Contractor or TRBHA of the referral and ensure that the member makes contact with the alternative provider.
  - d. Contractors and TRBHAs must develop and make available policies and procedures that indicate who the providers should contact and how they should notify the Contractor or TRBHA of these referrals.
4. ~~What services must be made~~ Required services available to members receiving SABG funded services.?

Behavioral health providers must provide specialized, gender-specific treatment and recovery support services for females who are pregnant or have dependent children and their families in outpatient and residential treatment settings. Services are also provided to mothers who are attempting to regain custody of their children. Services must treat the family as a unit. As needed, providers must admit both mothers and their dependent children into treatment. The following services are provided or arranged as needed:

- a. Referral for primary medical care for pregnant females,
- b. Referral for primary pediatric care for children,
- c. Gender-specific substance use treatment, and
- d. Therapeutic interventions for dependent children.

Contractors and TRBHAs must ensure the following issues do not pose barriers to access to obtaining substance use treatment:

- a. Child care,
- b. Case management, and
- c. Transportation

Contractors and TRBHAs must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must include at a minimum the posting of fliers



at each site notifying the right of pregnant females and females with dependent children to receive substance use treatment services at no cost.

Contractors and TRBHAs must develop and make available to providers specific language with regards to providing the specialty program services for women and children.

~~SABG funding should be directed to service delivery. The Contractor should utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified by AHCCCS as SABG-covered medications are excluded from this restriction<sup>3</sup>. SABG funding should be directed to service delivery and not to medications. RBHAs should utilize other fund sources to provide medications. Methadone, Suboxone and RBHA approved Medication Assisted Treatment (MAT) is excluded from this restriction.~~

5. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only)

The purpose of interim services is to reduce the adverse health effects of substance use, promote the health of the member, and reduce the risk of transmission of disease. Provision of interim services must be documented in the member's chart as well as reported to AHCCCS through the [online Residential Waitlist System](#)<sup>4</sup>. Interim services are ~~available~~ required for Non-Title XIX/XXI priority population members who are maintained on an actively managed waitlist. Title XIX/XXI eligible members who also meet a priority population type may not be placed on a waitlist (see ACOM Policy 417, Appointment Availability, Monitoring and Reporting). The minimum required interim services include:

- a. Education that covers prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases,
- b. Education that covers the effects of substance use on fetal development,
- c. Risk assessment/screening,
- d. Referrals for HIV, Hepatitis C, and tuberculosis screening and services, and
- e. Referrals for primary and prenatal medical care.

**B. SABG REPORTING REQUIREMENTS**

Contractors and TRBHAs must ensure that their providers promptly submit information for Priority Population Members (Pregnant Women, Women with

<sup>3</sup> Clarification of SABG funding allocation

<sup>4</sup> Name changed to add 'residential' to title with Non T19 contract revisions.



Dependent Child(ren) and Intravenous Drug Users [IVDU] who are waiting for placement in a ~~Residential~~ Residential Treatment Center, to the online Residential Waitlist System<sup>5</sup>, or in a different format upon written approval from AHCCCS.

1. Title XIX/XXI members may not be added to the waitlist.
2. Priority Population Members must be added to the waitlist if the Contractors, TRBHAs or their providers are not able to place the member in a Residential Treatment Center within the timeframes prescribed in ACOM Policy 417, Appointment Availability, Monitoring and Reporting.
3. For pregnant females the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all IVDUs the requirement is within 14 calendar days.
4. Non-Title XIX/XXI non priority population members may also be added to the online waitlist if there are no available services.

#### C. OTHER SABG REQUIREMENTS

1. Contractors and TRBHAs must designate:
  - a. A lead substance use treatment coordinator ~~who will be~~ responsible for ensuring Contractor and TRBHA compliance with all SABG requirements,
  - b. A women's treatment coordinator,
  - c. An opioid treatment coordinator, and
  - d. An HIV early intervention services coordinator.

#### D. HIV EARLY INTERVENTION SERVICES

Because persons with substance use disorders are considered at high risk for contracting HIV-related illness, the SABG requires HIV intervention services in order to reduce the risk of transmission of this disease.

Contractors and TRBHAs ~~that receive~~ ing SABG funding, ~~must~~ shall develop and make available to ~~providers policies~~ providers policies and procedures that describe where and how to access HIV early intervention services.

1. Who is eligible Eligibility for HIV early intervention services?
  - a. Services are provided exclusively to populations with substance use disorders.

<sup>5</sup> Name changed to add 'residential' to title with Non T19 contract revisions.



- b. HIV services may not be provided to incarcerated populations.
2. Requirements for providers offering HIV early intervention services
    - a. HIV early intervention service providers who accept funding under the SABG must provide HIV testing services.
    - b. Behavioral health providers must administer HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) requirements, which require that any agency that performs HIV testing must register with CMS to obtain CLIA certification. However, agencies may apply for a CLIA Certificate of Waiver which exempts them from regulatory oversight if they meet certain federal statutory requirements. Many of the Rapid HIV tests are waived. For a complete list of waived Rapid HIV tests please see [Centers for Disease Control and Prevention \(CDC\) website](#); [U S Food and Drug Administration Home Page](#).<sup>6</sup> Waived rapid HIV tests can be used at many clinical and non-clinical testing sites, including community and outreach settings. Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.
    - c. Any provider planning to perform waived rapid HIV tests must develop a quality assurance plan, designed to ensure any HIV testing will be performed accurately. (See <sup>7</sup> for [Centers for Disease Control Quality Assurance Guidelines](#))
    - d. HIV early intervention service providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, in accordance with A.R.S. § 36-470. HIV rapid testing kits must be obtained from the [Arizona Department of Health Services \(ADHS\)](#) Office of HIV.
  3. Reporting requirements for HIV Early Intervention Services
    - a. For every occurrence in which an oral swab rapid test provides a reactive result, a confirmatory blood test must be conducted and the blood sample sent to the Arizona State Lab for confirmatory testing. Therefore, each provider who conducts rapid testing must have capacity to collect blood for confirmatory testing whenever rapid testing is conducted.
    - b. The number of the confirmatory lab slip will be retained and recorded by the provider. This same number will be used for reporting in the Luther data

<sup>6</sup> Reference corrected.

<sup>7</sup> Reference link corrected.



base. The HIV Early Intervention service provider must establish a Memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be shared.

- c. Providers must use the Luther database to submit HIV testing data after each test administered.

#### E. CONSIDERATIONS WHEN DELIVERING SERVICES TO SABG POPULATIONS

SABG treatment services must be designed to support the long-term treatment and substance-free recovery needs of eligible members. Specific requirements apply regarding preferential access to services and the timeliness of responding to a member's identified needs (see [Policy 102, Appointment Standards and Timeliness of Service for requirements](#)).

Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see [-AHCCCS Technical Interface Guidelines \(TIG\)](#) -for requirements).

#### F. MENTAL HEALTH SERVICES BLOCK GRANT (MHBG)

The MHBG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Qualifying SED and SMI diagnoses are listed as ICD-10 codes per the SMI and SED Qualifying Diagnoses Table. MHBG funds are only to be used for allowable services identified in the AHCCCS Covered Behavioral Health Services Guide for Non-Title XIX/XXI members with SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members. Members shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG.

~~The MHBG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Qualifying SED and SMI diagnoses are listed as ICD-10 codes per the SMI and SED Qualifying Diagnoses Table. The MHBG is designed to support States in reducing their reliance on psychiatric inpatient services and to facilitate the development of effective community based mental health services and programs for adults with SMI and children with SED.~~<sup>8</sup>

~~The MHBG provides behavioral health services to adults determined to have a Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). [Insert sentence from FAQ here]e~~

<sup>8</sup> Paragraph reworded above in order to clarify service/funding limitations



~~Diagnostic and Statistical Manual, Fifth Edition, Text Revision (DSM-V) Qualifying SED diagnoses are listed as ICD-10 codes in Provider Manual Attachment 7.5.3, SMI and SED Qualifying Diagnoses Table.~~

~~Services for SED children are targeted to those not covered by Medicaid for TXIX children. These services may include flex funds, traditional healing, acupuncture, or room and board, etc. As funding is available, non TXIX children with SED may be served. MHBG funds may be used to support transition services for SED children in juvenile detention centers. These services include case management, family support, and other appropriate services identified by the child and Family Team. The MHBG is to be used as the payor of last resort.<sup>9</sup>~~

The MHBG must be used:

1. To ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services, as well as mental health services and supports,
2. To promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,
3. To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults,
4. To promote recovery and community integration for adults with SMI and children with SED,
- ~~5. To ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental services, and health services, as well as mental health services and supports;~~
- ~~6. To promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems;~~
- ~~7. To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults;~~
- ~~8. To promote recovery and community integration for adults with SMI and children with SED;~~

<sup>9</sup> Listed in the FAQs and currently listed there.



~~9.5. To increase accountability through uniform reporting on access, quality, and outcomes of services.~~

~~10. To provide for training of providers on emergency health services regarding behavioral health<sup>10</sup>.~~

~~11.~~

~~Persons provided services paid for with MHBG funds cannot be charged co-pays. To ensure members Persons shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG.<sup>i</sup>~~

~~12.6.~~

#### ~~G. OTHER SABG REQUIREMENTS~~

~~e. Each T/RBHA must designate a lead substance abuse treatment coordinator who will be responsible for ensuring T/RBHA compliance with all SABG requirements;~~

~~f. A women's treatment coordinator;~~

~~g. An opiate treatment coordinator, and~~

~~h. An HIV early intervention services coordinator.~~

#### ~~H. HIV EARLY INTERVENTION SERVICES~~

~~Because persons with substance abuse disorders are considered at high risk for contracting HIV related illness, the SABG requires HIV intervention services in order to reduce the risk of transmission of this disease.~~

~~RBHAs and Contractors and TRBHAs Tribal RBHAs that receive SABG funding, must develop and make available to providers policies and procedures that describe where/how to access HIV early intervention services.~~

~~4. Who is eligible for HIV early intervention services?~~

~~e. Services are provided exclusively to populations with substance use disorders.~~

~~d. HIV services may not be provided to incarcerated populations.~~

~~5. Requirements for providers offering HIV early intervention services~~

~~e. HIV early intervention service providers who accept funding under the SABG must provide HIV testing services.~~

<sup>10</sup> Removed for clarification of funding requirements



- ~~f. Behavioral health providers must administer HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) requirements, which requires that any agency that performs HIV testing must register with CMS to obtain CLIA certification. However agencies may apply for a CLIA Certificate of Waiver which exempts them from regulatory oversight if they meet certain federal statutory requirements. Many of the Rapid HIV tests are waived. For a complete list of waived Rapid HIV tests please see FDA. (<http://www.fda.gov/edrh/cli/cliawaived.html><sup>11</sup>). Waived rapid HIV tests can be used at many clinical and non clinical testing sites, including community and outreach settings. Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.~~
- ~~g. Any provider planning to perform waived rapid HIV tests must develop a quality assurance plan, designed to ensure any HIV testing will be performed accurately. (See [http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa\\_guide.htm](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm)<sup>12</sup> for Centers for Disease Control Quality Assurance Guidelines)~~
- ~~h. HIV early intervention service providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, in accordance with A.R.S. § 36-470. HIV rapid testing kits must be obtained from the ADHS Office of HIV.~~

~~6. Reporting requirements for HIV Early Intervention Services~~

- ~~d. For every occurrence in which an oral swab rapid test provides a reactive result, a confirmatory blood test must be conducted and the blood sample sent to the Arizona State Lab for confirmatory testing. Therefore, each provider who conducts rapid testing must have capacity to collect blood for confirmatory testing whenever rapid testing is conducted.~~
- ~~e. The number of the confirmatory lab slip will be retained and recorded by the provider. This same number will be used for reporting in the Luther data base. The HIV Early Intervention service provider must establish a Memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be shared.~~
- ~~f. Providers must use the Luther database to submit HIV testing data after each test administered.~~

**I. MONITORING REQUIREMENTS FOR HIV EARLY INTERVENTION SERVICES**

<sup>11</sup> ~~Link not active. Please provide accurate reference link.~~

<sup>12</sup> ~~Link not active. Please provide accurate reference link.~~



- ~~(1) T/RBHAs MUST COLLECT MONTHLY PROGRESS REPORTS FROM SUBCONTRACTED PROVIDERS AND SUBMIT QUARTERLY PROGRESS REPORTS TO ADHS/DBHS.~~
- ~~(2) SITE VISITS TO PROVIDER OFFERING HIV EARLY INTERVENTION SERVICES MUST BE CONDUCTED BI-ANNUALLY. THE ADHS/DBHS HIV COORDINATOR, T/RBHA HIV COORDINATOR, PROVIDER STAFF AND SUPERVISORS RELEVANT TO HIV SERVICES MUST BE IN ATTENDANCE DURING STAFF VISITS.~~
- ~~(A) A BUDGET REVIEW AND DESCRIPTION/JUSTIFICATION FOR USE OF FUNDING MUST BE MADE AVAILABLE BY THE PROVIDER AS PART OF THE SITE VISIT.~~
- ~~MINIMUM PERFORMANCE EXPECTATIONS~~
- ~~(1) T/RBHAs ARE EXPECTED TO ADMINISTER A MINIMUM OF 1 TEST PER \$600 IN HIV FUNDING.<sup>13</sup>~~

#### ~~J. CONSIDERATIONS WHEN DELIVERING SERVICES TO SABG POPULATIONS~~

~~SABG treatment services must be designed to support the long-term treatment and substance free recovery needs of eligible persons. Specific requirements apply regarding preferential access to services and the timeliness of responding to a person's identified needs (see Policy 102, Appointment Standards and Timeliness of Service for requirements).~~

~~Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see Policy 1601, Enrollment, Disenrollment and Other Data Submission for requirements).~~

#### ~~K.G. RESTRICTIONS ON THE USE OF SABG & MHBG~~

~~The Contractors and TRBHAs<sup>State</sup> shall not expend SABG and MHBG funds on the following activities:~~

- ~~1. To provide inpatient hospital services; with the exception of detox services (only if provided in an Outpatient setting, a free-standing Behavioral Health Inpatient Facility (BHIF) Level I sub-acute facility, or Rural Substance Abuse Transitional Center (A6));~~
- ~~2. To make cash payments to intended recipients of health services;~~

<sup>13</sup> This information will live in contract, as there are deliverables associated with this information.



CHAPTER 300  
MEDICAL POLICY FOR AHCCCS COVERED SERVICES

POLICY 320  
SERVICES WITH SPECIAL CIRCUMSTANCES

3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;<sup>2</sup>
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);<sup>5</sup>
5. To provide financial assistance to any entity other than a public or nonprofit private entity;<sup>5</sup>
6. To provide members with hypodermic needles or syringes so that they may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS;<sup>5</sup>
7. To pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year; (–see [National Institutes of Health \(NIH\) Grants & Funding Salary Cap Summary](#));<sup>5</sup>  
[http://grants.nih.gov/grants/policy/salcap\\_summary.htm](http://grants.nih.gov/grants/policy/salcap_summary.htm); and
8. To purchase treatment services in penal or correctional institutions of the State of Arizona;<sup>2</sup>
9. To provide acute care or physical health care services including payments of copays;<sup>2</sup> and
10. To provide flex funds.

~~[https://www.azahcccs.gov/Resources/Grants/SABGSAPT/Link to FAQs for above ROOM AND BOARD \(H0046 SE\) SERVICES FUNDED BY THE SABG ARE LIMITED TO CHILDREN/ADOLESCENTS WITH A SUBSTANCE USE DISORDER \(SUD\), AND ADULT PRIORITY POPULATION MEMBERS \(PREGNANT FEMALES, FEMALES WITH DEPENDENT CHILD\(REN\), AND INTRAVENOUS DRUG USERS WITH A SUD\).](https://www.azahcccs.gov/Resources/Grants/SABGSAPT/Link%20to%20FAQs%20for%20above%20ROOM%20AND%20BOARD%20(H0046%20SE)%20SERVICES%20FUNDED%20BY%20THE%20SABG%20ARE%20LIMITED%20TO%20CHILDREN/ADOLESCENTS%20WITH%20A%20SUBSTANCE%20USE%20DISORDER%20(SUD),%20AND%20ADULT%20PRIORITY%20POPULATION%20MEMBERS%20(PREGNANT%20FEMALES,%20FEMALES%20WITH%20DEPENDENT%20CHILD(REN),%20AND%20INTRAVENOUS%20DRUG%20USERS%20WITH%20A%20SUD).)~~

~~**Room and Board services funded by the MHBG are limited to children with SED.;**  
**L. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS GRANT (PATH)**~~

~~The PATH grant is a formula grant allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to reduce or eliminate homelessness for members with Serious Mental Illness (SMI) or co-occurring substance use disorders who experience homelessness or at imminent risk of becoming homeless. PATH~~



CHAPTER 300  
MEDICAL POLICY FOR AHCCCS COVERED SERVICES

POLICY 320  
SERVICES WITH SPECIAL CIRCUMSTANCES

~~funds are used to provide a menu of allowable services, including street outreach, case management, and services which are not supported by mainstream mental health programs. PATH funds are allocated to entities through a competitive process and are based on an identified need for services within a particular region. (See Project for Assistance in Transition from Homelessness (PATH))~~

REFERENCES

1. A.R.S. § 36-470

~~1.2.42~~ CFR Part 2

~~2.3.42~~ CFR Part 54 and 54a

~~3.4.45~~ CFR 96.45, 96.51, and 96.120-121

~~4.5.~~Health Omnibus Programs Extension Act of 1988, Subtitle E General Provisions, November 4, 1988 (P.L.100-607) (.pdf) (42 U.S.C. 300ee-5)

~~5.6.~~Children's Health Act of 2000 (P.L. 106-310), October 17, 2000

~~6.7.~~ADAMHA Reorganization Act of 1992 (P.L. 102-321), July 10, 1992

8. Public Health Service Act (includes Title V and Title XIX)

~~7.9.~~ACOM Policy 417

~~Included this language in introduction paragraph for clarity~~