ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

INSTRUCTIONS FOR COMPLETING THE RECORD REVIEW REPORT / PRIOR WRITTEN NOTICE

Page 1: Record Review Report (GCI-1157A and GCI-1157B)

1. Enter the child's legal name as identified in I-TEAMS
2. Enter the child's date of birth
3. Enter the child's parents name
4. Enter the child's I-TEAMS ID number
5. Select the region from drop down menu
6. Select the Service Providing Agency from drop down menu
7. Enter the name of the clinic, hospital, or agency that the medical records/documents were created by
8. Enter the name of the Qualified Health Professional whose signature is on the medical documentation
9. Enter the date the medical documentation was signed
10. Enter the name of the Early Intervention Provider completing the record review
11. Select the discipline of the Early Intervention Provider completing the record review from the drop down menu
12. Child's name will auto fill from what is entered in number #1. Select from the drop down menu:
    a. **Meets AzEIP eligibility criteria:** if the records document the child has been diagnosed with an AzEIP established condition or a developmental delay

    OR

    b. **Will need a developmental evaluation to determine AzEIP eligibility:** if the child does not meet AzEIP eligibility criteria based on the record review
13. Check the box for **"Established Condition(s)"** OR **"Significant, 50 percent, developmental delay in the area(s) of"** based on the documentation in the medical records/documentation.
    a. If **"Established Condition(s)"** is selected, check the Established Condition(s) identified in the medical records/documentation. Please refer to the [AzEIP Eligibility Criteria for Established Conditions TA Bulletin](#) for additional guidance.
    Note: NAS, NOWS, and Autism should be marked as Disorders Reflecting a Disturbance of the Nervous System. NAS, NOWS, or Autism should then be listed in the additional information section.
    b. If **"Significant, 50 percent, developmental delay in the area(s) of"** is selected, check the area(s) of delay documented in the medical records/documentation.
14. Additional Information: Enter additional information for the family to understand what information was used to determine the child met AzEIP eligibility requirements.
    Note: This field is mandatory if "Other established condition not listed above" is used.
15. Signature of Service Provider completing the record review
    a. Discipline: Select the discipline of the Early Intervention Provider signing the form
    b. Date: enter the date the record review was completed

Page 2: Prior Written Notice (GCI-1157A)

Page 2 is to be completed and provided to the family when a child meets AzEIP eligibility criteria based on the record review. *(Do not complete if the child will need a developmental evaluation to determine AzEIP eligibility).*

- Select the box "We propose to identify your child as eligible for AzEIP effective XX/XX/XXXX, based on your child meeting AzEIP eligibility criteria."
    ◦ Child's name will auto fill from what is entered in #1 on page 1
    ◦ Enter the effective date for AzEIP eligibility
- Select the appropriate method from the drop down box on how the [Child and Family Rights in AzEIP](#) was provided to the family.
- Enter the date this Prior Written Notice was provided to the family.
- Enter the Service Coordinator's name
- Enter the Service Coordinator's phone number
- Enter the Service Coordinator's email address