

441—2506.27(17A) Appeals and review.**2506.27(1)** *Appeal by party.*

a. Unless otherwise prohibited by law, any adversely affected party may appeal a proposed decision to the agency within 30 days after the decision is issued.

b. A managed care organization (MCO) appealing a proposed decision reversing an adverse benefit determination shall request the director's review within 72 hours from the date it received notice of the proposed decision.

c. In Medicaid and SNAP appeals, an appeal of a proposed decision to the agency shall be made within 14 days after the date the decision is issued.

d. In appeals from a child abuse assessment under Iowa Code section 235A.19, an appeal of a proposed decision to the agency shall be made within ten days after the date the decision is issued.

e. In WIC appeals, an appeal of a proposed decision to the agency shall be made within ten days after the date the decision is issued.

2506.27(2) *Review.* Unless otherwise prohibited by law, the agency may initiate review of a proposed decision on its own motion at any time within 30 days following the issuance of such a decision.

2506.27(7) *Limited record.* The director's review on appeal shall be limited to the issues and record before the contested case hearing presiding officer.

[ARC 0300D, IAB 5/27/26, effective 7/1/26]