

Family Care and IRIS Ombudsman Program

For Enrollees Age 18-59

Year 13 Annual Report:

July 1, 2020 - June 30, 2021

Report Date:
October 1, 2021

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Family Care and IRIS Ombudsman Program Overview

Summary of Wisconsin's Medicaid Funded Long Term Programs for Frail Elderly and Adults with Physical and Developmental Disabilities

Wisconsin operates two types of programs for Medicaid-eligible adults with long term care needs. One is a managed care model called Family Care / Family Care Partnership / PACE. The other is a self-directed fee-for-service model called Include, Respect, I Self-direct (IRIS). Information about these programs can be found at <https://www.dhs.wisconsin.gov/long-term-care-support.htm>.

[The ombudsman] did everything in her power to help me, she was very kind, she answered all my questions. She kept me informed and she treated me like a person instead of a number.

Family Care member

While these programs are designed to support long term care needs, sometimes challenges arise and people have questions or concerns. People enrolled in these programs may have concerns about their supports and services. They may find themselves with issues regarding functional or financial eligibility. These individuals have multiple resources available to support solutions to any of these concerns. These resources include state officials and the state's contractors. Sometimes people may want or need an independent advocate to help them resolve difficulties, both informally and formally. For people aged 60 or more, the Board on Aging and Long Term Care (BOALTC) is available as that resource. For people aged 18-59, the Family Care and IRIS Ombudsman Program (FCIOP) is available. This annual report describes the FCIOP ombudsman program which serves the 18-59 age group.

FCIOP Program

Wisconsin's Family Care and IRIS Ombudsman Program (FCIOP) is state funded and contracted by the Wisconsin Department of Health Services (DHS) with Disability Rights Wisconsin (DRW). It is authorized and funded by the 2020-2022 biennial budget, Wisconsin Statute Sec. 46.281(1n) (e). DRW was awarded the current contract through a 2019 procurement.

The program operates as a distinct division within Disability Rights Wisconsin. Services are provided by a staff of 11 ombudsmen (10.5 FTE), supported by a dedicated intake specialist, two supervising attorneys and a managing attorney. Services are available and offered through three offices across the state—Rice Lake, Milwaukee, and Madison and staff working from home offices in Northeast Wisconsin. Advocacy services are provided at no cost to program recipients or potential enrollees.

This is the third contract year in which Family Care and IRIS services are available across the entire state of Wisconsin.

*Family Care and IRIS Ombudsman Program
2020-2021 Annual Report*

	Yr 1¹ ending 6/30/09	Yr 2² ending 6/30/10	Yr 3² ending 6/30/11	Yr 4² ending 6/30/12	Yr 5² ending 6/30/13	Yr 6² ending 6/30/14	Yr 7² ending 6/30/15	Yr 8² ending 6/30/16	Yr 9² ending 6/30/17	Yr 10² ending 6/30/18	Yr 11² ending 6/30/19	Yr 12² ending 6/30/20	Yr 13² ending 6/30/21
Developmental Disabilities	19	64	158	166	168	83	70	109	114	175	178	206	194
Physical Disabilities	63	213	255	318	297	330	354	338	327	337	446	534	368
DD & PD	9	107	79	93	115	127	139	231	204	213	186	196	192
New Info & Referral	26	79	141	157	211	186	189	265	280	261	300	351	256
New Cases	65	305	370	434	379	374	383	425	421	463	540	585	498
Cases continued from previous year	-	44	78	101	131	103	119	112	129	121	172	157	159
Cases closed this year	-	345	492	569	627	545	560	671	710	673	851	929	727
Total number of people assisted³	94	381	534	577	596	545	580	657	727	725	844	888	744
Total number of service requests³	98	426	606	696	735	665	690	801	830	845	1011	1095	913

¹November 1, 2008 - June 30, 2009 for year 1

²July 1- June 30 for each subsequent year

³Number of service requests is higher than number of people assisted because one person could make more than one request for assistance.

Case Work

The Family Care and IRIS Ombudsman Program (FCIOP) is available as an external and independent advocate for a variety of challenges that program recipients or potential enrollees face. Challenges include issues such as a change in an individual's service and support plan, a denial of a new request for equipment, a change in provider that has caused negative consequences, or any number of other issues related to Family Care, Family Care Partnership, PACE or IRIS.

Ombudsmen advocate with program recipients and potential enrollees in a variety of ways to resolve concerns. Ombudsmen talk with callers to determine what the issue is from the caller's perspective, what they want to do about it, and how much assistance they want from the ombudsman. With permission from the caller, ombudsmen talk to people involved or collect and analyze information and records to better understand what happened, the technicalities of the case, and any regulatory rules or statutes that may apply. Depending on the issues involved, ombudsmen help people understand their options and the assistance that ombudsmen can provide within the scope of the ombudsman program. The case then proceeds based on the preferences of the person being helped. Ombudsmen can help by answering questions, verifying information, sorting out situations that have gotten complicated by supporting communication, ensuring due process rights have been preserved, and assisting with appeals and grievances. They use these and other advocacy pathways to work with the individual to try to achieve their advocacy goals.

Disability Rights Wisconsin is providing a very valuable service and is staffed with excellent advocates for the population they serve. They are thorough in the evaluation of the problem at hand, factual about the services, law and what can be expected, provide timely responses, and are professional in all correspondence, meetings, etc.

Guardian of IRIS participant

Throughout the process, ombudsmen seek informal resolution. Ombudsmen maintain positive working relationships with staff responsible for member rights and care within the different entities—IRIS Agencies (the IRIS Consultant Agencies [ICAs] and the Fiscal Employment Agents [FEAs]), Family Care Managed Care Organizations (MCOs), Aging and Disability Resource Centers (ADRCs), MetaStar, service providers, advocacy associations, mental health and specialty complexes, income maintenance consortia, county staff and others. These working relationships support providing accurate information and assistance to the program recipient or potential enrollee and often help to move cases toward resolution.

Requests for Help

Ombudsmen handled a wide variety of cases during this reporting period. Identification of the issues for which callers ask for help is recorded at the time of intake. One individual might ask for help with multiple issues. While ombudsman work to develop separate service requests by issue, some service requests may have multiple issues. As a result, the following list of presenting issues presents as a higher number than the number of people asking for assistance and higher than the number of service requests than shown in the chart on page 2.

Overall, there were fewer issues presented by callers in the current reporting period than the previous period. There were fewer requests for assistance with state fair hearings. This is likely the result of the COVID-19 pandemic's impact on these programs. As individuals were limited in their access to the community because of the pandemic, services and supports were often kept consistent or increased to make up for lack of community access during this time. In addition, the Covid-19 pandemic response led to a hold on involuntary disenrollment during this reporting period. Assistance with disenrollment issues also declined. Relocation cases increased as did the average time that cases stayed open. Relocation issues are complex and frequently take additional time to work through and as such are relevant to the longer case open time average.

932 issues were identified by enrollees in the Family Care / Family Care Partnership / PACE programs. The top seven presenting issues were:

- 186 Denial or delay of new request for service, medication, or equipment
- 180 Relocation
- 103 Communication problems with MCO staff
- 87 Abuse or Neglect
- 71 Quality issues with provider
- 52 Reduction or termination of existing services
- 38 Choice of Provider

269 issues were identified by enrollees in the IRIS program. The top seven presenting issues were:

- 75 Denial or delay of new request for service, medication, or equipment
- 23 Reduction or termination of existing services
- 22 Budget amount
- 21 Enrollment/Eligibility/Disenrollment problems
- 19 Choice of provider
- 17 Relocation
- 17 Communication problems with IRIS staff

There were over 34,800 enrollees with physical and/or intellectual/developmental disabilities in FC/FCP/PACE and over 14,500 in IRIS by the end of the program year. Note that these numbers exclude enrollees in the frail elderly target group, because they receive ombudsman services through the Board on Aging and Long Term Care. For more detail on these and other issues handled by FCIOP, see Appendix, pages 9-13.

Satisfaction with Ombudsman Services

When a case closes, clients are sent a satisfaction survey to complete. This year 69 were returned during the program year (out of 727 cases closed). Proportionally this is a relatively small survey sample, and we continue to develop methods to increase the likelihood of a greater survey response. On May 1, 2021, we added Survey Monkey as an online option for survey responses. During May and June, we saw an increase in the responses received; an average of 9/month as compared to the average 5/month for the prior 10

Ombudsman was thoroughly professional, did what she said she would do, and moved us to a good solution despite us having made no progress with the bureaucracy ourselves.

Parent of Family Care member

months. We are hopeful this online tool will support more feedback in the coming year. Below are statistics regarding the surveys we received:

- 94% (65 of 69) were “very satisfied” or “somewhat satisfied” with the level of skill the ombudsman had to address the problem.
- 97% (67 of 69) indicated that the ombudsman was “very important” or “somewhat important” in solving the problem.
- 96% (66 of 69) were “very satisfied” or “somewhat satisfied” with the responsiveness of their ombudsman to calls/emails.
- 81% (56 of 69) Felt their issue or problem was resolved after they contacted the ombudsman program.
- 94% (65 of 69) were satisfied with the initial intake process, and
- 93% (64 of 69) would recommend the ombudsman service to a friend.

Of the 542 FC/FCP/PACE cases with a recording of the outcome at closing, 306 (56%) resulted in full or partial satisfaction; 111 (20%) of enrollees withdrew from the resolution process or timelines expired; 38 (7%) were not resolved to the enrollee’s satisfaction; and there were 22 (4%) for which the ombudsman program was unable to make a case to work toward resolution.

Of the 185 IRIS cases with a recording of the outcome at closing, 88 (48%) resulted in full or partial satisfaction; 28 (15%) of enrollees withdrew from the resolution process or timelines expired; 22 (12%) were not resolved to the enrollee’s satisfaction; and there were 6 (3%) for which the ombudsman program was unable to make a case to work toward resolution.

2020-2021 Family Care and IRIS Program Changes and Occurrences of Note

COVID-19

COVID-19 continues to have a significant impact across our world, nation, and the State of Wisconsin. Throughout this reporting period, there have been a variety of challenges brought on by the pandemic. The COVID-19 pandemic continues to impact issues surrounding living safely in a group setting, interacting safely in the community and combating the effects of isolation. These were common issues brought to the ombudsman program.

Ombudsman was extremely helpful and patient with me. I learned so much from her and the process. I am so grateful for her help.

Family Care Member

Vaccinations became available during this reporting period and with them the hope of getting the pandemic under control. In early summer, there was hope of returning to “normal” and with that new guidance on safety concerns. With new guidance came more questions about safe visitation and access to services. Unfortunately, “normal” is not yet within our grasp. While vaccines have helped, we are still dealing with the effects of the pandemic. FCIOP received questions about the distribution and availability of vaccines to members and participants as well as their caregivers and

self-directed workers. As vaccines became more available the decision as to whether to receive the vaccine and individual choice became a source of questions for us.

Other changes included limits on face-to-face visits and an increase in telehealth services. As of this writing, there have been some adaptations of those types of contacts. Increased knowledge on ways to establish safety regarding in person contacts with others along with the need to support individuals in person have led to more in person time spent with members and participants.

Historically, whenever there is a change in policy or procedure, FCIOP receives calls looking for information and support. The COVID-19 pandemic has brought a plethora of such changes. We have continued to rely on our working relationships with DHS and other entities to provide detailed and reliable information to individuals to understand and resolve issues impacted by COVID-19.

Caregiver Crisis

Across business and industrial sectors, finding employees has been very challenging. Caregiving is not exempt from this employment challenge. COVID-19 has only exacerbated this problem. Those who receive care, their families and friends, workers and providers are all struggling to receive and provide consistent quality caregiving. To label it a crisis is not an exaggeration.

Wonderful service. Very happy that this organization is around.

Partnership Member

A lack of caregivers impacts all parts of the caregiving system. These include residential settings, day programs, employment supports, transportation, respite and self-directed supports. Lack of available staff has led to closures, limited hours or waitlists. The lack of available caregivers impacts the ability to live in one's community and to live an independent life. FCIOP has had an increase in calls regarding issues such as choice of provider, provider quality and residential relocation that are related to the crisis.

Further details on the challenges surrounding caregiving can be found in the Governor's Task Force on Caregiving Report. The task force addressed the charges in Executive Order #11 and concluded its work on February 25, 2021. See [Governor's Task Force on Caregiving | Wisconsin Department of Health Services](#) for links to the executive order and the Task Force's report.

Using this report and other data, the State of Wisconsin is looking at a variety of program and financial supports to address the caregiver crisis.

Residential Relocation

During this reporting period, residential relocation cases brought to FCIOP have taken longer to resolve and present new complexities and challenges. Relocation from one residence to another or from a hospital or skilled nursing facility back into the community have been impacted by the caregiver crisis, COVID-19 restrictions, and fewer residential options.

FCIOP case work indicates a variety of factors impacting residential relocation. Limited available staff, limited openings at residences and residential closures have resulted in people needing to

choose among options far from their home community. Longer stays in nursing homes or hospitals have occurred as staff search for community residential settings that can serve the needs of members, especially those with complex physical or behavioral needs. Economic pressures, such as adjustments to rates paid to residential providers, have also impacted relocation. All these factors have led to longer waiting times to move. Additional efforts by everyone involved have been required to honor the goal of meeting the individual's health and safety needs in the least restrictive setting as quickly as possible.

Changes in Federal Rules

Federal rules impact Wisconsin's long-term care system in a myriad of ways. These rules require state compliance in developing, maintaining, and administering processes. The more significant rules and recent changes are listed here. More detail can be found at the indicated sites.

Electronic Visit Verification

The federal government's 21st Century Cures Act requires all states to design and implement a system to physically track the provision of personal care and home health services. This system, called Electronic Visit Verification, or EVV, applies to services provided in Medicaid programs. EVV does not mean a change in the care people receive. Wisconsin is in the process of implementing EVV for Medicaid programs.

During this reporting period, DHS provided communication and support as entities created tools and implemented EVV requirements. DHS support for this process included guidance for individuals and providers via a website, videos, online meetings, newsletters and a call center. The types of services affected currently are Medicaid-covered personal care and supportive home care services. Implementation has been at a "soft launch" stage as providers work out details and individuals get used to the new systems. The "hard launch" stage, when hours entered will be connected to program consequences, is scheduled to begin on January 1, 2022. After this date, if EVV data is not captured for required services there could be the following results:

- Claim denial
- Exclusion from future capitation rate setting development
- Possible disenrollment for IRIS participants

*Thank you so much for all of
your help! It truly means
more than words can
explain.*

IRIS Participant

Information is available and will be updated at
<https://www.dhs.wisconsin.gov/forwardhealth/evv.htm>.

Centers for Medicare and Medicaid Services (CMS): Managed Care Final Rule

Issued in May 2016, this Rule gives states a variety of requirements for their managed care programs. Individual requirements have different deadlines for implementation.

Feedback that the 2016 Final Rule was overly burdensome to states led CMS to create a work group which suggested additional proposed rulemaking in 2018. 2020 saw the finalization of policies from

the 2018 proposals. See: [Medicaid & Children's Health Insurance Program \(CHIP\) Managed Care Final Rule - CMS-2408-F | CMS](#)

The federal requirements are available here:
<https://public-inspection.federalregister.gov/2020-24758.pdf>

One of the requirements is for states to update a quality strategy every three years. The State of Wisconsin Medicaid Managed Care Quality Strategy was updated June 2021. See:
<https://www.dhs.wisconsin.gov/dms/2021-managed-care-quality-strategy.pdf>

Centers for Medicare and Medicaid Services (CMS): Home and Community Based Services (HCBS) Settings Final Rule.

This rule, issued in May 2014, requires states to bring residential and nonresidential settings into compliance with an integrated community model. Settings that don't comply with the model face intensive scrutiny and possible corrective action. The HCBS settings rule requires states to develop a transition plan for reaching and maintaining compliance. Wisconsin's plan for meeting the rule's requirements is described in the [Statewide Transition Plan for Compliance with Medicaid Home and Community-Based Setting Requirements, P-01839](#)(PDF). DHS completed the statewide assessments on residential settings and began enforcing compliance in March, 2019. Currently, compliance is suspended due to the impact of the COVID-19 pandemic. See:
<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd20003.pdf>

The overall state plan can be viewed here:
<https://www.dhs.wisconsin.gov/publications/p01839.pdf> Federal requirements here:
<https://www.medicaid.gov/medicaid/hcbs/downloads/final-rule-slides-01292014.pdf>.

The ombudsman was an excellent listener + able to defuse the situation. She was able to evaluate the situation and ask questions in a way + language she was heard so the problem + opposition was resolved. She was a great advocate for my daughter.

Guardian of Family Care member

Our Continuing Work...

COVID-19 continues to affect our work in a variety of ways. Technology played an increasing role in serving clients through phone and video meetings, digital signatures, and texts. But it wasn't always enough. Ombudsmen were innovative in working with clients to meet their communication needs. They participated in meetings in parking lots, garages and other outdoor spaces at the client's request while maintaining privacy yet supporting the client's goals. We continue to evaluate how to best serve our clients in person and with technology resources. Throughout the pandemic, we appreciate our partnerships and remain a dedicated independent advocacy resource for the people who experience challenges with the Family Care and IRIS programs.

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Family Care and IRIS Ombudsman Managing Attorney
October 1, 2021

Appendix

Report of Cases—July 1, 2020 - June 30, 2021

Number of cases in this reporting period	
Family Care/FC Partnership/PACE	
New I&A	175
New this reporting period - opened as case	391
Number of cases continuing from previous report	129
Number closed this reporting period	542
IRIS	
New I&A	81
New this reporting period - opened as case	107
Number of cases continuing from previous report	30
Number closed this reporting period	185
Target Population*	
Developmental Disability	194
Physical Disability	368
Developmental Disability & Physical Disability	192
Contact/Referral Source*	
ADRC	84
Adult Family Home	3
Adult Protective Services	3
Advocacy Group	5
BOALTC	10
DHS/DHA/ALJ	3
Doctor	4
DRW client previously	315
DRW letter	31
Family Care social worker	2
Family Care/IRIS program info	8
Friend/family member	48
Guardian	31
Independent Living Center	4
Internet Search	21
IRIS Consultant	43
Lawyer Referral Service	2
Metastar	5
MCO	29
NOA	35
Private Attorney	3
Representative's Office	1
Self	45
Service Provider	19
Social Worker - not Family Care	23
Unknown	1
Method of First Contact*	
Telephone	712
E-mail	42
Mail	0

Issue involved at Time of Request and MCO <i>(NOTE: more than 1 issue can be selected per client)</i>	My Choice Wisconsin	Community Care, Inc.	iCare	Inclusa	Lakeland Care, Inc.	No MCO	TOTAL
Abuse/Neglect	34	23	2	19	9		87
Assistance with MCO's grievance procedure	6	3	1	2	1		13
Assistance with SFH		3	1	5			9
Choice of Provider	17	4		8	8		37
Communication issues w/staff	45	18		25	1		90
Cost Share	7	1	1		2		10
Discharge planning	12	10		6	1		31
Disenrollment	4	5	2				9
Denial of visitors	2	2		3	1		8
Enrollment/Eligibility	6	6			1	16	29
Equipment Request/Denial	31	16	4	11	1		63
Eviction	6	4	1	2			13
Fraud investigation							0
Functional screen problems							0
Home modification (access)			1	4	1		6
MCO terminates provider relationship	3			1	1		5
Medical treatment	6	4		2			12
Mental health care access	2	1					3
Prescription coverage	1	1		1			3
Provider quality	26	15	4	16	10		71
Relocation	71	44	2	43	21	1	182
Request for additional services	19	5	2	6	3		35
Safety	10	4	1	5	4		24
Self-directed supports issues	8	1		5	1		15
Service delay	19	8	2	3	3		35
Service denial (additional service[s] or hours)	7	2	1	5			15
Service denial (specific service)	14	6		8	1		29
Service reduction	19	7	1	5	5		37
Service termination	8	1	1	3	1		14
Transportation	10	2	5	8	6	1	32
Total by MCO	393	196	32	196	82	18	917

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Issue involved at Time of Request and IRIS Agency (ICA or FEA) or DHS-IRIS (NOTE: more than 1 issue can be selected per client)	Fiscal Employer Agent				Advocates4U	IRIS Consultant Agency							TOTAL
	GT Independence	iLife	Outreach Health Services	Premier Financial Management Services		Consumer Direct	Connections	First Person Care Consultants	Midstate Independent Living Choices	Progressive Community Services	The Management Group	DHS-IRIS	
Abuse/Neglect											4	3	7
Assistance with SFH					1		2	1			11		15
Choice of Provider					1		4			1	12	2	20
Communication issues w/staff		1	1	1	1	1		1		1	1	1	9
Cost Share								1					1
Discharge planning											1		1
Disenrollment					1						4	1	6
Enrollment/Eligibility							1		2		9		12
Equipment Request/Denial					1		1				11	3	16
Eviction											2	1	3
Fraud investigation													0
Functional screen													0
Home modification (access)										1	5		6
IRIS - Budget Amount					1		2	3			15	1	22
IRIS Quality	1	1	1								2	1	6
Medical treatment											3	2	5
Mental health care access											1		1
Prescription coverage					1						1		2
Provider quality			2		1		2	1		2	7	2	17
Relocation					1			1	1	2	8	2	15
Request for additional services					1			1			13	2	17
Safety											1	1	2
Self-directed supports issues													0
Service delay		3					1		2	1	7	3	17
Service denial (additional service[s] or hours)											2		2
Service denial (specific service)							1			2	10	2	15
Service reduction		1					1				13	2	17
Service termination										1	6		7
Transportation					1			1			3		5
Total by IRIS Agency	1	6	4	1	11	1	15	10	5	11	152	29	246

**How the case was resolved with MCOs
(more than 1 may be selected)**

I&R	195
Informal Negotiation	112
Investigation/Monitoring	206
MCO appeal/grievance or State Fair Hearing	47
Technical Assistance	51

Referrals:

Referral to ADRC	23
Referral to BOALTC	0
Referral to DHA	0
Referral to DHS	1
Referral to DOL	0
Referred to DQA	8
Referral to DRW P&A	4
Referral to DWD	9
Referral to FISC	1
Referral to Guardianship Support Center	9
Referral to IRIS staff	0
Referral to legal services organization	6
Referral to MCO staff	7
Referral to MCQS	4
Referral to MetaStar	6
Referral to Private Bar	0

**How the case was resolved with ICAs/FEAs
(more than 1 may be selected)**

I&R	96
Informal Negotiation	22
Investigation/Monitoring	45
DHS review or State Fair Hearing	15
Technical Assistance	18

Referrals:

Referral to ADRC	15
Referral to BOALTC	1
Referral to DHA	0
Referral to DHS	3
Referral to DOL	0
Referred to DQA	6
Referral to DRW P&A	0
Referral to DWD	3
Referral to FISC	0
Referral to Guardianship Support Center	4
Referral to IRIS staff	4
Referral to legal services organization	7
Referral to MCO staff	1
Referral to MCQS	3
Referral to MetaStar	0
Referral to Private Bar	0

Average Days to close a case

Cases only (does not include I&R)	118
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Annual Report on Services Provided for State Fair Hearings

Cases Closed with SFH Involvement	463
# where SFH was requested	69
# where SFH took place	45

Hearing Result	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully favorable	16	8	0	0	24
Partially favorable	1	0	0	0	1
Adverse	4	8	5	1	18
Unknown	0	1	0	1	2
				TOTAL	45

Issues brought where SFH held	
Denial of Services	16
Hours Reduction	8
Denial of Equipment	9
Eligibility	0
Change in Level of Care	2
Cost Share	0
Disenrollment	0
Fraud	0
Home Modification	6
IRIS Budget	3
Relocation	0
Self Direction	1
TOTAL	45

SFH ultimately Not Held

Outcomes	Rep	Heavy TA	Light TA	N/A	TOTAL
Fully Favorable	1	9	0	2	12
Partially Favorable	0	0	1	0	1
SFH withdrawn before resolution reached	1	0	1	2	4
Creative Solution	0	0	0	0	0
Other	0	1	0	6	7
				TOTAL	24

SFH = State Fair Hearing

Rep = Representation

TA = Technical Assistance

Creative Solution = Found another way to solve the problem that was satisfactory to the client