Andrea has been a member of her plan since the start of One Care. Andrea uses a wheelchair and needs assistance with her activities of daily living and instrumental activities of daily living due to a traumatic brain injury. She is on medication for depression and anxiety. Sometimes Andrea gets skin ulcers because she forgets to check or have her PCAs check her skin.

There are times when Andrea does not want to get out of bed because she has nothing to do during the day. "What's the reason for getting up if I have nothing to do?" Her primary relationships are with her PCAs. She thinks some of them are taking advantage of her because they eat a lot of her food and decide what to watch on television, but she is happy for the company.

Andrea and her current care coordinator do not get along. She liked her past care coordinator, but that coordinator left three years ago. The current care coordinator makes Andrea very anxious. She does not communicate with Andrea unless Andrea reaches out to her. Last year her care coordinator did not do the paperwork to authorize her PCA hours on time. Only when her PCAs complained about not getting paid did the care coordinator put the paperwork through.

According to Andrea, the care coordinator thinks Andrea is too demanding. For example, according to Andrea if she is having problems with her skin, her care coordinator does not understand why Andrea insists on wanting to be seen at home rather than go to the clinic. Her first care coordinator never made her go to the clinic to have her blood taken. Andrea hates the clinic. She says she feels like a number there. The staff are nice but do not know her or know how to help her the way her PCAs help her.

She does not like being around other members at the clinic who may have a contagious illness. Andrea is anxious about wasting her PCA hours bringing PCAs to and from the clinic. She feels it is okay to bring them to the doctor, but she does not think it makes sense to use her PCA hours at the clinic. Andrea cannot understand why the care coordinator keeps pushing her to go to the clinic when it is less anxiety provoking to have things done in her house and her bed. Andrea has canceled appointments because she's too depressed to go to the clinic.

The Care coordinator can also be hard to reach and does not get back to Andrea when she has questions about things like transportation. E.g. Andrea does not understand how nonmedical transportation authorization works. Her questions include:

- What is the difference between social and recreational activities?
- Why is a trip to church covered, but not a trip to a craft fair?
- Why does medical transportation come on time, which is good, but nonmedical transportation rides often arrive late or don't show at all?

Andrea gets overwhelmed by the process of having to provide the exact address of every place she wants to go pre-approved. Sometimes she does not know the address of the place and feels anxious calling to find out the information. Because of her poor relationship with her care coordinator, Andrea sometimes gives up on arranging the transportation.

Andrea also does not understand how authorization of things like medical supplies are made. She has a PCA who is allergic to latex but Andrea cannot get nitrate gloves. One of the wheels on Andrea's wheelchair is wobbling. When she first joined one care and she had this problem, and the wheel was fixed right away but now the request has to go through some kind of review process.

Andrea would like to change care coordinators but is afraid that if she needs medical help on the weekend it might be with her care coordinator on call. She is also afraid that the coordinator she might get will be the same or worse than the coordinator she has now.