

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Division of Administrative Law Appeals

Barbara Coe,

Petitioner,

v.

Docket No. CR-20-0007

State Board of Retirement,

Date: January 12, 2024

Respondent.

Appearance for Petitioner:

Barbara Coe, pro se

Appearance for Respondent:

Brendan E. McGough, Esq.

Administrative Magistrate:

John G. Wheatley

SUMMARY OF DECISION

The petitioner established that her regular and major duties as a Human Services Coordinator C/III, from the time she started that position through the end of 1997, involved direct care for people with intellectual disabilities. She is therefore entitled to have her service during that period classified in Group 2 for retirement purposes. Her job duties evolved over time, however, due largely to the implementation and increased use of computer programs in her position, resulting in more of her time being spent on administrative and supervisory tasks and less time on direct care to clients. Although the precise date cannot be determined, for the purpose of this appeal, I conclude that the petitioner has failed to prove that her “regular and major duties” from the beginning of 1998 and onward required the care or supervision of “mentally ill or mentally defective” people and, in consequence, she does not qualify for Group 2 classification for that service under G. L. c. 32, § 3(2)(g).

DECISION

The petitioner, Barbara Coe, appeals the decision of the State Board of Retirement (“Board”) to deny her application for Group 2 classification under G. L. c. 32, § 3(2)(g). I held an evidentiary hearing via Webex on October 5, 2022, which was recorded. Ms. Coe was the only witness. I admitted into evidence exhibits marked 1-5.

FINDINGS OF FACT

Based on the testimony and documentary evidence presented at the hearing, I make the following findings of fact:

1. Barbara Coe was employed by the Department of Developmental Services (DDS) (formerly the Department of Mental Retardation) for approximately 36 years.¹ During the first ten years of her employment (March 11, 1984, to September 9, 1993), she worked at the Wrentham Developmental Center as a social worker, providing direct care and support to individuals with intellectual disabilities. Her job titles included Social Worker I, Clinical Social Worker I, and Clinical Social Worker II, all of which the Board approved for Group 2 classification. (Testimony; Exhibit 4.)
2. Beginning on September 10, 1993, Ms. Coe began working as a Human Services Coordinator III (formerly known as Human Services Coordinator C). She remained in that position through June 23, 2007. (Exhibits 3, 4, 5.)

¹ The Department of Mental Retardation’s name was changed to the Department of Developmental Services effective June 30, 2009. *M.D. v. Department of Developmental Servs.*, 83 Mass. App. Ct. 463, 463 n.2 (2013).

3. As a Human Services Coordinator, she no longer provided support services to individuals at a facility. Rather, she worked out of DDS's² Taunton/Attleboro Area Office, which provided (and continues to provide) care and supportive services to intellectually disabled individuals residing in the surrounding community. Her office covered approximately thirteen cities/towns in that region. (Testimony.)
4. To be eligible for services, the clients Ms. Coe served required testing that showed significant limitations in the client's adaptive functioning as well as an intelligence (IQ) test score that fell below the regulatory threshold.³ (Testimony. See also 115 Code Mass. Regs. §§ 2.01 & 6.04 (eligibility requirements under current regulations); *Tartarini v. Department of Mental Retardation*, 82 Mass. App. Ct. 217, 218-219 (2012) (discussing eligibility requirements for services for a "mentally retarded person" under regulations in effect in 2006).)
5. When Ms. Coe first started working as a Human Services Coordinator, computers were not used in her work. Communicating with clients was typically done directly, by meeting in person, rather than communicating through e-mail messages or other electronic means. The majority of her time was spent away from the office, out in the community with DDS clients—visiting clients at their homes, taking clients to medical or psychiatric appointments, bringing them to food banks or grocery stores to get food, etc. (Testimony.)

² During the period of Ms. Coe's service as a Human Services Coordinator, the agency was still operating under its former title. Ms. Coe continued to work for the agency for over a decade after its name changed, however, and for simplicity I use the abbreviation "DDS" interchangeably throughout this decision to refer to the agency, regardless of its name at the time.

³ The Board does not dispute that Ms. Coe's clients qualified as "mentally ill" for purposes of G. L. c. 32, § 3(2)(g).

6. Ms. Coe's work duties also included developing individual service plans (ISPs) for clients, assisting with crisis intervention and custody needs, accompanying clients to court proceedings, helping clients relocate after an eviction or due to hazardous living conditions, and bringing them to government agencies to secure or maintain benefits such as social security or disability compensation. She worked directly with disabled clients daily, and she was responsible for her own caseload. (Testimony; Exhibit 1.)
7. In addition to her own caseload, Ms. Coe was required to cover her subordinates' cases when they were absent due to illness, vacation, or otherwise. Covering an absent service coordinator's responsibilities required Ms. Coe to provide direct care to those additional clients in the same manner as she did for those in her own caseload. (Testimony.)
8. As a senior-level Human Services Coordinator, Ms. Coe was responsible for managing from six to eight subordinate service coordinators. Her supervisory duties included preparing written performance evaluations for her subordinates, signing off on their time sheets, and confirming that they take appropriate action in response to incident reports. (Testimony.)
9. Ms. Coe was also available to speak with the clients' medical providers if any concern was raised regarding the service coordinators she was supervising. (Testimony.)
10. Ms. Coe held a 1-2 hour long staff meeting at her office once per week. (Testimony.)
11. Ms. Coe also attended a weekly meeting with the Area Director. These meetings were typically 1-2 hours long as well. (Testimony.)
12. At the start of each workday, Ms. Coe would determine whether any service coordinators were absent, confirm that a service coordinator was available to transport clients as

needed, and determine whether any service coordinators needed her assistance in providing direct support to clients. (Testimony.)

13. In addition to covering for a service coordinator who was absent or unavailable (e.g., due to a scheduling conflict), Ms. Coe sometimes needed to work together with a service coordinator in providing direct client support. For example, Ms. Coe assisted other service coordinators when relocating a client to a new home or when transporting an immobile client to the hospital. (Testimony.)
14. Although each workday varied, prior to 1998 Ms. Coe spent on average more than half of her work time providing direct care to DDS clients. (Testimony.)
15. Between 1998 and 1999, the balance of Ms. Coe's work duties shifted, with greater emphasis placed on supervisory and administrative tasks and less time spent providing direct care to clients. The introduction of computers and electronic databases in her work resulted in an increase in her recordkeeping responsibilities and the time necessary to establish and maintain those databases. For example, when records were kept on paper, Ms. Coe would ordinarily need only to review, write comments, and/or "sign off" on the ISPs, incident reports, etc. Once computer systems were implemented, however, she was then responsible for entering the information from ISP meetings and plans into the databases, monitoring and confirming on the system that care coordinators were responding to incident reports appropriately, tracking all client contact and activity in the database, and ensuring that the databases were sufficiently updated and documented for DDS to receive maximum federal reimbursement. (Testimony; see also Exhibit 3.)
16. Ms. Coe produced a Form 30, Position Description for her position. Although the form is not dated, based on the form's references to both the Department of Mental Retardation

and to DDS, I infer that this form was created in the latter half of 2009 (following the June 30, 2009, change in the agency's name).⁴ It provides the following "detailed statement of duties and responsibilities" for her position:

- (1) Assign Service Coordinators to each area client and provide direct and ongoing supervision to each Service Coordinator assigned.
- (2) When responsible for specific caseload, the Service Coordinator Supervisor will coordinate and facilitate Individual Service Plan (ISP) development as needed.
- (2a) Identifies and contacts participants for ISP meetings, schedules meetings, coordinates assessments, facilitates [the] team's input and development of the ISP.
- (2b) Accurately enters all pertinent ISP data into the electronic file per DDS guidelines and within established timelines.
- (2c) Monitors services and convenes the team if modifications to the service plan are needed.
- (3) Coordinates services and communication with other state agencies, service providers, medical providers, other clinical professionals, and involved family members to coordinate the delivery of needed services.
- (4) Ensure that each component of the ISP process is completed for each area client receiving Department services or in special situations as identified by the Area Director.
- (5) Coordinate, compile and maintain with Service Coordinators and Area Director, reports, client statistics, and resource service data for purposes of Department and Area Office program planning, budget activities and consent decree compliance that may include but not limited to: (a) Meditech data system entry and updating, (b) Court Reporting forms, [(c)] Transportation authorization forms, [and] (d) Client death reporting.
- (6) In conjunction with the Area Director, serves as a liaison for individuals entering the system from state [facilities], local education authorities, other human service agencies, nursing [facilities], and out-of-state facilities prior to assignment of case to a Service [Coordinator] as well as when the individual is part of the assigned caseload.
- (7) Provide information and referral regarding Departmental services, community resources, and resources provided by other agencies and organizations.
- (8) Provide orientation and ongoing training to Service Coordinators about job responsibilities, area resources and Department Regulations, and conduct Service

⁴ I acknowledge that Ms. Coe was no longer a Human Services Coordinator in 2009, having been promoted to a new position two years prior. No earlier version of the Form 30 was available or submitted into evidence, however, and it is therefore the closest available job description to the time of Ms. Coe's service.

- Coordinator Performance Evaluations and participate in Service [Coordinator] recruitments.
- (9) Provide information to individuals and group[s] within the community concerning ISP and regulatory requirements and coordinate provision of technical assistance as needed.
 - (10) Participate, in conjunction with the Area Director, in area planning, policy development, and resource allocation activities.
 - (11) Coordinate, in conjunction with the Area Director, area placement planning and program development activities for clients entering the community-based service system.
 - (12) Coordinate, in conjunction with the Area Director, the adaptation of programs to meet the changing needs of Area clients[.]
 - (13) [(a)] Survey and Certification; (b) informal conference prior to client appeals; (c) ISP development and meetings at the State School; (d) Request for Proposal development.
 - (14) May participate, in conjunction with the Area Director, in the following processes, meetings and conferences: a) ITP development and meetings with appropriate human service agencies [including] VNA and Hospice. Attend Nursing, Medical, and Psychiatric Hospital and [rehab facility] admissions, progress and discharge meetings.
 - (15) Provide assistance in resolving client specific issues identified through Quest.
 - (16) When necessary, assist Service Coordinators, in cooperation with the Area Director, in arranging for emergency, and/or crisis intervention services.
 - (17) Depending on assignment, assists individuals with self directed services[.]
 - (18) Assists and transports individuals to appointments and meetings.
 - (19) [C]oordinates and arranges for services and supports for individuals currently without an ISP which may include safe housing, training, employment, day programs, and specialized or generic support services such as transportation, respite care, family support, medical services and document in accordance with DDS rules and regulations.
 - (20) Monitors the implementation of the ISP for each individual through on-site program visits [according] to DDS policy.
 - (21) [C]oordinates referral[s and] assists individuals with procedures to assess finances, eligibility for SSI, SSA, affordable housing an[d other] forms of public assistance.
 - (22) Completes site visits in accordance with Site Visit Policy.
 - (23) [Participates] in forums to address risk management concerns and completes necessary reports and follow up as needed.
 - (24) Perform other related duties as required in regard to individual caseload and the ISP process.

(Exhibit 2.)

17. DDS's human resources office (specifically, the human resources office for the Executive Office of Health and Human Services) provided a written job description in connection with the petitioner's application that contains an updated description of Ms. Coe's former position. Although this job description is likewise undated, it references only the Department of Developmental Services (not the Department of Mental Retardation), and I infer that it describes the position in 2019 when the employer submitted the form to the Board. Ms. Coe had ceased serving as a Human Services Coordinator over a decade prior, and the distant temporal connection renders this job description of little relevance. It does, however, provide some corroboration for Ms. Coe's description of her duties as a Human Services Coordinator during her tenure (1993-2007) based on similarities and consistencies between the two. In that regard, the 2019 job description identified a broad array of functions performed by a Human Services Coordinator III:⁵

- Monitor clients by visiting and/or meeting with individuals and/or residential programs on a regular basis. Write and file report[s] about visits and/or meetings which covers services being received and ensuring clients' health, safety, and human rights. Provide technical assistance to vendors/programs (contracted services to agencies). Visit and/or meet with clients in their environment (community, home, nursing home or program) to assess their needs. Minimize and/or mitigate client risk to ensure the safety of clients and the community. If necessary, inform client of prohibition from premises.
- Case management: Assess, coordinate, and ensure all client needs are being met (food, shelter, social, transportation, medical). Provide referrals, crisis intervention, monitor individual service plans (ISP), coordinate services between residential and day programs, and identify health care providers. Safety of clients is priority. Advocate for clients by ensuring vendors provide quality services and clients['] safety is maintained. Refer clients to agency interdisciplinary team for appropriate clinical services and behavioral consultations (occupational therapy, physical therapy, speech

⁵ The functions performed by a Human Services Coordinator III include those of both a Human Services Coordinator I and II, plus certain "additional functions" (see the last five bullet points) as well as greater supervisory responsibility. (Exhibit 3.)

- therapy, etc.). Maintain client confidentiality (HIPAA). Provide/coordinate transportation to clients, individuals and families.
- Information and Referral: Provide in-depth expertise in federal and state regulations. Refer clients to other agencies and assist with appeals for benefits including MassHealth, Department of Transitional Assistance, unemployment, and other state and federal benefit programs to meet client needs. Complete applications with and/or on behalf of clients to ensure clients receive all eligible services and benefits. Advocate for clients' civil right. Assess and prepare guardianship paperwork including writing affidavits, health care proxy, and medication orders and provide input on appropriateness of recommended guardian. Provide training, ongoing consultation, and technical assistance and methodologies on working with clients to agency contracted vendors on requirements and regulations, to ensure vendor compliance as well as the safety and health of clients.
 - Facilitation of services: Assess clinical needs of client, match individuals with programs, make referrals to programs, make visits before placement, arrange transition for client moving to a new provider, arrange transportation of client, ensure family is satisfied with program. Acquiring new services for clients may require new individual service plan (ISP) and updated plan of care. Complete all required paperwork for placement to meet the needs of the client. Work with clients and their families to accept new services which meet their clinical needs (i.e. move from nursing home or program to residential setting).
 - Case documentation and billing: Prepare monthly billing reports using computer software program to send to supervisor which will maximize federal reimbursement revenue for the department. Maintain changes, update, revise client information (i.e. tracking all activity and client contact in the [database]) to ensure compliance and receipt of revenue. Create all forms in this database. Verify assets and track missing documentation/information of client to ensure Medicaid eligibility. Request, encourage, and assist clients in applying for services and benefits (i.e. Medicaid)[.]
 - Individual Service Plans (ISPs): Develop and complete ISPs on an annual basis to comply with plan for providers to follow and receive federal reimbursement. Coordinate and assess client needs, track information, schedule ISP appointments, and type ISPs. Monitor compliance annually or more frequently depending on population. Modify ISPs if services or needs change. Send ISPs to client, family, and vendors as necessary. If necessary, prepare Individual Education Programs and Individual Transition Plans.
 - Approve billing documents such as invoices, requisition forms, case management billing, and turnaround documents, in a timely fashion, to ensure billing accuracy. Approve, authorize, and oversee contracts and authorize expenditures for contracts.
 - Educate community providers, families, clients, and other agency sites to provide/direct the client to the best services possible.

- Conduct comprehensive assessment trainings.
- Create and participate in teams (may be interdisciplinary depending on site) to determine eligibility for and quality of seamless care.
- Create case management reports regarding utilization to ensure appropriate resources are being used.
- Coordinate risk review meetings with service providers, staff, and medical doctors to ensure proper care and develop a plan to mitigate risk.
- Represent the site at the area risk management meetings.
- Based on assignment, oversee vendors by monitoring service utilization, adherence to contract standards and performance.
- Based on assignment, provide expert use of American Sign Language and other modes of communication and technology for deaf, late deafened, deaf-blind and hard of hearing clients. Provide in-depth expertise in the culture, psychology and language to promote and maintain maximum client/family psychosocial well-being. Provide interpretation services[.]
- Serve as a subject matter expert providing consultation and training for agency staff, vendors, and community providers.
- Participate in leadership teams for development of the implementation of plans, protocols, strategies, and/or policies.
- Provide individual and group therapy to patients in order for them to develop coping skills and to manage their illness to ensure safety and stability in the community.
- Administer and supervise clinical programs and/or shift teams to ensure safe and effective operation of services.
- Assess client needs and triage clients to ensure evaluation is complete and appropriate treatment is provided.

(Exhibit 3.)

18. Ms. Coe was promoted to Assistant Area Director beginning June 24, 2007, a position she held until her retirement. Ms. Coe spent minimal time providing direct care to clients as an Assistant Area Director, and she is not seeking Group 2 classification for her service in that position. (Testimony; see also Exhibits 3, 4.)

19. In December 2019, Ms. Coe submitted four separate applications seeking Group 2 classification for four of the positions she held at DDS, in connection with her request for pro-rated service based on group classification. (Exhibits 3, 4.)
20. By letter dated December 20, 2019, the Board notified Ms. Coe that it approved Group 2 classification for three of the positions she held at DDS, including Social Worker I, Clinical Social Worker I, and Clinical Social Worker II. (Exhibit 4.)
21. By letter dated December 23, 2019, the Board notified Ms. Coe that it denied her request for Group 2 classification for her service as a Human Services Coordinator. (Exhibit 4.)
22. On January 2, 2020, Ms. Coe timely appealed the Board's decision. (Exhibit 5.)

DISCUSSION

Under G. L. c. 32, § 3(2)(g), members of the Massachusetts contributory retirement system are classified into four separate groups for retirement purposes (i.e., Group 1, 2, 3, or 4). Among other things, a member's group classification affects the amount of the member's retirement allowance through the corresponding retirement age factor used in calculating the allowance under G. L. c. 32, § 5(2)(a). By default, members whose positions do not meet the criteria for Groups 2, 3, or 4 are classified in Group 1.⁶ In addition, "[a]ny active member as of April 2, 2012, who has served in more than 1 group may elect to receive a retirement allowance consisting of pro-rated benefits based upon the percentage of total years of service that the member rendered in each group[.]" G. L. c. 32, § 5(2)(a).

Ms. Coe has elected to receive pro-rated benefits based on her years of service in each retirement group, pursuant to G. L. c. 32, § 5(2)(a). At issue is whether her service as a Human

⁶ Group 1 includes: "Officials and general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified." G. L. c. 32, § 3(2)(g).

Services Coordinator meets the requirements for Group 2 classification, as she requested, or instead falls under Group 1.

A Human Services Coordinator is not among the specific job titles included in Group 2 under G. L. c. 32, § 3(2)(g). To prevail, therefore, Ms. Coe must prove by a preponderance of the evidence that her “regular and major duties” involved the “care, custody, instruction or other supervision” of “persons who are mentally ill or mentally defective.” G. L. c. 32, § 3(2)(g); *Peck v. State Bd. of Retirement*, CR-15-282, at *3-4 (CRAB Feb. 8, 2021) (petitioner’s burden of proof); *Forbes v. State Bd. of Retirement*, CR-13-146, at *7 (CRAB Jan. 8, 2020). Ms. Coe may satisfy this burden by showing that she spent more than half of her time engaged in providing such services. *Forbes*, CR-13-146, at *7.

To determine a member’s “regular and major duties,” the member’s job title and description are important factors to consider. *Id.* at *8. Evidence of the actual job responsibilities performed by the member is also considered. *Desautel v. State Bd. of Retirement*, CR-18-0080, at *4 (CRAB Aug. 2, 2023). Members who “serve in a supervisory capacity but are required to provide direct care on a regular basis for more than half of their working hours are eligible for Group 2 classification even though their job also involved supervision and administration.” *Id.* However, a member must render “actual care and supervision” to qualify for Group 2 classification; “mere contact with patients and the incidental provision of care as part of an administrative role is not sufficient.” *Id.*

Human Services Coordinators often provide a combination of direct care services and supervisory/administrative functions, and their group classification must be analyzed on a case-

by-case basis.⁷ The written job description for Ms. Coe’s position (from 2009) reflects mostly supervisory and administrative responsibilities, but it also identifies direct care duties including transporting clients to appointments and meetings, assisting clients in obtaining government benefits/public assistance, and completing site visits. The written job description is not controlling, however, and Ms. Coe’s testimony described the actual duties she performed as a Human Services Coordinator and the changes in her job responsibilities during the fourteen years she held that position. See *Desautel*, CR-18-0080, at *4 (responsibilities listed in written job description “serve as helpful evidence of actual duties but are not dispositive”).

Based on Ms. Coe’s testimony, which I found to be credible, she has met her burden of proving that, prior to 1998, her actual duties involved providing direct care and supervision to “mentally ill” clients for more than 50% of her work time. During that period, most of her time was spent outside of the office, providing direct support services to DDS clients. The direct care she provided included meeting with clients at their homes, transporting clients to medical and psychiatric appointments, bringing them to places to get food, taking them to government agencies to secure benefits, accompanying them to court proceedings, and helping them relocate when necessary. Ms. Coe is therefore entitled to Group 2 classification for her service from September 10, 1993, through the end of 1997.

⁷ Compare *Potter v. State Bd. of Retirement*, CR-19-0519 (DALA Dec. 16, 2022) (petitioner met burden of proving Group 2 classification for service as Human Services Coordinator D); *Harrington v. State Bd. of Retirement*, CR-17-826 (DALA Apr. 2, 2021) (Human Services Coordinator C classified in Group 2); *Murphy v. State Bd. of Retirement*, CR-13-325 (DALA Aug. 19, 2016) (Human Services Coordinator C/III classified in Group 2); and *Wilber v. State Bd. of Retirement*, CR-09-340 (DALA Mar. 27, 2015) (Human Services Coordinator D classified in Group 2) with *Burke v. State Bd. of Retirement*, CR-19-394 (DALA Aug. 18, 2023) (finding petitioner ineligible for Group 2 classification for service as Human Services Coordinator C/Supervisor); *Frazer v. State Bd. of Retirement*, CR-18-0318 (DALA Nov. 19, 2021) (Human Services Coordinator D ineligible for Group 2 classification); and *Pratte v. State Bd. of Retirement*, CR-17-226 (DALA Aug. 18, 2017) (Human Services Coordinator A/B classified in Group 1).

Beginning in 1998, however, Ms. Coe's job responsibilities shifted, placing greater emphasis on supervisory and administrative duties over direct care services. This shift in her job responsibilities resulted primarily from the introduction of computer systems at her position and her responsibility for maintaining computerized databases for the clients' ISPs, incident reports, and waivers. The 2009 written job description for the position appears to reflect that change in her responsibilities, as it includes entering and updating information in electronic databases in several of the specific duties performed by a Human Services Coordinator C. Although she could not identify a specific date, Ms. Coe conceded that this shift in her job responsibilities resulted in her spending less than half of her time rendering direct care to DDS clients.

Accordingly, I conclude that Ms. Coe has not met her burden of proving she is entitled to Group 2 classification for her service from the beginning of 1998 through June 23, 2007. See *Currie v. State Bd. of Retirement*, CR-10-461, at *9 (CRAB Jan. 25, 2013) (recognizing that "a direct care position may well evolve over time, without any formal reassignment or revision of the written job description, to the point where direct care is no longer part of the employee's 'regular and major duties'").

CONCLUSION AND ORDER

For the reasons stated above, the State Board of Retirement's decision denying Ms. Coe's application for Group 2 classification is reversed in part and affirmed in part. Ms. Coe is entitled to Group 2 classification under G. L. c. 32, § 3(2)(g) for her service as a Human Services Coordinator C/III during the period of September 10, 1993, through December 31, 1997. For the remainder of her service, from the beginning of 1998 through June 23, 2007, the Board's decision denying Group 2 classification is affirmed.

Division of Administrative Law Appeals

/s/ John G. Wheatley

John G. Wheatley
Administrative Magistrate