

**COMMONWEALTH OF MASSACHUSETTS**

**Middlesex, ss.**

**Division of Administrative Law Appeals**

**Lisa Hackett,**  
Petitioner,

No. CR-24-0044

Dated: July 25, 2025

v.

**State Board of Retirement,**  
Respondent.

**Appearances:**

For Petitioner: Lisa Hackett (pro se)

For Respondent: Yande Lombe, Esq.

**Administrative Magistrate:**

Yakov Malkiel

**SUMMARY OF DECISION**

The petitioner worked as a case manager to clients with serious mental illnesses. She spent more than half of her working hours taking her clients to medical, legal, and other appointments, supporting them there, and meeting with them to oversee and improve their medical progress, psychological states, physical wellness, and practical wellbeing. These responsibilities qualified as care, custody, instruction, or other supervision for purposes of the petitioner's entitlement to be classified in group 2 under G.L. c. 32, § 3(2)(g).

**DECISION**

Petitioner Lisa Hackett appeals from a decision of the State Board of Retirement (board) denying her application for classification in group 2 under G.L. c. 32, § 3(2)(g). I held a hearing by videoconference on June 25, 2025. Ms. Hackett was the only witness. I admitted into evidence exhibits marked 1-10.<sup>1</sup>

**Findings of Fact**

I find the following facts.

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<sup>1</sup> I exclude the additional exhibit proposed by Ms. Hackett after the hearing for the reasons stated by the board in its reported objection.

1. Ms. Hackett served the Commonwealth from 1989 to 2024 in a succession of positions relating to education and mental health. Her career included work for the University of Massachusetts, the Department of Developmental Services, and the Department of Mental Health (DMH). The focus of this appeal is Ms. Hackett's work at DMH as a mental health case manager II (case manager) from March 1996 to August 1997. (Exhibits 1-4, 6, 7.)

2. As a case manager, Ms. Hackett provided support and assistance to individuals who could not fully care for themselves. Her case load consisted of 30-40 clients. All of them suffered from serious, chronic mental illnesses, including schizophrenia, bipolar disorder, and posttraumatic stress disorder. Many of the clients heard voices. Many took prescribed medications with serious side effects. Most of them had spent time in hospitals or psychiatric facilities and were assigned to Ms. Hackett around the time of their discharges. Most of Ms. Hackett's clients lived on their own in the community, with the minority residing in group homes or other settings. (Testimony.)

3. Ms. Hackett's work weeks were 36.5 hours long. During approximately 15-18 hours of each week, Ms. Hackett transported her clients to meetings, medical appointments, and court hearings. Sometimes but not always, she remained with her clients throughout these engagements. Her roles on such occasions were to provide emotional support to the clients, to advocate for their interests (especially in court), and to present information that the clients would struggle to communicate on their own (sometimes at the request of a doctor or therapist). (Exhibits 1, 3, 9, 10; testimony.)

4. Ms. Hackett conducted recurring one-on-one monitoring meetings with each of her clients. These meetings were approximately one hour long; they were required to occur with each client at least once per month; in the cases of some clients, they occurred as often as once

per week. In all, at a rough estimate, the monitoring meetings took up approximately 10 hours per week of Ms. Hackett's time. The discussions at the meetings revolved around each client's personal goals, objectives, progress, and next steps. Ms. Hackett's responsibilities included tracking the clients' compliance with their medical regimens, providing encouragement to them, helping them to become aware of their own needs, guiding them to adopt healthy lifestyle choices, and coaching them on accomplishing practical goals, such as refilling prescriptions and shopping for groceries. (Exhibit 3; testimony.)

5. Ms. Hackett was responsible for intervening in her clients' mental health crises, usually in response to telephone calls from clients contemplating imminent self-harm. In such instances, Ms. Hackett provided a calming influence, gathered information about the client's recent behaviors, made efforts to determine the cause of the crisis, encouraged the client to remain safe, and secured assistance from the client's therapist or psychiatrist. She spent roughly 2-3 hours of each week in such interventions. (Exhibit 9; testimony.)

6. Formulating individual service plans (ISPs) was an important part of Ms. Hackett's role. Each ISP detailed a client's personal goals and individualized plan of action. The plans of action involved some work with other providers, such as therapists or Alcoholics Anonymous; but they consisted in larger part of steps to be taken by the clients themselves. Ms. Hackett prepared her ISPs during initial meetings with clients, where she listened to each client's account of his or her own objectives and formulated tasks for the client to work on. Later Ms. Hackett typed up her ISPs at her office and discussed them at meetings with her supervisor. These tasks and similar administrative duties took up approximately 30% of Ms. Hackett's working hours. (Exhibits 1, 9, 10; testimony.)

7. In anticipation of retirement, Ms. Hackett presented the board with a group classification questionnaire under G.L. c. 32, § 3(2)(g). In pertinent part, she requested prorated group 2 status for her work as a case manager in 1996-1997. The board denied the request, prompting this timely appeal. (Exhibits 1, 4, 5.)

### **Analysis**

The retirement benefits of a Massachusetts public employee depend in part on the employee's assignment to one of four groups. Group 2 includes, among other employees, those "whose regular and major duties require them to have the care, custody, instruction or other supervision of . . . persons who are mentally ill." G.L. c. 32, § 3(2)(g). An employee's "regular and major" duties are those to which he or she devotes "more than half" of the workday. *Desautel v. State Bd. of Ret.*, No. CR-18-80, 2023 WL 11806157, at \*2 (Contributory Ret. App. Bd. Aug. 2, 2023).

There is no doubt or dispute that Ms. Hackett's clients were "mentally ill." The question presented is whether duties amounting to "care, custody, instruction or other supervision" of the clients took up more than half of Ms. Hackett's working hours.

The parties agree that Ms. Hackett was engaged in a qualifying job duty when she transported her clients to medical, legal, and other appointments and supported them there. That set of responsibilities may be described naturally and accurately as "care," "custody," "supervision," or some combination of these rubrics. In essence, Ms. Hackett shouldered the responsibility of safeguarding her clients' well-being and guiding them through critical life events and decisions. In the immediate proximity of her clients, she was "responsible for caring for [their] physical or psychological needs." *Sutkus v. State Bd. of Ret.*, No. CR-09-837, at \*4 (Contributory Ret. App. Bd. Feb. 17, 2011). It makes no difference in this context that Ms. Hackett's contributions were not specifically psychiatric or psychological. *See Larose v. State*

*Bd. of Ret.*, No. CR-20-357, 2024 WL 4201310, at \*3 (Contributory Ret. App. Bd. Sept. 4, 2024). *See also O’Neil v. State Bd. of Ret.*, No. CR-23-154, 2025 WL 1529241, at \*4 (Div. Admin. Law App. May 23, 2025).

It is equally clear that Ms. Hackett provided “care” and “instruction” to her clients during her recurring one-on-one meetings with them. The point of those meetings was to enable Ms. Hackett to watchfully oversee and contribute to the clients’ medical progress, psychological states, physical wellness, and practical wellbeing. In an instructive recent case, the member regularly “met with patients to review their medications,” conducted “medical and nutritional assessments” of the patients, offered them “education regarding diet and food,” and furnished them with “instruction on . . . self-care, risk assessment and personal decision-making.” *Desautel*, 2023 WL 11806157, at \*2. The Contributory Retirement Appeal Board held that these “activities . . . all constitute direct care.” *Id.* at 3. *See also O’Neil*, 2025 WL 1529241, at \*4.

Together, the foregoing elements of Ms. Hackett’s job suffice to establish that she spent more than half of her working hours engaged in qualifying care, custody, instruction, or other supervision. It is therefore unnecessary to consider whether her telephonic crisis-intervention duties and her work on ISPs also would have satisfied the statutory criteria.<sup>2</sup>

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<sup>2</sup> *See generally Desautel*, 2023 WL 11806157, at \*2-3; *Goodman v. Boston Ret. Bd.*, No. CR-02-1105 (Contributory Ret. App. Bd. Nov. 12, 2003); *Hurwitz v. State Bd. of Ret.*, No. CR-20-0642, 2024 WL 4345187, at \*7 (Div. Admin. Law App. Sept. 13, 2024).

**Conclusion and Order**

In connection with her work as a mental health case manager II from March 1996 to August 1997, Ms. Hackett is entitled to prorated classification in group 2 under G.L. c. 32, § 3(2)(g). The board's contrary decision is REVERSED.

Division of Administrative Law Appeals

/s/ Yakov Malkiel

Yakov Malkiel

Administrative Magistrate