

**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF ADMINISTRATIVE LAW APPEALS**

Middlesex, ss.

Jane Lefkowitz,  
Petitioner,

Docket No.: CR-22-0266

v.

State Board of Retirement,  
Respondent.

Appearances:

For Petitioner: Jane Lefkowitz

For Respondent: John Durgin, Esq.

Administrative Magistrate:

John G. Wheatley

**SUMMARY OF DECISION**

The petitioner's job duties as a Human Services Coordinator I primarily involved the planning and oversight of care and support services provided by others. While she did provide some direct care to her patients, she did not establish that such duties occupied the majority of her work time. The petitioner is therefore ineligible for Group 2 classification under G. L. c. 32, § 3(2)(g) because her regular and major job duties did not require the "care, custody, instruction or other supervision of . . . persons who are mentally ill."

**DECISION**

The petitioner, Jane Lefkowitz, appeals the decision of the State Board of Retirement denying her application for Group 2 classification under G. L. c. 32, § 3(2)(g). The dispute involves her work as a Human Services Coordinator I.

I held an evidentiary hearing on August 27, 2024, at the Division of Administrative Law Appeals, 14 Summer Street, Malden, Massachusetts. Lefkowitz was the only testifying witness.

I admitted eight exhibits into evidence (exhibits 1-8).<sup>1</sup> The petitioner made an oral closing statement at the end of the hearing. The respondent filed a post-hearing brief on October 23, 2024, whereupon the hearing record closed.

**FINDINGS OF FACT**

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

1. The petitioner, Jane Lefkowitz, worked for the Department of Mental Health from 2000 to 2022. She held three positions during that time: Mental Health Case Manager II (November 5, 2000, to December 15, 2001), Human Services Coordinator A/B (December 16, 2001, to September 28, 2019), and Human Services Coordinator I (September 29, 2019, to April 4, 2022). (Exhibit 2.)
2. A “Form 30” position description for the Human Services Coordinator I position contains the following general statement of duties and responsibilities:

“conduct client assessments, develop and write individual service plans (ISP) with a clinical team; coordinate and assess client services, such as entitlement programs, counseling, housing and basic socialization; monitors the quality of services; and advocates on behalf of the clients and the service delivery system . . .”

(Exhibit 4.)
3. In addition, the position description delineates the following specific duties of a Human Services Coordinator I:

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<sup>1</sup> Exhibit 3, the Board’s denial letter, incorrectly references the petitioner’s position as “HSC A/B” instead of “Human Services Coordinator I.” However, the parties do not dispute that the position at issue in this appeal is “Human Services Coordinator I.”

“DETAILED STATEMENT OF DUTIES AND RESPONSIBILITIES

1. Develops a comprehensive assessment of client’s strengths and needs in order to facilitate appropriate service recommendations.
2. Facilitates the development of the Individual Service Plan (ISP) . . . .
3. Integrates compatible [providers] into the ISP . . . .
4. Writes and ensures implementation of the client’s ISP. . . .
5. Attends and participates in Inpatient Team meetings . . . to ensure communication of clinical and service planning data between the Inpatient Team and Case Management. Advises Team regarding available resources for clients . . . to ensure adequate community placement and adjustment.
6. Gathers information from other sources for individuals assigned to Case Management in order to ensure that clients receive appropriate information and referral services.
7. Maintains assigned caseload.
8. Develops a helping and supportive relationship with clients, families and significant others . . . to assist clients with service needs and to attain the highest level of independent functioning.
9. Forms working relationships with service providers and acts as the contact and resolves issues related to the provision of services . . . .
10. Links clients with appropriate agencies and organizations to meet client’s needs . . . and ensures that necessary services are provided in the least restrictive environment.
11. Advocates for client’s rights with all community providers, agencies, families, court systems, employers, landlords and significant others in order to ensure that client’s rights are recognized and respected.
12. Attends Case Management Staff Meetings and relevant training sessions, seminars, conferences and academic courses . . . .
13. Attends ongoing and regular supervision meetings, clinical reviews, [and] staff meetings . . . .
14. Provides life management supports as needed such as assisting clients with placements, finding suitable housing for clients, coordinating visits to prospective residences, and assisting clients with applications for funding . . . .
15. Refers for, assists in the application process, monitors and assures client’s receipt of medical insurance entitlements . . . .
16. Prepares and maintains up-to-date written record of client’s needs, progress notes, narrative notes, statistical reports, data requests, reports of Team Meetings, correspondence and other data . . . .

17. Assures client access to appointments with medical and mental health providers. Ensures or coordinates on-going services to provide the best possible care. May attend client visits as necessary.
18. Provides assistance to clients in the management of funds . . . .
19. Participates in the Quality Assurance and Utilization Review processes for Case Management . . . .
20. Participates in Area Quality improvement activities.
21. Provides and arranges transportation for clients when necessary to programs and/or appointments including community requests for use of DMH vehicles and Medicaid funded transportation . . . .
22. Performs all other duties as required.”

(Exhibit 4.)

4. The Detailed Statement of Duties and Responsibilities contains a combination of administrative and direct care tasks, but it does not specify the amount of time assigned to each task. (Exhibit 4.)
5. Lefkowitz provided services for clients (aged seven to twenty-two) having a range of mental illness diagnoses, including ADHD, anxiety, and schizophrenia. (Testimony.)
6. All of Lefkowitz’s clients qualified for Department of Mental Health services.  
(Testimony.)
7. Some clients were in a home or school setting. Others were in residential programs, Department of Youth Services programs, or jail. (Testimony.)
8. Lefkowitz had a caseload of approximately twenty clients. She met with about half of them in individual meetings each week. She had approximately two client meetings per day, which lasted one hour on average. (Testimony.)

9. In the individual meetings, she provided direct guidance and counseling to the clients.

She helped stabilize them and assisted them in their interactions with others.

(Testimony.)

10. Lefkowitz also had group or team meetings with the clients, their families, and service providers. On average, the meetings were one to two hours long. She usually had two group meetings per day, and sometimes more. In the group meetings, they discussed current services including medical, psychological, and psychiatric treatment. Lefkowitz addressed problems and facilitated necessary changes to those services. (Testimony.)

11. Lefkowitz performed additional administrative duties, including making telephone calls before meetings (approximately one and a half hours per day), and follow-up calls in the afternoon. She wrote ISPs and completed admission forms, discharge paperwork, and progress notes. Lefkowitz gathered information from families about clients' histories and worked with the families on insurance and SSI paperwork. (Testimony.)

12. Her other administrative duties included attending weekly meetings with Department of Mental Health case management staff (one and a half hours), drafting monthly progress reports, attending quarterly utilization review meetings, and attending trainings several times a year. (Testimony.)

13. Lefkowitz applied for Group 2 classification based on her work as a Human Services Coordinator I. (Exhibit 2.)

14. The State Board of Retirement denied her request for Group 2 classification. (Exhibit 3.)

15. Lefkowitz timely appealed. (Exhibit 8.)

**ANALYSIS**

For retirement purposes, each public employee is assigned to one of four groups. G. L. c. 32, § 3(2)(g). Group 1 consists of “general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified.” *Id.* Group 2 includes employees “whose regular and major duties require them to have the care, custody, instruction or other supervision of . . . persons who are mentally ill . . .” *Id.*

The Board does not dispute that Lefkowitz served a Group 2 population, that is, “persons who are mentally ill.” Lefkowitz’s clients all qualified for Department of Mental Health services and had a mental illness diagnosis.

To determine an employee’s “regular and major duties,” the responsibilities listed in the written job description for the position are considered. *Forbes v. State Bd. of Retirement*, CR-13-146, 2020 WL 14009545, at \*5 (Contrib. Ret. App. Bd. Jan. 8, 2020). Evidence of the duties actually performed by the employee is also taken into account. *Desautel v. State Bd. of Retirement*, CR-18-0080, 2023 WL 11806157, at \*2 (Contrib. Ret. App. Bd. Aug. 2, 2023). “[A]n employee who spends more than half of his or her time engaged in the care, custody, instruction, or other supervision of a population included in Group 2 engages in these responsibilities as part of his or her regular and major duties.” *Id.* (citation and quotation marks omitted).

“Care” means providing “direct care.” *Id.* For example, a human services coordinator who spent seventy to eighty percent of her time working directly with clients, teaching them daily living skills and driving them to appointments, was found eligible for Group 2 classification. *Burciaga v. State Bd. of Retirement*, CR-03-940 (Div. Admin. Law App.

Mar. 25, 2005). In contrast, “providing incidental care while primarily coordinating care being delivered by others” is not sufficient to qualify for Group 2 classification. *Desautel, supra*, at \*3. See also *Albano v. State Bd. of Retirement*, CR-15-327, 2018 WL 11682022, at \*1 (Contrib. Ret. App. Bd. July 23, 2018) (duties “primarily in the nature of planning, placement, and oversight of the supports provided to . . . clients” are “not direct care”); *Alfaro v. State Bd. of Retirement*, CR-17-229, at p. 11-12 (Div. Admin. Law App. May 29, 2020) (“Determining eligibility of clients for services and whether those services are being received is an administrative duty and not direct care.”).

With respect to work duties, the written job description for Lefkowitz’s position reflects mostly planning, placement, and oversight of client services rather than direct care. Her duties included preparing ISPs and assessing client services in group and staff meetings.<sup>2</sup> These duties involved the assessment and oversight of services provided by others and do not constitute direct care.

Lefkowitz testified that she provided direct care in her one-to-one meetings with clients for approximately two hours per day. She provided direct guidance and counseling in these meetings. However, this work did not consume over fifty percent of her time. Lefkowitz did not establish, therefore, that her regular and major job duties involved direct care provided to people who are mentally ill.

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<sup>2</sup> See *supra* p. 5 for a description of the group meetings and staff meetings that Lefkowitz participated in.

**CONCLUSION**

The decision of the State Board of Retirement denying the petitioner's application for Group 2 classification is affirmed.

*/s/ John G. Wheatley*

Dated: March 6, 2026

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