COMMONWEALTH OF MASSACHUSETTS
DIVISION OF ADMINISTRATIVE LAW APPEALS

Middlesex, ss.

Mary Spano,
Petitioner,

v.

Docket No.: CR-23-0554

State Board of Retirement,
Respondent.

Appearances:
For Petitioner: Mary Spano
For Respondent: Alison Eggers, Esq.

Administrative Magistrate:
John G. Wheatley

SUMMARY OF DECISION

The petitioner is not entitled to Group 2 classification for her work as a human services coordinator for the Department of Developmental Services. She performed a variety of work activities, some of which involved direct care of the individuals she served and some of which did not. She did not prove that her direct care duties consumed the majority of her work time, and she therefore failed to establish that her "regular and major" job duties required "the care, custody, instruction or other supervision" of mentally ill or developmentally disabled individuals, as required for Group 2 classification under G. L. c. 32, § 3(2)(*g*).

DECISION

The petitioner, Mary Spano, appealed the decision of the State Board of Retirement to deny her application for Group 2 classification for her service as a human services coordinator for the Department of Developmental Services (DDS). I held and recorded an evidentiary hearing on June 18, 2025, during which I admitted eleven exhibits into evidence (exhibits A-K). Spano testified on her own behalf and called two other witnesses: Lisa Saba, the area director for DDS's

Plymouth area office; and Amy Pratt, a services coordinator supervisor at DDS's Plymouth area office. The petitioner and respondent filed closing briefs on July 25 and August 1, respectively.

FINDINGS OF FACT

Based on the evidence presented, I make the following findings of fact:

1. Mary Spano has worked as a human services coordinator at DDS's Plymouth area office since November 27, 1988.[1] (Spano Testimony; Exhibit H.)

2. Spano has held the same functional position throughout her tenure with DDS, but with slight variations in her official job title. From the start of her service through December 15, 2001, her position title was Human Services Coordinator I. On December 16, 2001, her title was changed to Human Services Coordinator A/B, and on September 29, 2019, it was changed back to Human Services Coordinator I. (Spano Testimony; Exhibit H; Exhibit K.)

3. Spano's caseload grew over the years to an average of 60 adults. All the individuals she has served have had either a mental illness, a developmental disability, an intellectual disability, a traumatic brain injury, or autism spectrum disorder. Her caseload has included individuals with complicated family situations and those with significant medical involvement. Regardless of the size or nature of her caseload, however, the tasks Spano has performed on behalf of these individuals have remained substantially the same over time. (Pratt Testimony; Spano Testimony; Exhibit K.)

[1] The Legislature changed the agency's name from the Department of Mental Retardation to the Department of Developmental Services in 2009. See *M.D.* v. *Department of Developmental Servs.*, 83 Mass. App. Ct. 463, 463 n.2 (2013) (citing statutory amendments).

4. Spano's general role included supporting, advocating on behalf of, and identifying appropriate services for the individuals on her caseload. She worked with the individuals' families and care providers to ensure that they understood the individuals' needs. She identified a variety of programs, services, and public assistance that would benefit the individuals.[2] (Spano Testimony.)

5. Spano visited the individuals on her caseload on a regular basis. At least half of them lived at home with their families, and Spano visited those individuals at least quarterly. The remainder lived in private residences, either independently or in a group home, at around 22 different locations; Spano visited those individuals at least every other month. Each "site visit" took one to two hours to complete. (Spano Testimony; Pratt Testimony.)

6. The primary purpose of the site visits was to meet with the individuals, see how they were doing, and determine whether their needs were met. (Saba Testimony.)

7. During these visits, Spano would greet everyone in the home and check in with the staff to see how the program was going and get updates on any issues the individuals were having. Spano would also meet with each of the individuals residing at the home to see how they were doing, make sure their needs were being met, and observe their physical condition and demeanor to check for signs of neglect, injury, unsafe care, or unmet needs. She would also assist the individuals with ambulation or similar needs while she was on site. After each visit, Spano completed a four-page DDS "visit form" to report back to her supervisor and the program

[2] I refer to the people who were receiving DDS services as the "individuals," consistent with the terminology used by the testifying witnesses.

monitor regarding any concerns she had or issues she discovered. (Spano Testimony; Saba Testimony.)

8. Approximately one-fourth of the individuals on Spano's caseload attended day programs, which she visited periodically. During the day program visits, Spano would "walk around" the facility, observe the individuals, speak with the staff and nurses, and check to see if the individuals were functioning well. These visits would sometimes reveal health or service-related issues that required follow-up. (Spano Testimony.)

9. Spano created and updated individual service plans (ISPs) for the individuals on her caseload. ISP meetings were held annually, as necessary to satisfy Medicaid billing requirements. The individual's family or guardian were typically included in those meetings. Some individuals chose to attend their own ISP meetings, but others would opt out. The meetings covered home and living supports, day programs, employment, medical issues, benefits, and the individual's objectives and measurable goals. (Spano Testimony.)

10. Spano worked on guardianship issues for the individuals, including petitioning the court for guardianship or for a change to the guardianship terms. She obtained and completed the necessary paperwork for the court, and she obtained any necessary signatures from medical providers or licensed social workers in support of the guardianship petition. (Spano Testimony.)

11. Spano helped the individuals address end-of-life planning issues, and with increasing frequency as the individuals on her caseload aged. This included having discussions with the individuals and their families regarding burial, cremation, religious services, funeral home arrangements, and the individuals' personal wishes. Spano also worked with funeral

homes to ensure dignified arrangements were made for individuals with limited resources. (Spano Testimony; Pratt Testimony.)

12. Spano was responsible for maintaining the individuals' electronic records in DDS's Home and Community Services Information System (HCSIS). This included responding to HCSIS alerts that indicated an incident had occurred or that an investigation was underway. When an incident occurred, Spano would review the incident, determine what had happened, and then respond with her recommendations for resolution or remedial measures (e.g., calling medical providers to discuss medication errors or hospitalizations, contacting investigators following allegations of abuse or neglect, checking with vendors to make sure that staff had undergone retraining, etc.). She also had to verify that the remedial measures were carried out. (Spano Testimony; Saba Testimony.)

13. A "form 30" written job description[3] for Spano's position as Human Services Coordinator A/B provides the following general statement of her duties:

> "The Service Coordinator ensures the health, safety and well-being of all individuals on their assigned caseload. S/he serves as advocate on behalf of the individual through regular program visits to residential, day programs and family homes. In addition the Service Coordinator assists in the development, coordination, and integration of service plans for assigned individuals; facilitates meetings with the interdisciplinary team to develop service plans; maintains and updates written and electronic records. The Service Coordinator serves as advocate on behalf of the individual; monitors and documents the provision of services and modifies service plans as needed; protects the privacy of information; ensures that the individual's legal, civil and human rights are protected and provides information and referral services to individuals and their families."

(Exhibit A.)

[3] The form 30 indicates that it was prepared on February 3, 2010, but was applicable to fiscal year 2017, and was signed by Spano and her supervisor in July 2023.

14. The position description contains a further list of work duties and responsibilities, which include: assisting and transporting individuals to appointments, meetings, and program visits; acting as a liaison between the individuals and state agencies, service providers, clinical professionals, and others; coordinating the delivery of services and supports for individuals, such as medical care, day programs, respite care, personal care attendants, and adult foster care; visiting hospitalized individuals and requesting DDS nursing consults as needed; entering "pertinent ISP data into the electronic file"; completing documentation required for Medicaid funding; assessing individuals' eligibility for public assistance, such as supplemental security income and affordable housing; and participating in risk management meetings. (Exhibit A.)

15. Substantially similar duties are described in Spano's performance evaluation from July 2023 as well as a 2019 "classification specification" issued by the Commonwealth's Human Resources Division regarding the work of a Human Services Coordinator I (e.g., developing ISPs, assessing and coordinating services, helping individuals obtain benefits, advocating on the individuals' behalf, completing paperwork, and maintaining and updating the individuals' records and DDS database). (Exhibit B, p. 2-3; Exhibit H [identifying five primary job duties].)

16. In a narrative that she submitted in conjunction with her application for Group 2 classification, Spano described tasks she performed in addition to the general duties set forth in her form 30 position description. They include:

- Coordinating with human services coordinators in other DDS area offices or regions to ensure that visits with the individuals are completed;
- During visits, assisting individuals with "ambulation, social and leisure tasks, hygiene and behavioral redirection";
- Providing transportation for individuals to and from work, medical appointments, the Social Security Administration's office, banks, court proceedings, and funerals;

- Taking individuals and their families on tours of program sites;
- Coordinating family meetings and get-togethers;
- Supporting individuals and their families in times of crisis;
- Advocating for individuals in legal proceedings;
- Helping individuals move to a new residence;
- Coordinating and advocating for health care services;
- Assisting individuals and their families with end-of-life decisions and planning;
- Obtaining and delivering paperwork to the DDS legal office, such as documents needed for reevaluation of guardianships;
- Helping individuals obtain assistive technology and problem-solving technical difficulties with the equipment;
- Scheduling interpreters for individuals when needed; and
- Taking individuals out for food or coffee and accompanying them to a variety of live entertainment events and celebrations.

(Exhibit C.)

17. Direct care workers employed by private agencies provided day-to-day support for the individuals living in group homes. Human services coordinators provide oversight, but they do not directly supervise the direct care staff. If, for example, during a site visit a human services coordinator sees the staff doing something unsafe or inappropriate, they must intervene to correct the situation such as by modeling proper care, instructing the staff, or reporting the impropriety to the provider agency's management. They would intervene, for example, when minimum staffing ratios are not met or when an individual is at risk because their medical needs are misunderstood or inadequately addressed. (Saba Testimony.)

18. Spano attended quarterly meetings with the provider agencies at the group homes, where they discussed the activities at the home, staffing issues, any staff training needs, and the support needs of the individuals living at the home. (Saba Testimony; Spano Testimony.)

19. Human services coordinators may transport or accompany individuals to medical appointments, when necessary, but these tasks are ordinarily the responsibility of the group

home staff, shared living caregivers, adult foster care givers, or the individuals' families. (Saba Testimony.)

20. When accompanying an individual to a medical appointment, Spano advocated on the individual's behalf. For example, she would intervene to question a course of treatment that seemed inappropriate (e.g., excessive medication), and she would provide the medical provider with information about the individual that may be useful (e.g., the individual's feeding schedule). (Spano Testimony.)

21. Saba confirmed that Spano's form 30 position description set out her duties and that Spano would perform additional duties that arose from time to time. (Saba Testimony.)

22. Amy Pratt was Spano's supervisor from 2012 to 2021, and she attended a variety of meetings with Spano about specific individuals' needs. (Pratt Testimony.)

23. Pratt described Spano's role as advocate, assistant, and facilitator. She indicated that Spano had a difficult caseload, involving complex family issues, medically involved individuals, and situations that required significant advocacy. This required strong advocacy in hospitals, at rehab facilities, and in discharge planning because some individuals may have been unable to communicate, may have been misunderstood, or may not have received appropriate care without someone familiar with them being present. (Pratt Testimony.)

24. Spano attended hospital discharge meetings, helped the individuals' families to understand the discharge plan and follow up treatment, and helped develop protocols for home care. She also helped educate the staff at group homes about the individuals' communication styles, confirmed that any necessary equipment was available in their homes, and made sure that the staff understood how to use the equipment. (Pratt Testimony; Spano Testimony.)

25. In July 2023, Spano applied for Group 2 classification, on a pro-rated basis, for her service from November 27, 1988, through December 29, 2023. (Exhibit H.)

26. On October 27, 2023, the Board notified Spano by letter that it denied her application for Group 2 classification. (Exhibit I.)

27. On November 2, 2023, Spano filed a timely appeal. (Exhibit J.)

28. In April 2024, as the result of the Board's denial of her application, Spano prepared an exemplar of her work time and tasks performed, consisting of a pivot table summarizing her last 15 months of work (i.e., from January 2, 2023, to March 29, 2024). (Exhibit G; Spano Testimony.)

29. During these 15 months, Spano worked approximately 1,832.75 hours, excluding paid time off. She worked directly with individuals for approximately 742.35 of those hours, or 41% of her time.[4] She spent the rest of her time on a variety of administrative and other case management work. (Exhibit G; Spano Testimony.)

DISCUSSION

The retirement allowance afforded to members of the state employees' retirement system is determined, in part, by the classification of the employees' service into one of four groups. See G. L. c. 32, § 3(2)(*g*). By default, members whose positions do not meet the criteria for Groups 2, 3, or 4 fall within Group 1, which includes "[o]fficials and general employees including clerical, administrative and technical workers, laborers, mechanics and all others not otherwise classified." *Id*. In addition, "[a]ny active member as of April 2, 2012, who has served

[4] Spano initially estimated that she spent 858 hours working directly with individuals but amended that estimate at the hearing and in her post-hearing brief. I adopt her revised estimate.

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*).

Spano seeks Group 2 classification. To be eligible for Group 2, Spano has the burden of proving by a preponderance of the evidence, or that it is more likely than not, that her "regular and major duties" required her to have the "care, custody, instruction or other supervision" of persons who are mentally ill or have developmental disabilities.[5] *Id*. She may satisfy this burden by showing that she spent more than half of her time engaged in providing such services. See *Mendonsa* v. *State Bd. of Retirement*, No. CR-12-595, 2021 WL 12298074, at *2 (Contrib. Ret. App. Bd. Feb. 8, 2021) (petitioner is "required to prove that at least 51% of [her] regular and major duties . . . embodied the 'care, custody, instruction, or other supervision'" of an eligible population).

Spano elected to receive pro-rated benefits based on her years of service as a Human Services Coordinator I and a Human Services Coordinator A/B. See G. L. c. 32, § 5(2)(*a*). Although Spano's position title was twice amended during her 35 years of service with DDS, her job responsibilities remained substantially the same. I will therefore address both of her positions together for purposes of evaluating group classification.

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[5] General Laws c. 32, § 3(2)(*g*) uses the antiquated term "mentally defective," which has been interpreted in recent decisions to refer to individuals with developmental disabilities. See, e.g., *Koch* v. *State Bd. of Retirement*, No. CR-09-449, 2014 WL 13121797, at *1 (Contrib. Ret. App. Bd. Oct. 9, 2014) (noting that "mentally defective" refers to "developmentally disabled individuals"); *Wark* v. *State Bd. of Retirement*, No. CR-12-108, 2023 WL 11898389, at *3 (Contrib. Ret. App. Bd. Oct. 11, 2013); *West* v. *State Bd. of Retirement*, Nos. CR-22-0591 & CR-23-0197, 2025 WL 2577042, at *5 (Div. Admin. Law App. Aug. 29, 2025); *Zelten* v. *State Bd. of Retirement*, No. CR-22-0457, 2024 WL 664422, at *2 (Div. Admin. Law App. Feb. 9, 2024).

Care of people who are mentally ill or have developmental disabilities.

Spano's work involved individuals who received services from DDS. The Board does not dispute that the population she served qualified as mentally ill or developmentally disabled for purposes of Group 2 eligibility. See also *O'Neil* v. *State Bd. of Retirement*, No. CR-23-0154, 2025 WL 1529241, at *2 (Div. Admin. Law App. May 23, 2025) ("Persons in the care of DDS are considered developmentally disabled for purposes of group 2 classification.") The issue, therefore, is whether Spano's regular and major duties required direct care, custody, instruction, or supervision of those people.

Regular and major duties.

An employee's "[r]egular and major job duties are those that require the employee to spend more than half their time performing." *Greenwood* v. *State Bd. of Retirement*, No. CR-22-0066, 2026 WL 1373781, at *2 (Contrib. Ret. App. Bd. Apr. 17, 2026) (internal quotation marks omitted). To be eligible for Group 2, therefore, Spano must spend more than half of her work time providing direct care, custody, instruction, or other supervision to mentally ill or developmentally disabled individuals. *Id*.; *Clement* v. *State Bd. of Retirement*, No. CR-15-299, 2022 WL 22863690, at *2 (Contrib. Ret. App. Bd. Mar. 22, 2022). See *O'Neil* v. *State Bd. of Retirement*, No. CR-03-585, 2005 WL 4541596, at *3 (Div. Admin. Law App. Oct. 14, 2005), quoting *Desautel* v. *State Bd. of Retirement*, No. CR-18-0080, 2023 WL 11806157, at *2 (Contrib. Ret. App. Bd. Aug. 2, 2023) ("'Care' in this context means providing 'direct care.'").

Direct care involves directly interacting with individuals and taking on responsibility for their well-being. *Sorensen* v. *State Bd. of Retirement*, No. CR-24-0600, 2025 WL 3127155, at *4 (Div. Admin. Law App. Oct. 31, 2025); *Brillon* v. *State Bd. of Retirement*, No. CR-22-0150, 2025 WL

3002777, at *4 (Div. Admin. Law App. Oct. 17, 2025); *Hurwitz* v. *State Bd. of Retirement*, No. CR-20-0642, 2024 WL 4345187, at *5 (Div. Admin. Law App. Sept. 13, 2024); *Long* v. *State Bd. of Retirement*, No. CR-21-0287, 2023 WL 6900305, at *5 (Div. Admin. Law App. Oct. 13, 2023). It does not include administrative, supervisory, or managerial responsibilities. *Sheehan* v. *State Bd. of Retirement*, No. CR-00-1014 (Contrib. Ret. App. Bd. Feb. 4, 2002) (hospital supervisor not entitled to Group 2 because majority of duties were "managerial or supervisory in nature"); *Larose* v. *State Bd. of Retirement*, No. CR-20-357, 2023 WL 4548411, at *2 (Div. Admin. Law App. Jan. 27, 2023), *aff'd* 2024 WL 4201310 (Contrib. Ret. App. Bd. Sept. 4, 2024) (direct care "does not include administrative or technical duties"). This distinction is important because 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." *Coe* v. *State Bd. of Retirement*, No. CR-20-0007, 2024 WL 215932, at *8 (Div. Admin. Law App. Jan. 12, 2024).[6]

[6] For cases in which human services coordinators received Group 2 classification, see *Potter* v. *State Bd. of Retirement*, No. CR-19-0519 (Div. Admin. Law App. Dec. 16, 2022); *Harrington* v. *State Bd. of Retirement*, No. CR-17-826 (Div. Admin. Law App. Apr. 2, 2021); *Murphy* v. *State Bd. of Retirement*, No. CR-13-325 (Div. Admin. Law App. Aug. 19, 2016); *Wilber* v. *State Bd. of Retirement*, No. CR-09-340, 541 (Div. Admin. Law App. Mar. 27, 2015); and *Parmenter* v. *State Bd. of Retirement*, No. CR-04-341 (Div. Admin. Law App. Aug. 1, 2005). For cases in which human services coordinators failed to establish Group 2 classification, see *West* v. *State Bd. of Retirement*, Nos. CR-22-0591 & CR-23-0197, 2025 WL 2577042 (Div. Admin. Law App. Aug. 29, 2025); *McGuire* v. *State Bd. of Retirement*, No. CR-22-0175, 2024 WL 1960740 (Div. Admin. Law App. Apr. 26, 2024); *Burke* v. *State Bd. of Retirement*, No. CR-19-394, 2023 WL 5528742 (Div. Admin. Law App. Aug. 18, 2023); *Frazer* v. *State Bd. of Retirement*, No. CR-18-0318 (Div. Admin. Law App. Nov. 19, 2021); and *Pratte* v. *State Bd. of Retirement*, No. CR-17-226 (Div. Admin. Law App. Aug. 18, 2017).

To determine an employee's duties, the responsibilities listed in written job descriptions and employee performance review forms are considered but are not dispositive. *Desautel* v. *State Bd. of Retirement*, No. CR-18-0080, 2023 WL 11806157, at *2 (Contrib. Ret. App. Bd. Aug. 2, 2023); *Forbes* v. *State Bd. of Retirement*, No. CR 13-146, 2020 WL 14009545, at *5 (Contrib. Ret. App. Bd. Jan. 8, 2020). Testimony or other evidence of the actual job duties performed by the employee may also be taken into account. *Desautel*, *supra*, at *2-3. Employees "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*. at *2. However, "mere contact with patients and the incidental provision of care as part of an administrative role is not sufficient to qualify an individual for Group 2 classification." *Id*.

Spano's 2017 form 30 position description for her work as a Human Services Coordinator A/B, her 2023 performance evaluation, and the 2019 classification specification for the Human Services Coordinator I position, all identify job duties that are mostly administrative and managerial. The form 30, for example, indicates that Spano is responsible for developing and monitoring the implementation of individuals' ISPs, recordkeeping and data entry, coordinating medical care and support services, completing paperwork required for Medicaid funding, attending risk management meetings, and assessing individuals' eligibility for public assistance benefits. The classification specification and Spano's performance evaluation similarly indicate that her primary responsibilities consisted of case management, ISP development, recordkeeping, and coordinating and monitoring the services and supports provided by others. Prior decisions of the Contributory Retirement Appeal Board and the Division of Administrative

Law Appeals have found these tasks to be administrative and supervisory in nature and, therefore, do not qualify for Group 2 classification. See, e.g., *Clement*, *supra*, at *3-4 (preparing ISPs, coordinating and supervising vendors, conducting team meetings, and doing paperwork); *Wark*, *supra*, at *3 (financial responsibilities and completing paperwork); *West*, *supra*, at *6 (assessing eligibility for government assistance and locating and monitoring services provided by others); *Coe*, *supra*, at *9 (recordkeeping and maintaining DDS database); *Frazer*, *supra*, at p. 7 (assessing eligibility for government assistance and determining appropriate services); *Harrington*, *supra*, at p. 14 (meeting with vendors); *Alfaro* v. *State Bd. of Retirement*, No. CR-17-229, at p. 13 (Div. Admin. Law App. May 29, 2020) (developing ISPs, coordinating service delivery, and maintaining records); *Pratte* v. *State Bd. of Retirement*, No. CR-17-226, at p. 6 (Div. Admin. Law App. Aug. 18, 2017) (creating and implementing ISPs); *Albano* v. *State Bd. of Retirement*, No. CR-15-327, at p. 2, 12 (Div. Admin. Law App. July 29, 2016), *aff'd* 2018 WL 11682022 (Contrib. Ret. App. Bd. July 23, 2018) (arranging for and monitoring care provided by others, observing clients at programs and jobs, writing ISPs, and leading ISP meetings).

Spano's work also included some direct care responsibilities, some of which are mentioned in the written job descriptions. She elaborated on those duties both in the narrative she submitted in support of her request for Group 2 classification and during her testimony at the hearing. Her direct care duties included meeting with and assisting individuals at home and during hospitalizations; providing transportation for individuals, and sometimes also accompanying them, to medical appointments, program visits, banks, court proceedings, funerals, social gatherings, and live entertainment events; and providing guidance to individuals on end-of-life issues. See, e.g., *Coe*, *supra*, at *8 (meeting clients at their homes and programs,

providing transportation, and accompanying them to medical appointments, court proceedings, government agencies, etc.); *Harrington*, *supra*, at p. 13 (providing transportation to appointments and court proceedings and accompanying clients to hospitals and crisis programs); *Murphy*, *supra*, at p. 6 (participating in family visits, providing training and instruction in personal care and money management, and accompanying to medical appointments, court proceedings, and meetings with service providers). Spano estimated that approximately 70% of her work time was "client facing," and about 30% was spent doing sedentary office work at the DDS area office in Plymouth. She clarified during cross-examination, however, that her 70% estimate included not only face-to-face interaction with individuals, but also tasks that did not involve the individuals, such as teaching the direct care staff, obtaining medical equipment for individuals, participating in meetings with provider agencies at group homes, and observing individuals from a distance while they attended day programs.

Collectively, I conclude that Spano spent less than half of her work time providing direct care, instruction, or supervision to the individuals she served. Rather, her duties primarily involved planning, coordinating, monitoring, and overseeing the services and supports provided to the individuals by medical providers, direct care staff, and other vendors and professionals. Case management work of this nature does not constitute direct "care" or "supervision" of mentally ill or developmentally disabled individuals for purposes of Group 2 classification. *Albano* v. *State Bd. of Retirement*, No. 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" do not constitute "direct care"); *West*, *supra*, at *6 (locating services and monitoring implementation of those services is administrative work that does not qualify for

Group 2 classification); *Frazer*, *supra*, at p. 7 (determining appropriate services is an administrative function); *Alfaro*, *supra*, at p. 13 (planning and coordinating service delivery is an administrative duty).

Spano's pivot table exemplar of her work hours further supports this conclusion. During the 15-month period at issue, Spano worked approximately 1,832.75 hours, excluding paid time off. She worked directly, face-to-face, with individuals for approximately 742.35 of those hours, or about 41% of her work time. Spano spent more than half of her time identifying and coordinating services, communicating with providers, collaborating with families, managing healthcare services, ensuring that ISPs were recent and that services were consistent with their terms, and maintaining individuals' electronic records. This work was unquestionably important, but it does not qualify for Group 2 classification.

CONCLUSION AND ORDER

Spano did not prove that she spent more than half her work time providing direct care to the mentally ill and developmentally disabled individuals she served. She did not, therefore, establish that her regular and major job duties required the care, custody, instruction, or other supervision of those individuals, as required for Group 2 classification under G. L. c. 32, § 3(2)(*g*). The Board's decision denying her application for Group 2 classification is hereby *affirmed*.

Dated: June 26, 2026

/s/ John G. Wheatley

John G. Wheatley
Administrative Magistrate
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