

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF ADMINISTRATIVE LAW APPEALS

Middlesex, ss.

Bonnie Spicer,
Petitioner,

Docket No.: CR-25-0375

v.

State Board of Retirement,
Respondent.

Appearances:

For Petitioner: Bonnie Spicer, pro se
For Respondent: Matthew Szafranski, Esq.

Administrative Magistrate:

Eric Tennen

SUMMARY OF DECISION

The Petitioner is a clinical social worker at Tewksbury Hospital. She had different positions over the years that required different duties. She always provided direct care to a Group 2 population. However, after a promotion, her current position requires more administrative and supervisory duties than when she first started. Nevertheless, those duties do not require that much more of her attention, so she continues to provide direct care over 50% of her time.

INTRODUCTION

The Petitioner, Bonnie Spicer, timely appeals a decision by the State Board of Retirement (“Board”) denying her application for reclassification to Group 2. On April 23, 2026, I held an in-person hearing. The Petitioner was the only witness. I admitted Exhibits R1-R5 and P1-P6 at the hearing. The parties made their closing statements at the end of the hearing at which time I closed the administrative record.

FINDINGS OF FACT

1. The Petitioner is a clinical social worker at Tewksbury Hospital. She began in 1993. Throughout her career she was promoted a few times, each time bringing more responsibilities. (Testimony; exs. R1 & P1.)
2. When she first started, her duties involved directly caring for individuals almost all her working hours. Over time, as she was promoted, she still performed those tasks, but she also became a supervisor, which in turn brought more administrative duties. The question for this case is whether her supervisory/administrative duties ultimately require more than half her time.
3. For starters, there is little dispute she works with a Group 2 population. She cares for a variety of patients, almost all of whom have psychological or psychiatric disorders. Indeed, that is why they are at Tewksbury; they have serious psychological or other mental health issues that make it hard for them to be treated elsewhere. (Testimony.)
4. She estimated that at one point well over 85% of her patients carried a diagnosis such as schizoaffective disorder, bipolar disorder, or schizophrenia. Many were already clients of the Department of Mental Health. She has worked in units which consisted entirely of Group 2 populations—medically ill/mentally ill, neuro-behavioral, Huntington’s disease, and substance use disorder. (Testimony.)
5. Her titles have changed slightly over the years. She started as a clinical social worker (CSW) A/B, from 1993 through 2001. She was then promoted to CSW C for a few months in

2001. Finally, her current role is CSW D, which she started in December 2001.¹ (Testimony; ex. R1.)

6. The job description for CSW D lists the position title as “Director of Clinical Social Work Service.” The Petitioner wrote that the “functional title was CSW Supervisor.” (Exs. R1 & P1.)

7. Broadly speaking, when she began as CSW A/B, outside of some administrative responsibilities, the Petitioner worked directly with patients. Almost all of what she did was direct care:² for example, she ran groups regarding cognitive orientation; she accompanied patients to various activities; she helped patients with discharge planning, such as putting their financial affairs in order; she assisted them with legal issues like clearing a warrant or accompanying them to court; she worked with them on their care and long-term options; she assisted patients and families to coordinate guardianship and health care proxies; and she advocated for patients during discharge planning (such as interviews for placement).

(Testimony; exs. P-P6.)

8. Although she did not provide direct care 100% of her time because her job, like most jobs, required some administrative tasks, she still provided direct care more than half the time.

(Testimony.)

¹ The Petitioner wrote in a narrative, and testified at the hearing, that she was promoted to CSW D in 2001. Her HR representative filled out her application indicating she was a CSW III until “12-29-01” and then became a CSW D on “12-30-10.” There was no information about any positions between those two. Thus, given the Petitioner’s testimony and other documents, I infer the HR employee accidentally wrote “10” instead of “01” and meant to say the Petitioner was promoted to CSW D on December 30, 2001.

² Some of what she did might also be considered instruction and/or supervision. Because that is also group 2 work, and any combination of those duties would qualify her for group 2 status, I use the shorthand of “direct care” to describe all of it collectively.

9. The percentage of time she provided direct care began to change when she was promoted to her current position, CSW D. This new position required her to work less with patients and to do more administrative or supervisory work. (Testimony.)

10. Her prior job descriptions focused entirely on the care she provided for her clients. The job description for CSW D focuses more on her administrative/supervisory duties. Her general duties require her to design and implement programs to meet the patients' needs. She also must "supervise all Clinical Social Work C's and their staff." (Ex. R1.)

11. The specific responsibilities in her job duties are almost all related to supervisory and administrative duties, including performance reviews, monthly case reviews, professional development, attending hospital interdisciplinary and general management meetings, etc. (Ex. R1.)

12. To be sure, she is also required to "cover individual cases as appropriate," which normally happens during employee absences or for particularly "high-profile cases."³ (Testimony; ex. R1.)

13. When she first began as a CSW D in 2001, she supervised two clinical social workers. "Supervise" means she did things like complete employee performance reviews, audit their work, deal with HR issues, and approve time off. Some of her supervision involved talking to social workers about their patients' cases and then overseeing the social workers provide care to those very patients. (Testimony.)

³ The Petitioner used this term which I interpreted to mean particularly difficult or needy clients.

14. She spent about 2-3 hours a week conducting these tasks. (Testimony.)

15. Over time her duties increased, particularly around 2012 when her own supervisor left.

At that point, she began doing additional administrative tasks such as approving weekly timesheets, overseeing discipline, hiring and firing employees, making unit assignments, and signing taxi vouchers. (Testimony.)

16. Also, the number of people she supervised increased. She conducted one-to-one supervision of three other employees; she had oversight of another six employees. (Testimony.)

17. Accordingly, it was around this time that she stopped having her own caseload. She continues to provide direct patient care, but only in the context of covering for absent employees or areas that are short-staffed. (Testimony.)

18. She also has management responsibilities. She attends a general management meeting once a month and a clinical concern meeting twice a month, she runs a monthly report, and she runs a staff meeting once or twice a month. Each of these tasks takes about one hour, so that equals about five to six hours a month of managerial duties. (Testimony; ex. R1.)

19. She now spends about two hours a day doing tasks not involving a patient. (Testimony.)

20. Recently, the hospital has brought on more staff. This has reduced the number of people she has to supervise. It even allows her to do some things that are not necessarily part of her job but include direct care, such as feeding patients. (Testimony.)

21. All in all, while the Petitioner's supervisory and administrative duties certainly increased a little when she became a CSW D in 2001, and more when her supervisor left in 2012, they did not overtake her primary duties of caring for patients. (Testimony.)

22. The Petitioner's recall of dates and percentages of times was not perfect. But I find she seemed to overestimate the time she spent on administrative and supervisory tasks; even then, her calculations mean these tasks only occupy, at most, two hours a day and five to six additional hours a month. The rest of the time she continues to provide the same care she provided all her career, either to her own patients or in covering for other employees.

DISCUSSION

A member's retirement compensation is based, in part, on their group classification. Members are classified into four groups. G.L. c. 32, § 3(2)(g). Group 2 includes employees whose "regular and major duties require them to have the care, custody, instruction, or other supervision of," among others, persons who are mentally ill or developmentally disabled. *Id.*; *Burke v. State Bd. of Ret.*, CR-19-0394, 2023 WL 5528742, at *2 (Div. Admin. Law App. Aug. 18, 2023). "[A]n employee who spends more than half of his or her time 'engaged in 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.'" *Desautel v. State Bd. of Ret.*, CR-18-0080, *3, 2023 WL 11806157, at *2 (Contributory Ret. App. Bd. Aug. 2, 2023).⁴ That said,

⁴ The Petitioner held several different positions over the years. On her retirement application, the Petitioner checked the box indicating that she was not seeking pro-rated service but then wrote she was seeking group 2 for her positions from 1993 – 2025. Her employer filled out the form describing all her jobs from 1993 through 2025. And everything she has submitted includes a summary of her jobs from 1993 to the present, not just her last year. Thus, although she checked that she did not want to seek pro-rating, her application was consistent with an effort to seek pro-rated service.

This is not the first time I have seen an application filled out like this. I have written about this before because the form often appears to cause confusion. *Dubois v. State Bd. of Ret.*, CR-23-0041, 2025 WL 3679269, at *1 n.1 (Div. Admin. Law App. Dec. 12, 2025). Indeed, when I asked the Petitioner if she knew what pro-rating meant she did not give me a cohesive

care “does not include administrative or technical duties.” *Larose v. State Bd. of Ret.*, CR-20-357, 2023 WL 4548411, at *2 (Div. Admin. Law App. Jan. 27, 2023), *aff’d*, 2024 WL 4201310 (Contributory Ret. App. Bd. Sept. 4, 2024). While a job description is helpful evidence of actual duties, it is not dispositive. *Daley-Horgan v. State Bd. of Ret.*, CR-22-0227, at *6, 2024 WL 5107627, at *6 (Div. Admin. Law App. Dec. 6, 2024).

There is no dispute that the Petitioner has worked with Group 2 populations throughout her career. Her patients were almost all mentally ill, and some were developmentally disabled, both populations enumerated in Group 2. *O’Neil v. State Bd. of Ret.*, CR-23-0154, 2025 WL 1529241, at *3 (Div. Admin. Law App. May 23, 2025); *Greenwood v. State Bd. of Ret.*, CR-22-0066, 2024 WL 3326226, at *6 (Div. Admin. Law App. June 7, 2024).⁵ The only question is whether she provided care to this population more than 50% of the time.

“Care” in this context means providing “direct care.” Direct care is not merely “performing some discrete service but taking on responsibility for some aspect of

answer. She said she knew what pro-rating was and then said “but I was under the impression that it wasn’t appropriate, and I don’t know why.”

In any event, because these hearings are *de novo*, and the Petitioner is entitled to pro-rating if she qualifies, I may consider her service before her last 12 months to see if any of it qualifies for group 2 classification. *Burnes v. State Bd. of Ret.*, CR-21-0084, 2023 WL 7018537 (Div. Admin. Law App. Oct. 20, 2023), *aff’d*, 2025 WL 2902416 (Contributory Ret. App. Bd. Sept. 10, 2025).

⁵ The Board did not dispute that the Petitioner worked with group 2 populations. At this point, our cases have well established that a large majority of, if not all, patients at Tewksbury Hospital are considered a group 2 population. *See Byron v. State Bd. of Ret.*, CR-22-0579, 2026 WL 539316, at *5 (Div. Admin. Law App. Feb. 20, 2026); *Hanson v. State Bd. of Ret.*, CR-22-0268, 2024 WL 4432417, at *3 (Div. Admin. Law App. Sep. 27, 2024); *Small v. State Bd. of Ret.*, CR-22-0113, 2024 WL 4582635, at *4-5 (Div. Admin. Law App. Aug. 9, 2024); *Greenwood v. State Bd. of Ret.*, CR-22-0066, 2024 WL 3326226, at *6-7 (Div. Admin. Law App. Jun. 7, 2024); *Zeltan v. State Bd. of Ret.*, CR-22-0457 (Div. Admin. Law App. Feb. 9, 2024).

an individual's well-being." It connotes "charge, oversight, watchful regard, and attention." . . .

Prior DALA decisions provide that certain case management activities—such as helping a client gain access to services and benefits, ascertaining whether a client is benefitting from services, and advocating on a client's behalf with service providers and public entities—may ground a Group 2 classification if these activities require meaningful interactions with clients.

O'Neil, supra, at *3-4 (citations omitted). In *O'Neil*, I found Ms. O'Neil provided direct care because she spent her time:

performing a variety of direct care duties: she personally provided her clients with rides to and from medical/social appointments, advocated on their behalf to medical providers, assisted clients in completing their bills, filled out service applications on their behalf, ensured clients were following their personal treatment plans, and conducted random client check-in assessments.

Id. at *4. This nicely describes the Petitioner's interactions with patients in this case. Her work involves direct interactions by doing things that help her patients heal, cope with their illness, and prepare for their future. Thus, through 2012, the Petitioner provided direct care more than half the time and clearly qualifies for Group 2 classification for that time.

At the hearing, the Board did not really dispute that the Petitioner performed Group 2 service prior to 2012. It argued, however, that her supervisory and administrative duties changed significantly enough that, at that point, they took up more than half her time. To be sure, in 2012, the Petitioner was supervising more social workers. That in and of itself brought more administrative duties to the other administrative duties her position now required. But even by her own overestimates of the amount of time she spent supervising and on administrative tasks, these tasks were not overtaking her direct care duties. They added a few hours a day and a few more hours a month at most.

Her promotion meant that she did not carry her usual caseload outside of a few “high profile” cases; but it did require her to fill in for absent employees or in short-staffed units. *Pierre v. State Bd. of Ret.*, CR-24-0675, 2026 WL 1256776, at *4 (Div. Admin. Law App. May 1, 2026), *citing cases* (“Filling in for an absent subordinate may constitute Group 2 eligible work if it is with a relevant population.”). This meant the Petitioner continued to provide direct care. And, as it turns out, she continued to provide this care for most of her time as there was a high need for her involvement.

CONCLUSION AND ORDER

The Board’s decision denying the Petitioner’s request for Group 2 status is *REVERSED*.

SO ORDERED.

DIVISION OF ADMINISTRATIVE LAW APPEALS

Date: May 22, 2026

Eric Tennen

Eric Tennen
Administrative Magistrate