



WELCOME LETTER

Dear Caregivers,

Welcome to MASS Services! Our mission is to support individuals in achieving their full potential by using evidence-based Applied Behavior Analysis (ABA) strategies that are tailored to everyone's unique needs and strengths. We believe that everyone has the potential to lead a fulfilling life, and we are committed to helping individuals overcome barriers and achieve their goals.

At our organization, we take a personalized approach to every client we serve. We understand that every individual is unique, and we tailor our services to meet their specific needs and strengths. Our team of highly trained and experienced professionals uses evidence-based ABA strategies to promote skill development and independence in a variety of functional and community settings.

We are dedicated to empowering individuals to develop the skills they need to be independent, socialize with others, and participate meaningfully in their communities. We believe that everyone deserves the opportunity to live a happy, fulfilling life, and we are committed to helping individuals achieve that goal.

Our services are 100% integrated in functional and community settings, which means that we work closely with our clients in their natural environments to ensure that they can generalize their skills and thrive in the real world. We believe that this approach is essential to promoting long-term success and independence for our clients.

Thank you for choosing MASS Services LLC. We are grateful to have you here and we look forward to serving you!

With Gratitude,

A handwritten signature in black ink, appearing to read "J. Lakey". The signature is fluid and cursive, with a large loop at the end.

Jasemine M Lakey MS BCBA

Chief Executive Officer

www.masssvcs.com

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Diversity, Equity, & Inclusion

At MASS Services LLC, we are dedicated to fostering an inclusive environment where every individual's unique talent, experiences, and perspectives are valued. Our commitment lies in promoting diversity, equality, and inclusion across all aspects of our organization. We strive to cultivate a workplace where everyone feels welcomed, respected, and empowered. By embracing the diversity within our workforce, we aim to harness its full potential to drive success for both our clients and our staff.

Our Clinical Services Framework

- Social Skills
- RBT → BCBA Supervision

Excessive cancellations have been shown to disrupt programming and may negatively impact clinical quality. Except in cases of emergency, 24 hours' notice is required for all canceled appointments. In addition, we request that families give us at least two weeks' notice on all permanent scheduling changes to facilitate consistency in service delivery.

CANCELLATION POLICY UPON REQUEST.

Clinical Department

Each child is assigned a Clinical Team as follows:

- Board Certified Behavior Analyst
- Clinical Supervisor* (excluding two-tier model insurance providers)
- Behavior Technician



INFORMED CONSENT

Client's Name: _____ DOB: _____

I, _____, agree to have my child evaluated/treated at MASS Services LLC. I understand that the services that my child will receive are based on an applied behavior analysis (ABA) treatment model and that they will be provided by professionals trained in ABA. I understand that state laws may require that confidentiality be broken under certain circumstances - Specifically, if I am judged by the behavior analyst to be of danger to myself and/or others, gravely disabled, or if there is suspected child abuse.

I also understand that MASS Services LLC specializes in the evaluation and treatment of maladaptive behaviors as well as the teaching of socially significant life skills, and that if MASS Services LLC is unable to meet my family's specific needs, I will be referred to an appropriate agency or individual who may be a better fit.

Services: MASS Services LLC implements services rooted in the science of Applied Behavior Analysis. A variety of techniques are integrated and utilized during treatment. Children under the age of 18 will require a parent's signature (or legal guardian) to receive any form of treatment.

Any concerns that have not been resolved by the assigned clinical team within two weeks should be directed to our Clinical Director at jlakey@masssvcs.com

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date



Parent Commitment to Treatment

Your cooperation on the following is integral to the success of your child. MASS Services LLC sets the following expectations to promote a collaborative and supportive relationship between each client's family and their Clinical Team:

Wellness Policy

If your child is sick, please notify your Clinical Team with as much notice as possible so that your therapy session can be rescheduled. Parents are asked to use the same guidelines used at school – if a child (or sibling) is too sick to attend school, he or she is too sick to participate in his/her therapy session. If a Behavior Technician arrives at the home and the child is sick, the Technician will be required to reschedule the session. Our Wellness Policy includes, but is not limited to the following symptoms:

- Temperature above 100
- Communicable Disease (i.e., the common cold or the flu)
- Hand/Foot/Mouth Disease
- Vomiting
- Measles, Mumps, Chicken Pox
- Diarrhea
- Strep Throat
- Lice
- Rash
- Pink Eye

Safety

MASS Services LLC staff is not permitted to ride in the car with a parent, or allow a client or client's family to ride in the employee's vehicle, no matter who is driving, under any circumstances.

In case of an accident or unusual incident, the Technician will complete a Special Incident Report. The family, the Clinical Team, and the Regional Clinical Director will be informed within one [1] business day and a copy of the executed SIR will be distributed to all parties within 72 hours following the event.

Relationship

Parents and staff should be respectful and courteous toward each other. Discrimination or hostility toward a MASS Services LLC staff member will not be tolerated.

Open communication between parents and their child's Clinical Team is essential to the establishment of a successful program for the child. If there are any programming questions or concerns, please contact your child's Clinical Supervisor or Behavior Analyst to collaborate on a resolution.



Our Commitment to You

Clinical Practices

1. MASS Services LLC will provide evidence-based applied behavior analysis therapy that is consistent with the principles of ABA, informed and updated with the most up-to-date research adapted to the individual, their behaviors of excess, skill deficits and their values.
2. Staff will adhere to all professional and ethical guidelines set forth by the BACB Code of Conduct for Behavior Analysts and Registered Behavior Technicians.

Scheduling

3. Staff will contact family to communicate session time changes and cancellations.
4. Staff will follow the Wellness policy at all times to prevent the spread of illness.
5. Staff will make every effort to make up treatment hours whenever applicable.

Professionalism

6. Staff will respect personal, professional, and cultural boundaries of all clients and families and at all times.
7. We have a zero-tolerance policy for discrimination or harassment at MASS Services LLC. This includes but is not limited to discrimination against one's age, gender, pregnancy, abilities, sexual orientation, religion, nationality, race, and ethnicity.

Communication

8. Staff will maintain an open line of communication, by returning all emails, phone calls and text messages within 24 business hours for urgent matters and 48 hours for non-urgent matters.
9. In the interest of client privacy, all clinical staff are prohibited from soliciting and sharing testimonials from current clients. However, MASS Services LLC values feedback from families and will conduct Consumer Experience surveys with parents as a Quality Assurance measure periodically throughout the treatment relationship. Feedback statements will not be utilized on any social media platform without expressed written consent from the parent.

Mandated Reporting

10. All MASS Services LLC staff are mandated to report abuse or suspected abuse. If we have reason to suspect that a client or other minor is being abused, we are required to report this (and any additional information upon request) to the appropriate state agency. If we believe that a client is threatening serious harm to him/herself or others, we are required to take protective actions, which could include notifying an intended victim, a minor's parents, or others who could provide protection, or seeking appropriate hospitalization.



Grievances - Parent Concerns Regarding Professional Practices

MASS Services LLC wholeheartedly supports any consumer who comes forward with any claim of inappropriate or unacceptable professional practices. Grievance information will be provided upon request.

To report a Professional or Ethical Concern that has not been resolved by your Clinical Supervisor or Behavior Analyst, please contact our internal Ethics Officer as follows:

Jasemine Lakey
(909) 921-1404

During your call our Ethics Officer will document all information provided, perform a full investigation of the concerns brought forth, and develop a clear and executable action plan to remedy the issue(s). Once the investigation is complete, the Ethics Officer will share the resolution plan with the family.

Parents may also report any concerns that have not been resolved by any member of our team directly to their child's Insurance Company by filing a formal grievance. Any conflicts are resolved in the best interest of the patient regardless of other stakeholder interests such as third-party insurance companies. Once a grievance is filed, your insurance company will document the incident and contact MASS Services LLC regarding your concerns, along with instructions for remitting a plan of corrective action. Please note, retaliation for the submission of any parent complaint or grievance, whether internally or externally, is unlawful and will not be tolerated at MASS Services LLC.



SERVICE DELIVERY MODEL

Social Skills Training

Should your child be eligible* to participate in our Social Skills Training, the following information will apply. A release of liability will be included, and must be reviewed and signed by a legal parent or guardian. Failure to complete the required forms by the deadline provided may result in your child not being eligible to attend.

*Client eligibility must be determined by completion of a formalized Social Skills Assessment.

CLIENT PRIVACY, CONFIDENTIALITY + RELEASE OF INFORMATION

Notice of Privacy Practices

This notice describes how protected health information about a client may be used and disclosed and how the client can gain access to this information. Please review it carefully.

Health Insurance Portability and Accountability Act (HIPAA)

MASS Services LLC collects private and/or potentially sensitive medical information about each client and/or the client's family. This notice explains the client's privacy rights and addresses how MASS Services LLC may use and disclose protected health information. MASS Services LLC does not use or disclose protected health information unless permitted or required to do so by law. MASS Services LLC must adhere to laws aimed at securing the privacy of the client's protected health information. These laws are known as the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. When we do use or disclose protected health information, we will make every reasonable effort to limit its use or the level of disclosure to the minimum we deem necessary to accomplish the intended purpose. Please note that the privacy provisions articulated in this notice do not apply to health information that does not identify the client.

Protected Health Information

Protected health information is information about the client relating to a past, present, or future mental health condition, treatment, or payment for treatment that can be used to identify the client. This includes any information, whether oral or recorded in any form, that is created or received by MASS Services LLC. This also includes electronic information and information in any other form or medium that may enable another party to identify the client. Examples of information that can identify a client include, but are not limited to the following:

- Client's First and Last Name
- Telephone Number
- Address
- Date of Birth
- Social Security Number
- Service Start/End Date
- Diagnosis



Permitted Uses And Disclosures Of Health Care Information

We may use or disclose the client's health information without the client's permission in the following circumstances, subject to all applicable legal requirements and limitations:

Required By Law

MASS Services LLC must make any disclosures required by federal, state, or local law. These may include, but are not limited to, disclosures pertaining to: the reporting of abuse or neglect; court orders, subpoenas, warrants, or other lawful processes; identification/location of a suspect, fugitive, witness, missing person, or crime victim; crime on our work premises; or a serious, imminent threat. Employees of MASS Services LLC are designated as Mandated Reporters.

Public Health Risks

We may make disclosures for public health reasons in order to prevent or control disease, injury, or disability; or to report births, deaths, disease or condition, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities

We may disclose protected health information to agencies authorized to receive reports for health oversight activities for audits, investigations, inspections, licensing purposes, or as necessary for certain government agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits, Disputes, or Other Legal Proceedings

We may make disclosures in response to a subpoena or court or administrative order, if the client is involved in a lawsuit or dispute, or in response to a court order, subpoena, warrant, summons or similar process, or if requested to do so by law enforcement.

Serious Threat to Health or Safety; Disaster Relief

We may disclose information to appropriate individual(s)/organization(s) when necessary (a) to prevent a serious threat to the client's health and safety or that of the public or another person, or (b) to notify the client's family members or persons responsible for the client in the course of a disaster relief effort. We will disclose protected health information only to persons we believe to be able to lessen/prevent the threat and will limit the disclosure to that which we deem necessary to lessen or prevent the threat.



The Client's Rights Regarding The Client's Health Information

The client has certain rights regarding his/her health information, which are listed below. In each of these cases, if the client wants to exercise his/her rights, the client must do so in writing via email to intake@masssvcs.com Right to Inspect and Copy

- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper Copy of This Notice

If the client or client's guardian believes that his/her privacy rights have been violated, contact:

Office of Civil Rights, Medical Privacy Complaint Division U.S. Department of Health and Human Services
200 Independence Avenue, S.W. HHH Building, Room 509H Washington, D.C. 20201
Phone: (866) OCR-PRIV (627-7748) TTY: (886) 788-4989 www.hhs.gov/ocr

The client will not be penalized for filing a complaint and the client will continue to have the same access to services with MASS Services LLC.

Acknowledgment and Receipt:

I acknowledge that I have received a copy of MASS Services LLC's Notice of Privacy Practices. I further acknowledge that I have reviewed and understand the information presented in this notice, including the appropriate contact information for the part(ies) that I should contact in the event that I have any further questions, concerns, requests, or complaints regarding any of the subject matter herein.

Client's Name: _____ DOB: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date



PERMISSION TO CAPTURE + SHARE MEMORIES

Client's Name: _____ DOB: _____

I give permission for MASS Services LLC to collect the following images of my child and/or myself during the time that my child is enrolled in services.

- Photographs
- Videos
- Audio Recordings

I understand that my child's images may be used for any of the following purposes (please check to indicate consent for each:

- For internal communications between the clinical team and the family
- For **internal** promotional or marketing materials
- For **external** promotional or marketing materials
- For educational training presentations
- NONE

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date

Expiration Date: yearly updated

This release will remain in effect for one year unless otherwise stipulated or revoked in writing by sending an email to Intake@masssvcs.com. This agreement can be rescinded at any time without penalty. All permissions outlined herein will be rescinded immediately upon receipt of the parent's written revocation.



Social skills booking links

All packages require enrollment fees to be paid. Fee's are used to purchase materials, snacks, and other operating expenses for the social skills program.

Package 1:

Starter Package <https://book.stripe.com/cN2dSj5f52Voav63cB>

MASS
Social Skills Program
STARTER PACKAGE
A great introduction for short-term support or trial sessions.

- ✓ Price: \$60
- ✓ Duration: 4 Hours

ENROLL NOW →

Visit Our Website www.massvcs.com For More Information 908-680-0097

The flyer features a dark blue background with a yellow border. It includes the MASS logo, a photo of a young girl playing with toys, and decorative elements like a butterfly and stars.

Package 2:

Growth Package <https://book.stripe.com/00geWnazp8fl6eQdRj>

MASS
Social Skills Program
GROWTH PACKAGE
Focused on consistent progress and skill-building over several sessions.

- ✓ Price: \$480
- ✓ Duration: 24 Hours

ENROLL NOW →

Visit Our Website www.massvcs.com For More Information 908-680-0097

The flyer features an orange background with a yellow border. It includes the MASS logo, a photo of a young girl playing with toys, and decorative elements like a butterfly and stars.



Package 3:

Advanced Package <https://book.stripe.com/4gw15x0YPanQ6eQ00u>

MASS

Social Skills Program
ADVANCE PACKAGE

Designed for in-depth learning and more comprehensive development.

✓ **Price: \$720**
✓ **Duration: 40 Hours**

ENROLL NOW →

Visit Our Website www.massvcs.com For More Information **908-660-0087**

The advertisement features a central circular image of two young children smiling and playing with colorful balloons. The background is a warm, golden-brown color with decorative elements like a butterfly and stars.

Package 4:

Comprehensive Package <https://book.stripe.com/28o7tV5f50Ngbza6oT>

MASS

Social Skills Program
COMPREHENSIVE PACKAGE

Ideal for those looking for a complete and immersive experience with maximum benefits.

✓ **Price: \$880**
✓ **Duration: 48 Hours**

ENROLL NOW →

Visit Our Website www.massvcs.com For More Information **908-660-0087**

The advertisement features a central circular image of three children smiling together. The background is a dark green color with decorative elements like a butterfly and stars.



CREDIT CARD PRE-AUTHORIZATION FORM

[For Commercial Insurance Patients Only]

I authorize MASS Services LLC to keep my signature on file and to charge the credit card selected below for the following:

Payment Type:

- Copay per Day: \$ _____
- Copay per Session: \$ _____
- Coinsurance: _____%

This authorization is applicable to the following family members:

_____	_____
[Authorized Family Member]	[Authorized Family Member]
_____	_____
[Authorized Family Member]	[Authorized Family Member]

Credit Card Type:

- Visa
- Mastercard
- Discover
- Amex

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____ Expiration Date: ____/____

Cardholder Signature: _____ **Date:** ____/____/____

I understand that I will receive an invoice via email for all copays and coinsurance charges as designated by my insurance plan. I understand that I am responsible for communicating any insurance changes that may impact my



copay or coinsurance amount to the MASS Services LLC Finance Department intake@massvsc.com prior to my card being charged. I understand that failure to pay may result in delay, interruption, or termination of services.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INSURANCE CARRIER

I understand that my express consent is required to release any healthcare information relating to assessment and treatment. I, _____, hereby give my consent for MASS Services LLC to release medical and other relevant information to our insurance carrier as required by my/our insurance carrier to process medical billings.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

_____ Date



ATTACHMENT A

Social Skills Enrollment Form

Parent Name:		Enrollment Date:	
Child's Name:		Primary Phone:	

Known Allergies: _____

Dietary Exclusions: _____

Medications: _____

Emergency Contact(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Authorized Pick-Up Person(s): _____

LIABILITY WAIVER

I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by undefined. I acknowledge that MASS Services LLC will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event that MASS Services LLC is unable to reach the parent, guardian, or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize MASS Services LLC and its employees to provide for, approve and authorize health care at a hospital if necessary.

I've read the above & agree*

Initial: ____

PHOTO/VIDEO RELEASE

I hereby grant and authorize MASS Services LLC the right to take, edit, copy, publish, distribute, and make use of any and all pictures or videos taken of my child(ren) to be used in and/or for legally promotional materials and digital communications via the Company's Parent Communication App. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned.

I've read the above & agree*

Initial: ____



DISCLOSURES

- I understand that I am entitled to a tour of my Treatment Center of choice prior to enrolling my child in Center-Based services.
- I understand that I will be required to attend a Parent Orientation with a Treatment Center Program Manager prior to the onset of Center-Based services.
- I understand that to protect the confidentiality of other Treatment Center clients, parents, guardians, or other family members will not be permitted to observe clinical sessions without the expressed written permission of the Clinical Management Team.
- I understand that MASS Services LLC uses cloud-based apps (i.e., Gmail, Adobe, Rethink, DocHub, etc.) to record data, request signatures, store information, and communicate with guardians. I give my consent to receive communication regarding my child, his/her services, and special announcements via any platforms that MASS Services LLC chooses to use to convey information that is pertinent to my child’s program.
- I understand that children who receive Center-Based services may participate in snack and meal times and that it is my responsibility to keep MASS Services LLC informed, in writing, of all diet and medication changes. In addition, I understand that if I would prefer to opt out of snack and meal times, I may send food items from home for my child to consume during structured meal times.
- I understand that MASS Services LLC staff members are not authorized to store or administer any medications in the Treatment Center and that if my child requires scheduled medications during his/her sessions, I have the option to appoint myself or an authorized party to conduct a visit to administer medication(s) during therapy sessions or I may choose to receive services in my home.
- I understand that MASS Services LLC celebrates special occasions (i.e., birthdays and holidays) and that I may choose to opt out of allowing my child to participate in any special occasion at any time by communicating my preferences with the clinical team in writing.
- I understand that MASS Services LLC will provide coverage for Provider Cancellations for all clients receiving services in our Treatment Center and that in rare cases, I may not be informed of sudden staffing changes until I arrive to drop off my child.
- I understand that MASS Services LLC is required to host fire drills at least quarterly and that my child will be required to participate in all portions of the drill, which may include evacuating the building.
- I understand that my participation in Parent Coaching is vital for communication with the clinical team as well as generalization across home-center settings. I further understand that refusal to participate in Parent Coaching or respond to correspondence from my child’s clinical team may result in dismissal from Center-Based services and transition to my home.
- I understand that my child’s treatment session may be observed by MASS Services LLC staff members not on my clinical team for training and/or quality purposes.
- I understand that my child’s continued enrollment in Center-Based Services is contingent on a number of clinical, safety, and social factors and that MASS Services LLC reserves the right to recommend discontinuation of my child’s Center-Based services and transition to Home-Based services at any time based on these factors.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS WAIVER, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASES. I SIGN THIS WAIVER VOLUNTARILY AND OF MY OWN FREE WILL.

For non-clinical questions and concerns related to our Treatment Center, please contact Jasemine Lakey, Clinical Director at jlakey@masssvcs.com.

Acknowledgment

Name (Printed):

Signature _____ Date _____



ATTACHMENT B

Parent Questionnaire

Child Information

Child Name: _____

Date of Birth: _____

School or Daycare Attending (if applicable): _____

Parent/Guardian Information

Parent or Guardian Name (s): _____

Contact Number: _____

Email Address: _____

Address: _____

Goals for Social Skills Development

Briefly describe the main reason(s) for enrolling your child in the social skills class.

What are your goals for your child's participation in the play center services?

What specific areas of social skills development do you believe your child needs help with (check all that apply)?

- Developing friends
- Following rules
- Understanding social cues
- Empathy and understanding
- Sharing and turn-taking
- Communication skills
- Play and cooperation.
- Problem-solving and conflict resolution

Are there any specific behaviors or skills you'd like to see improved or would like the class to focus on through the social skills program?



Current Skills and Behaviors

How would you describe your child's personality and temperament (check all that apply)?

- Outgoing extroverted
- Shy and introverted
- Energetic and active
- Calm and easygoing
- Sensitive and empathetic
- Stubborn and strong-willed
- Anxious and cautious
- Curious and imaginative

What are your child's strengths and interests? (favorite activities, hobbies, toys, etc.)

Has your child experienced any challenges with communication? YES NO

Additional notes (if any) _____

Is your child comfortable interacting with peers and making friends? YES *If not, please describe any challenges your child faces in social situations (e.g., prefers to play alone, plays well with others, needs guidance)*

Has your child exhibited any behavioral concerns or difficulties in the past? YES NO

If yes, please provide details _____



Previous Services and Support

Is your child currently attending school or has your child received any previous therapy or support services? YES NO

If yes, please describe: _____

Are there any strategies or interventions that have helped support your child's social or communication skills? YES NO

If yes, please describe: _____

Has your child previously attended any social skills classes or groups? YES NO

If yes, please describe: _____

Health and Safety Information

Does your child have any medical conditions, allergies, or dietary restrictions we should be aware of? YES NO

Is your child currently taking any prescribed medications? If so, please list below. YES NO

Are there any safety concerns we should consider when working with your child? YES NO

Additional notes (if any) _____

Family and Social Environment

Does your child have siblings or close relatives that they regularly interact with? YES NO

If yes, how do they engage with them?

Are there any social situations that your child finds particularly difficult or stressful? (e.g. large groups, new environments, etc.)

How does your child typically respond to changes in routine or environment?



Additional Information

Is there any additional information you would like us to know about your child to help us better support them?

Are there any specific strategies or approaches that have worked well in the past when addressing your child's social challenges?