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PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

Assigned

Score

Alternative Treatment Center Reviewer Scoresheet - Team 2

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

<u>Total</u> Possible

Points

Reviewer Number: __/

MODERN MEDICINE, LLC Applicant Name:

Application Control Number: $\underline{/9-0/67}$ Application Type (\mathscr{D},\mathscr{D}):

Measure/Criterion

Criterion 6

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Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	17
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	5
6.1.3: Methods to control insects that do not include the application of pesticides.		
	20	160
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	16
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	16

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	10-
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	/5
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	/5.
6.2.4: Methods to prevent and test for contamination in extracted products.	20	10
6.2.5: Health and safety standards for lab employees.	20	12

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	10
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	10
6.3.3: Patient education and counseling methods.	15	2
6.3.4: Employee education procedures for patient-facing staff members.	15	0
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	2
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	2

By checking this box, I hereby certify that I, Reviewer _/_, completed a full review of the assigned measures in this application and that these scores represent my work alone.



State of New Jersey DEPARTMENT OF HEALTH PO BOX 360 TRENTON, N.J. 08625-0360 www.nj.gov/health

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

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<u>Alternative Treatment Center Reviewer Scoresheet - Team 1</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number:

modern medicine Applicant Name:

Application Control Number: Application Type: Vertical 19-0167

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 1

Measure 1: Security Plan	. 10	4
Measure 2. Environmental impact plan	10	2 .
Measure 3. Quality control and quality assurance plan	10	5

Measure 1: Background of	20	
principals, board members, and		
owners:		

	,	
Measure 1, Financing plan:	20	
		d

Criterion 4.

Measure 1, Ties to the local	20	
community:		<u>d</u>

Criterion 5.

Measure 1, Research contributions:	10 ·	4
	τ	
		•

Total (add up all assigned scores)	100	1
		18

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	4
Measure 2. Environmental impact plan	10	2
Measure 3. Quality control and quality assurance plan	10	5

Criterion 2

Measure 1: Background of	20	\sim
principals, board members, and		
owners:		C

2

Measure 1, Financing plan:	20	·
Inconto 13 Fillationig Man	20	
,	· ·	

Criterion 4.

Measure 1, Ties to the local	20	\sim
community:		

Criterion 5.

Measure 1, Research contributions:	10	1
·		l

Total (add up all assigned scores)	100	id
· .		8

Dispensing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	5
Measure 2. Environmental impact plan	10	2
Measure 3. Quality control and quality assurance plan	10	5

Measure 1: Background of	20	· · ·
principals, board members, and		2
owners:		C.1

Measure 1, Financing plan:	20	$\widehat{}$

Criterion 4.

Measure 1, Ties to the local	20	
community:		

Criterion 5.

Measure 1, Research contributions:	10	

Total (add up all assigned scores)	100	19	Ì
		L L	

By checking this box, I hereby certify that I, Reviewer ____, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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PHILIP D. MURPHY Governor

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<u>Alternative Treatment Center Reviewer Scoresheet – Scorer 3-2</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 3

Applicant Name: ModerN Medicine LLC

Application Control Number:

19-0167

Measure/Criterion

<u>Total Possible</u> <u>Points</u>

Application Type (C, V, D):

Assigned Score

Criterion 7

Measure 3: Minority-owned, women-				
owned or veteran-owned business	. 1		•	
certification	l		. 1	
		30	4	•

By checking this box, I hereby certify that I, Reviewer <u>3</u>, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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PHILIP D. MURPHY Governor

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Alternative Treatment Center Reviewer Scoresheet - Scorer 3-3

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number:

Applicant Name: MODLAN MEDICINE LLC

Application Control Number: パー・ション Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 4: Workforce and job-creation		e
plan	20	15

Manufacturing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Measure 4: Workforce and job-creation		a contraction of the second
plan	20	15

Dispensary Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	15

 $\not \square$ By checking this box, I hereby certify that I, Reviewer $\underline{\neg \neg}$, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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PHILIP D, MURPHY Governor

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<u>Alternative Treatment Center Reviewer Scoresheet – Team 1</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: 5

Applicant Name: Modern Medicine, LLC

Application Control Number: 19-0167 Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	7
Measure 2. Environmental impact	10	7-
Measure 3. Quality control and quality assurance plan	10	10

Measure 1: Background of	20	· ·
principals, board members, and		19
owners:		//.

19-0167

Criterion 3

Measure 1, Financing plan:	20	17-
		14

Criterion 4.

Measure 1, Ties to the local	20	
community:		16

Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	
		86

Manufacturing Endorsement

.

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	8
Measure 2. Environmental impact plan	10	5
Measure 3. Quality control and quality assurance plan	10	10

Measure 1: Background of	20	
principals, board members, and		, d
owners:		11

19-0167

Measure 1, Financing plan:	20	1

Criterion 4.

Measure 1, Ties to the local	20	
community:		16

Criterion 5.

Measure 1, Research contributions:	10	
		10

Total (add up all assigned scores)	100	85
		0

Dispensing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	7
Measure 2. Environmental impact plan	10	7
Measure 3. Quality control and quality assurance plan	10	10

Criterion 2

Measure 1: Background of	20	
principals, board members, and		IG I
owners:		<i>₹</i> - -

3

19-0167

Measure 1, Financing plan:	20	
		17

Criterion 4.

Measure 1, Ties to the local	20	
community:		16

Criterion 5.

Measure 1, Research contributions:	10 .	
	· ·	(D
		V

Total (add up all assigned scores)	100	86

 \square By checking this box, I hereby certify that I, Reviewer <u>5</u>, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer Number: &

Applicant Name: Modern Medicine LLC

Application Control Number: 19-0167

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10		
		10	
Measure 2. Environmental impact plan	10	5	
Measure 3. Quality control and quality assurance plan	10	9	

Measure 1: Background of	20		٦
principals, board members, and		12	
owners:		1	

Measure 1, Financing plan:	20	17

Criterion 4.

Measure 1, Ties to the local	20	
community:		11+

Criterion 5.

Measure 1, Research contributions:	10	j
		6

Total (add up all assigned scores)	100	81
·····		

Manufacturing Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	5
Measure 3. Quality control and quality assurance plan	10	9

Measure 1: Background of	20	
principals, board members, and		10
owners:		10

Measure 1, Financing plan:	20	
		16

Criterion 4.

Measure 1, Ties to the local	20	
community:		18

Criterion 5.

Measure 1, Research contributions:	10	
		6

Total (add up all assigned scores)	100	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>
		01

Dispensing Endorsement

Measure/Criterion	Total Possible Points	Assigned Score
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Criterion 1

Measure 1: Security Plan	10	10
Measure 2. Environmental impact plan	10	5
Measure 3. Quality control and quality assurance plan	10	q

Measure 1: Background of	20	
principals, board members, and		18
owners:		

Measure 1, Financing plan:	20	
		۱8

Criterion 4.

Measure 1, Ties to the local	20	
community:		18

Criterion 5.

Measure 1, Research contributions:	10	
		16

Total (add up all assigned scores)	100	
		84

D By checking this box, I hereby certify that I, Reviewer ____, completed a full eview of the assigned measures in this application and that these scores represent my work alone.



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Alternative Treatment Center Reviewer Scoresheet – Scorer 3-1

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH.

Reviewer Number: ⁷

Applicant Name: Modern Medicine LLC

Application Control Number: 19-0167

Application Type: Vertical

Cultivation Endorsement

Measure/Criterion

Total Possible Points Assigned Score

Measure 1: Labor Peace Agreement		
	30	30
Measure 2: Labor Compliance Plan		
	20	20

Manufacturing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	20

Dispensing Endorsement

Measure/Criterion

Total Possible Points

Assigned Score

Criterion 7

Measure 1: Labor Peace Agreement	30	30
Measure 2: Labor Compliance Plan	20	20

 \square By checking this box, I hereby certify that I, Reviewer <u>7</u>, completed a full review of the assigned measures in this application and that these scores represent my work alone.

Labor Agreement contained in Manufacturing Part B



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JUDITH M. PERSICHILLI, RN, BSN, MA Acting Commissioner

D):

<u>Assigned</u>

Score

<u>Alternative Treatment Center Reviewer Scoresheet – Team 2</u>

Please refer to the scoring instructions for each measure. Only score the measures which you are assigned, and are applicable to each application. Once you are done scoring all the applications, scan the scoresheets and upload to sharepoint. Retain hard copies to be collected by DOH. Z

> <u>Total</u> Possible

Points

Reviewer Number:

Applicant Name: Modern Medicine

Application Control Number: /9-0/67 Application Type (C

Measure/Criterion

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	18
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	17
6.1.3: Methods to control insects that do not include the application of pesticides.	20	17
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	17
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	20	18

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	15
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	15
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	16
6.2.4: Methods to prevent and test for contamination in extracted products.	20	14
6.2.5: Health and safety standards for lab employees.	20	12

Measure 3: Dispensary plan

6.3.1: Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	9
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	10
6.3.3: Patient education and counseling methods.	15	q.
6.3.4: Employee education procedures for patient-facing staff members.	15	9
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	6
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	2

 \Box By checking this box, I hereby certify that I, Reviewer $\underline{\mathscr{D}}$, completed a full review of the assigned measures in this application and that these scores represent my work alone.



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Reviewer Number: _____

Applicant Name: MODERN MEDICINE, LLC

Application Control Number: <u>19-0167</u> Application Type (C, (), D):

	<u>Total</u>	
Measure/Criterion	<u>Possible</u>	<u>Assigned</u>
measure/criterion	<u>Points</u>	<u>Score</u>

Criterion 6

Measure 1: Cultivation plan

6.1.1: Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	16
6.1.2: Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20	10
6.1.3: Methods to control insects that do not include the application of pesticides.		
	20	15
6.1.4: Methods to prevent and minimize and test for plant disease and other contamination.	20	15
6.1.5: Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.		
	20	16

Measure 2: Manufacturing plan

6.2.1: Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	14
6.2.2: Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	10
6.2.3: Description of the products the applicant intends to manufacture, including information on ingredients (both active and inactive), cannabinoid profile, and dosing and administration method.	20	(2
6.2.4: Methods to prevent and test for contamination in extracted products.	20	13
6.2.5: Health and safety standards for lab employees.	20	13

Measure 3: Dispensary plan

6.3.1 : Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	15
6.3.2: Experience/education in the treatment of patients with qualifying health conditions.	20	14
6.3.3: Patient education and counseling methods.	15	14
6.3.4: Employee education procedures for patient-facing staff members.	15	14
6.3.5: Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	10
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	7

By checking this box, I hereby certify that I, Reviewer _____, completed a full review of the assigned measures in this application and that these scores represent my work alone.