

PO BOX 360 TRENTON, N.J. 08625-0360

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER Lt. Governor

Reviewer Number: \_\_\_

www.nj.gov/health

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

#### <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.

Applicant Name: <u>CAPSTONE WELLNESS CENTER</u>

Application Control Number: <u>/9 - 0 /3 2</u> Application Type (C,X (D)).		
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 6		
Measure 1: Cultivation plan		
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20	
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.		
	20	
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.		
	20	
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20	
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.	,	
	20	Was appropriate to the second

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
<b>6.2.3:</b> 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	
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	
<b>6.2.5:</b> Health and safety standards for lab employees.	20	

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	4
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	12
<b>6.3.3:</b> Patient education and counseling methods.	15	2
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	2
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		
<b>6.3.6:</b> Explanation of how the proposed	15	
dispensary location expands access to patients and caregivers.		
	15	4

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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### Alternative Treatment Center Reviewer Scoresheet - Team 1

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1	•	
Reviewer Number:		
Applicant Name: Capstone	- Wellnew	)
Application Control Number: 19 -0	13み Application Type	(C, V, 6)
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1	,	2-
Measure 1: Security Plan	10	11/1/2
Measure 2. Environmental impact plan	10	2
Measure 3. Quality control and quality assurance plan	10	2
Criterion 2		
Measure 1: Background of principals, board members, and owners:	20	5
Criterion 3		
Measure 1, Financing plan:	20	

#### Criterion 4.

Measure 1, Ties to the local community:	20	12
Criterion 5.		
Measure 1, Research contributions:	10 .	12
Total (add up all assigned scores)	100	28

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



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

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Reviewer Number: 3 Applicant Name: CAPSTONE	Health and	wellness
Application Control Number:	Application Type	o (C, V,(D))
Measure/Criterion	<u>Total Possible</u> <u>Points</u>	Assigned Score
Criterion 7		
Measure 3: Minority-owned, women- owned or veteran-owned business certification		30 25

By checking this box, I hereby certify that I, Reviewer 3, 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**

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

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hard copies to be collected by DOH.	•	<b>1</b>
Reviewer Number:		
Applicant Name: CAPSTON & HEAL	TH AND WELLNE	2.2
Application Control Number: 19-0132	Application Type (C, \	<b>v</b> ,/ <b>b</b> ):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 7		
Measure 4: Workforce and job-creation plan	20	12
,	20	100

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.



#### **DEPARTMENT OF HEALTH**

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JUDITH M. PERSICHILLI, RN. BSN.

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Completed of 13/21

#### Alternative Treatment Center Reviewer Scoresheet - Team 1

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Reviewer	Number:	り

Applicant Name: Capstone Wellness Center, LLC

Application Control Number: 19-0132 Application Type (C, V,D):

#### Measure/Criterion Total Possible Points Assigned Score

#### Criterion 1

Measure 1: Security Plan	10	(0
Measure 2. Environmental impact plan	10	6
Measure 3. Quality control and quality assurance plan	10	6

#### Criterion 2

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

#### **Criterion 3**

Measure 1, Financing plan:	20	10
		, ,

#### Criterion 4.

Measure 1, Ties to the local	20	
community:		10

#### Criterion 5.

Measure 1, Research contributions:	10	6
:		nancy and a second
Total (add up all assigned scores)	100	63

By checking this box, I hereby certify that I, Reviewer 5, 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: $\ell$		
Applicant Name: Capshine Health	n and Welhress	
Application Control Number: \ \( \frac{Q}{1} - 0 \)	32 Application Type	(C, V(D):
Measure/Criterion	Total Possible Points	Assigned Score
Criterion 1		
Measure 1: Security Plan	10	7
Measure 2. Environmental impact	10	<u> </u>

Measure 1: Security Plan	10	17	
Measure 2. Environmental impact plan	10	5	
Measure 3. Quality control and quality assurance plan	10	6	

#### Criterion 2

	<del></del>	·······
Measure 1: Background of	20	_
principals, board members, and		18
owners:		-

#### Criterion 3

	· · · · · · · · · · · · · · · · · · ·		, <del></del>
1	Manager & Einanging plant	20	
ı	Measure 1, Financing plan:	20	
į	• •		70
1	· · · · · · · · · · · · · · · · · · ·		

#### Criterion 4.

Measure 1, Ties to the local community:	20	18
Criterion 5.	,	
Measure 1, Research contributions:	10	8
· ·		
Total (add up all assigned scores)	100	6a

By checking this box, I hereby certify that I, Reviewer <u>6</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 - Scorer 3-1

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hard copies to be collected by DOH.	-	-
Reviewer Number:		
Applicant Name: CASTONE	Wellness Cente	
Application Control Number: 19-0/32	Application Type (C	, <b>v</b> , d):
Measure/Criterion Total Possible Points Assigned Score		
Criterion 7		
Measure 1: Labor Peace Agreement	,	•
	30	30
Measure 2: Labor Compliance Plan	20	2
		i."

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.

Lufon Compliance Plan - refer to stack language 10: laws and hung of attenney to company. No specificity regarding pro-active compliance play



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#### Alternative Treatment Center Reviewer Scoresheet – Team 2

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conceind by Doll.		
Reviewer Number:		
Applicant Name: Capstone Wellness		
Application Control Number: 19-0132	Application Type (C,	<b>v</b> , <b>(b</b> ).
	<u>Total</u>	Assimus
Measure/Criterion	<u>Possible</u> <u>Points</u>	Assigned Score
Criterion 6		

#### Measure 1: Cultivation plan

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

#### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20	
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20	
<b>6.2.3:</b> 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	
<b>6.2.4:</b> Methods to prevent and test for contamination in extracted products.	20	
<b>6.2.5:</b> Health and safety standards for lab employees.	20	

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to qualified patients.	20	13
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	13
<b>6.3.3:</b> Patient education and counseling methods.	15	14
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	9
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.	15	9
<b>6.3.6:</b> Explanation of how the proposed dispensary location expands access to patients and caregivers.	15	9

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Application Control Number: 19-0132 Application Type (C, V,D).			
Measure/Criterion	Total Possible Points	Assigned Score	
Criterion 6			
Measure 1: Cultivation plan			
<b>6.1.1:</b> Overall practices, policies and procedures related to the cultivation of medical cannabis.	20		
<b>6.1.2:</b> Experience in botany, horticulture, and phytochemistry and the application of those sciences in the cultivation of medicinal marijuana.	20		
<b>6.1.3:</b> Methods to control insects that do not include the application of pesticides.	20		
<b>6.1.4:</b> Methods to prevent and minimize and test for plant disease and other contamination.	20		
<b>6.1.5:</b> Methods and practices related to odor mitigation, sanitation and airflow, and employee safety in cultivation environments.			
	20		

### Measure 2: Manufacturing plan

<b>6.2.1:</b> Overview of practices, policies and procedures for manufacturing medicinal cannabis products.	20
<b>6.2.2:</b> Experience/education in biochemisty, laboratory science, engineering and cannabinoid extraction methods.	20
<b>6.2.3:</b> 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
6.2.4: Methods to prevent and test for contamination in extracted products.	20
<b>6.2.5</b> : Health and safety standards for lab employees.	20

#### Measure 3: Dispensary plan

<b>6.3.1:</b> Overview of practices, policies and procedures for dispensing medical cannabis to		
qualified patients.	20	15
<b>6.3.2:</b> Experience/education in the treatment of patients with qualifying health conditions.	20	15
6.3.3: Patient education and counseling methods.	15	i /
<b>6.3.4:</b> Employee education procedures for patient-facing staff members.	15	l a
<b>6.3.5:</b> Plans to recruit and educate health care professionals regarding the dispensing of medical cannabis to qualified patients.		. 1 1
	15	55 7 <b>.</b> .
6.3.6: Explanation of how the proposed dispensary location expands access to patients and caregivers.		
	15	9

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