May 9, 2016

Medical Marijuana of Massachusetts, Inc.
P.O. Box 1650
Plymouth, MA 02362

Re: Request for Information

Dear [Redacted],

This letter is to inform you that the Department of Public Health (“Department”) has reviewed the additional or revised information submitted for Medical Marijuana of Massachusetts, Inc.’s Management and Operations Profile (Application 1 of 1). The Management and Operations Profile requires the following information before the Department may complete its evaluation:

1. In the revised response to Question E.36, applicant states, “In order to participate in the Company’s Financial Hardship Program...the Patient will be required to provide the Company a copy of his/her most recent tax return and documentation to prove that the Patient is a MassHealth beneficiary and/or entitled to receive Supplemental Security Income.” 105 CMR 725.004 defines “Verified financial hardship” to mean that an individual is a recipient of MassHealth, or Supplemental Security Income, or the individual’s income does not exceed 300% of the federal poverty level, adjusted for family size [emphasis supplied]. An RMD may not require that a registered qualifying patient both meet income requirements and receive Mass Health or Supplement Security Income. Please resubmit a completed response to Question E.36 that clarifies the documentation the RMD will require for patients to demonstrate their verified financial hardship in compliance with the Regulations.

Please note that the information submitted by the applicant on April 28, 2016 regarding its Application of Intent (Application 1 of 1) has been reviewed and deemed compliant with the application requirements.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.
Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation and the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11th Floor  
Boston, MA 02111

Upon receipt, the Department will review the information and will notify the applicant if further information is required.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,

[Signature]

Eric Sheehan, J.D.  
Interim Bureau Director  
Bureau of Health Care Safety and Quality  
Massachusetts Department of Public Health