Request for Information (RFI) No. 26607
Medical Marijuana Data Registry

DATE: December 21, 2021

TO: RFI #26607 – **Medical Marijuana Data Registry**

FROM: Maria Rogers, RFI Coordinator DOH

SUBJECT: Amendment No. 1 –Questions and Answers

DOH amends RFI #26607 documents to include: - Questions and Answers

Questions and Answers RFI 26607

Question #1: Based on our work providing our cannabis licensing system to several other states, it appears that the process in Washington is rather unique. For example, most states allow the patient/provider to submit an application from his or her internet enabled device rather than requiring the retail store to process the registration. Along the same lines, many states now allow registered patients/providers to print their own registration card at home (rather than at a retail store/dispensary). We would like to better understand if the Department is seeking a vendor who can meet the requirements exactly as outlined in this RFI or if the Department is taking this as an opportunity to explore new processes/methodologies.

A: WAC 246-71-020 mandates that the medically endorsed retail store is the only location a patient can register in the database and receive their recognition card. The photo must be taken by a medical marijuana consultant.

Question #2: Can you please provide more information specific to invoicing requirement FR-7, FR-25, and FR 26? What is the function of the invoice? Any additional detail would be greatly appreciated.

A: Currently we generate quarterly invoices to medically endorsed retail stores and collect one dollar for every card generated. These invoices are manually created and distributed via email. Retailers pay their amounts due by mailing a check or money order to the Department of Health. We are looking for a more automated process for invoicing and a system where a retailer's invoice would appear on their dashboard. We would like the system to be able to tally up the number of cards created to automate the invoice process. We would like to explore the possibility for a store to pay their invoice online through the store portal.

**Question #3: Requirements P-2 and P-6 appear to be duplicate requirements. Can you please confirm?**

A: Confirmed they are duplicate requirements.

Question #4: What software / solution is currently in use?

A: We currently use Airlift.

Question #5: Does your current solution have integrations? If so, what are they?

A: Yes, see future state diagram below, but please note this does not include the option for online payment processing.
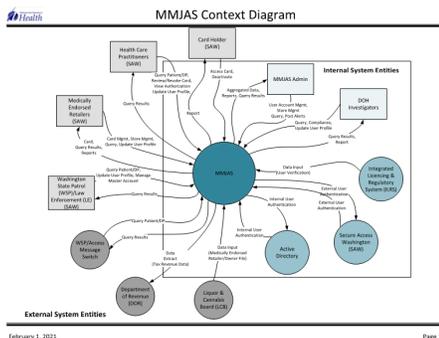
Question #6: Who is the current vendor supporting the solution and are they allowed to bid on this?

A: The current vendor is cloudPWR. This Request for Information is not a competitive solicitation. It is intended to obtain information that may assist the Department in determining the contractual options that may be available. Please refer to the RFI document for additional information.

**Question #7: How many users does the solution currently support?**

A: Our current solution supports approximately 5,073 users. This includes budtenders, certified medical marijuana consultants, and healthcare providers. Please note that this figure does not represent the number of daily users, as some of these accounts while active, may not have been logged into every day.

Question #8: What is the adoption percentage of the current system (how many users use it on a regular basis)?

A: We are not able to provide that information at this time. Our system is unable to capture adoption percentage.

Question #9: Is there categorization or classification of user roles that exist today?

A: Yes, the different end users have different permissions. Please see the visuals provided below.
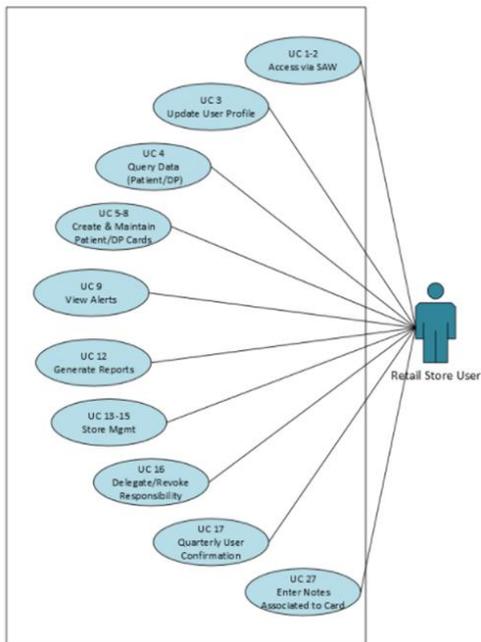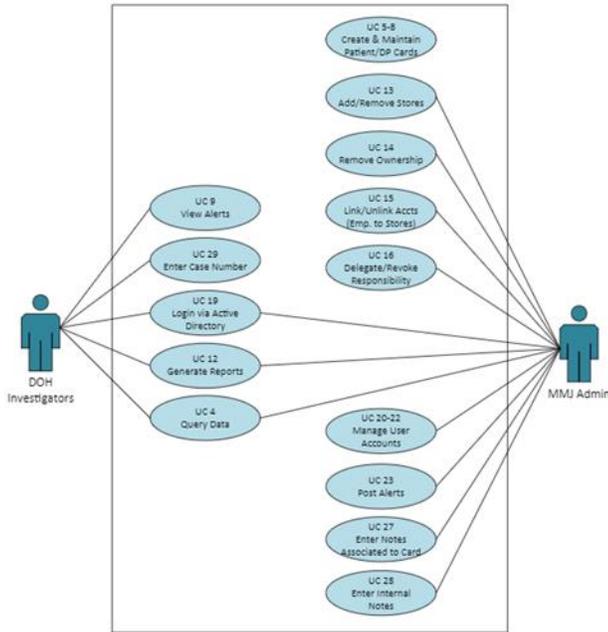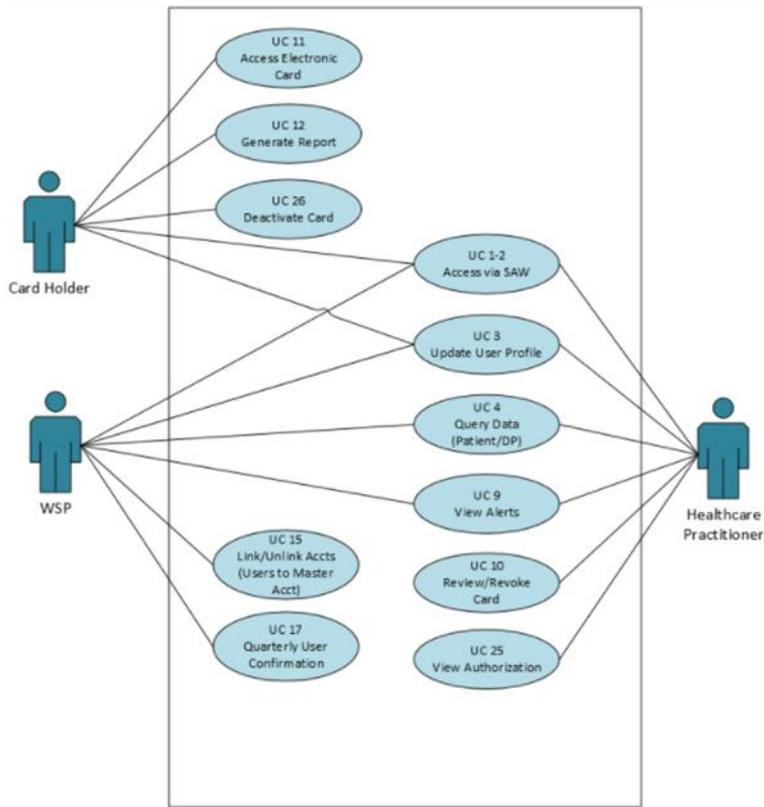
Question #10: How many patients does the system currently handle today? How many providers?

A: To date, the system has processed a total of approximately 98,641 recognition cards for patients and designated providers. At this time, there are approximately 38 active healthcare provider accounts. Please note, healthcare providers who authorize medical marijuana are not required to register in the database in order to write an authorization, but they may create an account and view the patients who they have written authorizations for, if those patients chose to register in the database, or if an authorizing provider registers with their DEA number, they can search for their patients in the database to view prior or current authorization information.

Question #11: Do you have an employee dedicated to owning the current system/solution?

A: Per RCW, the database must be created, implemented, and maintained by the vendor. The medical marijuana program staff are responsible for ensuring that the database exists and are available for tech support for the retail stores and certified consultants as needed.

Question #12: Is there a fee associated with registering for a Recognition Card? If so, is there a chosen payment processor?

A: There is a one-dollar fee to create and issue a recognition card. The patient pays the fee to the medically endorsed retail store at the time they register, and those fees are paid to the Department of Health quarterly. The Treasurer's office administers Financial Institution contracts including banking (ACH) and merchant bankcards. Additionally, the electronic collection of taxes from Cannabis Retailers is currently processed with a contract held by OST.

Question #13: What is the current process for maintenance and support?

A: Maintenance and support operations are all handled through the vendor. The medical marijuana program staff is available to assist with user access issues.

Question #14: **How many applications are submitted annually?**

A: There are approximately 17,471 authorization forms processed through the database annually to the patient and designated provider authorizations

Question #15: How long are you required to retain your data?

A: Please refer to NFR 41.

Question #16: What information is required on the card?

A: The database vendor shall ensure recognition cards contain the following:

- A randomly generated and unique identification number;
- The name of the patient or designated provider;
- For designated providers, the unique identification number of the patient they are assisting;
- A photograph of the patient or designated provider;
- The amounts of marijuana concentrates, usable marijuana, or marijuana-infused products the patient or designated provider is authorized to purchase or obtain at an endorsed outlet;
- The number of plants the patient or designated provider is authorized to grow;
- The effective date and expiration date of the card;
- The name of the health care professional who issued the authorization; and
- Additional security features required by the department to ensure the validity of the card.

Question #17: Can someone make an amendment to their application/card for name or address change?

A: If a patient or designated needs to make a correction to their recognition card or their authorization form, they would need to present the certified consultant with a new form from their healthcare provider, and then a corrected card may be entered into the database and issued to the patient or designated provider.

Question #18: Can we see the current application form for the Medical Marijuana Card?

A: Yes, please see the authorization form provided below.

Clear Form

Washington State Medical Marijuana Authorization

This form must be completed and signed by the authorizing practitioner or delegate. This authorization form is **not** a prescription and does not provide protection from arrest unless the qualifying patient and their designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

I. Patient and Designated Provider Information

Issue Type (check one): ☐ Initial ☐ Renewal

1	Patient's Full Name: (same as state-issued ID)		Date of Birth:
2	Street address: (No P.O. Box)	City:	State: WA Zip:
3	Does the patient have a designated provider (DP)? **(check one below)** ☐ **Yes**, patient sign's **item 6** below, unless they are a minor (under age 18) ☐ **No**, continue to **Section II**		
4	DP or Parent/Legal Guardian's Name:		Date of Birth:
5	Street address: (No P.O. Box)	City:	State: WA Zip:
6	I am an adult patient (18 and older) and agree the person named above will serve as my designated provider. **Patient Signature:** _____ **Date:** _____ (RCW 69.51A.010(4))		

II. Healthcare Practitioner Information

7	Healthcare Practitioner's Name (as it appears on license):	WA License Number: (Example: MD000011110):
8	Office/Clinic Address (No P.O. Box) City:	State: Zip: Phone:

III. In signing this form, I certify and recommend the following:

9. I am a Washington State licensed healthcare practitioner and allowed to authorize my patients to use marijuana for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of marijuana for the qualifying condition(s) below **(check all that apply):**

☐ Cancer   ☐ Chronic Renal Failure Requiring Hemodialysis   ☐ Crohn's Disease

☐ Epilepsy/Other Seizure Disorder   ☐ Glaucoma   ☐ Hepatitis C

☐ HIV   ☐ Intractable Pain   ☐ Multiple Sclerosis

☐ Posttraumatic Stress Disorder   ☐ Spasticity Disorder   ☐ Traumatic Brain Injury

☐ A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical marijuana authorization database per RCW 69.51A.030 **(check one):**

☐ **Yes**, is eligible (Patient's DP may renew database registration on the their behalf)   ☐ **No**, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants **(check one below):**

☐ **Yes**, I recommend _____ number of plants (enter 6-15) ☐ **No** recommendations

12. This authorization was issued _____ (today's date) and needs to be renewed before _____ (expiration date*) *Adult patient authorizations may be valid for up to one year from issue date; up to six months for minor patients.

13. Practitioner's Signature _____ **Date signed** _____

Question #19: What types of reports will retail stores need to run?

A: Currently, retail stores are unable to generate reports from the database, so there is no specific need, but we are hoping that some reporting functionality will be able to provide value to the medically endorsed retailers who choose to work through the database. Some ideas of reports that may add value are a timeline of what days and times cards are generated, and what days and times card verifications through the database are occurring to help with staffing needs and planning. We are open to suggestions as this is not part of the current state of our existing system.

Question #20: Is there a document upload requirement?

A: There is no document upload requirement, but there is a requirement to be able to upload photos into the database, and that photo needs to appear on the recognition card.

Question #21: Is there an eSignature requirement?

A: There is no e-Signature requirement.

Question #22: Is there a current process map that you can share with MTX?

A: Please see the high-level Patient process below.

High-Level Patient Process

Question #23: Does data exist that does not live in the current system/solution

A: We send a tax revenue file to the Department of Revenue for auditing purposes.

Question #24: Is there a preference for the solution to be built on a specific PaaS or SaaS platform? If yes, please specify.

A: Please refer to NFR-29.

Question #25: Is there a preference for COTS (off-the-shelf)?

A: The agency would prefer an off the shelf solution, but we are open to any solution.

Question #26: How many internal users will need access to the system?

A: We are not sure what is meant by internal users.

Question #27: For the on-going maintenance and support, is there any role the agency plans to play such as minor configuration changes, develop reports, etc.?

A: The agency is looking for a system where minor configurations to the system could be managed by certain staff of the department. We are also looking for robust reporting functionality. We would like to be able to configure reports, and access data in a way that is interactive and meaningful to the program and the database's end users.

Question #28: Will there be a historical migration of data from your existing system?

A: Yes, there will be a data migration that would need to take place from our existing system.

Question #29: What are the main applications/systems that support the overall operations?

A: Please see diagram below for applications/systems that support database operations.

MMJAS Context Diagram

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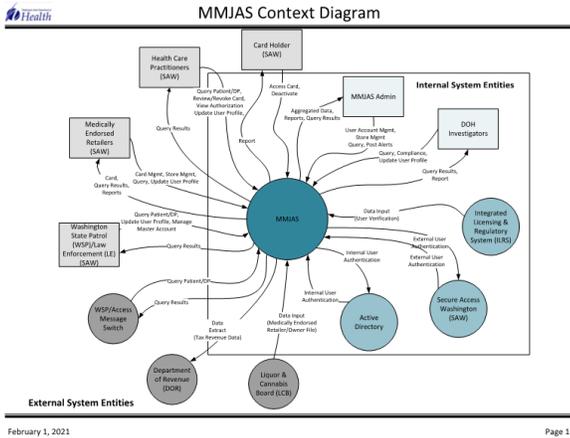
## Question #30: What is the current integration strategy?

A: We do not know what this question means by integration strategy, however our expectation is that the solution must be able to work with our existing interfaces.

Question #31: Any use of real-time APIs? Batch processing?

A: The existing solution utilizes batch processing. The solution must support Service Oriented Architecture (SOA) and provides the ability to utilize web services and APIs for integrations with other systems.

Question #32: What, if any, integration technology or software do you currently use to execute integrations? Does this need to integrate with other agencies?

A: Please see diagram below.

MMJAS Context Diagram

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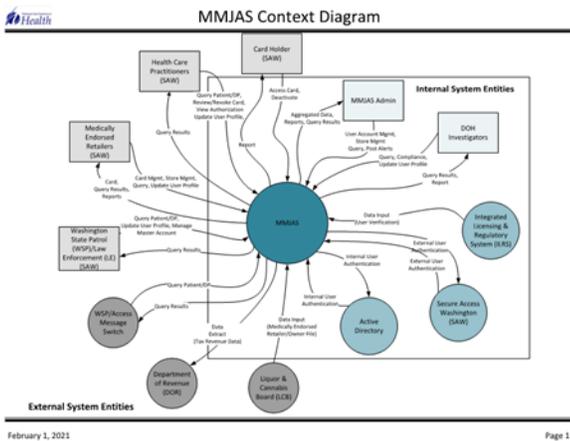
Question #33: How many potential integrations are in scope? (Source application and destination application) Do these need to be real-time or batch?

A: Please see the diagram below**.**

MMJAS Context Diagram
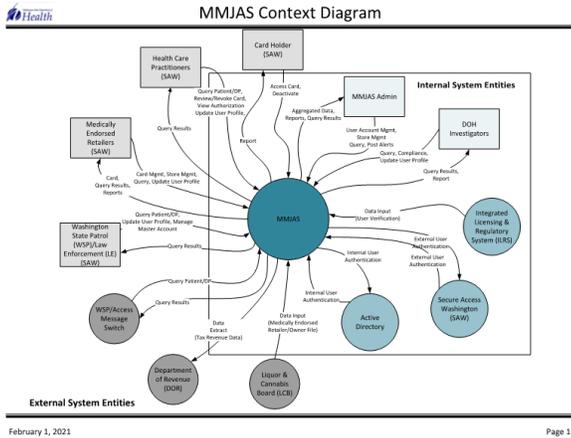
Question #34: **Do you have trainers we should train, or will we train the end users?**

A: Please refer to NFR-54.

Question #35: Do you want to have training virtually or in-person?

A: At this time, we would plan for all trainings to take place virtually.

Question #36: Do you have an in-house organizational change management team? If yes, we can work with them to help understand what is needed given our expertise and understanding of our solution. If not, how can we help with readiness, stakeholder engagement, adoption, resistance management, and other change management activities?

A: Please refer to NFR-23. At this time, we can't confirm if organizational change management staff will be assigned to this effort.

Question #37: Do your end users have experience with Salesforce (or another platform)?

A: We are unable to provide this information.

Question #38: **Are you looking to build 4 separate portals (Healthcare, Retail, Patient, Admin)?**

A: No. Ideally every user would sign in through Secure Access Washington, access the database, and then select their user group during registration. Their access to services or dashboard would be based on their user group selection.

Question #39: Is Attachment D the only attachment?

A: Yes

Question #40: Does DOH have a specified budget for this project? If so, can you share that number?

A: We do not have a budget we can provide at this time; this is currently under development.

Question #41: Will the identification and discovery of compliance and regulatory requirements be in scope for this solution, or will The State provide solution design requirements that align to regulatory and compliance responsibility?

A: Please refer to section 2 of attachment D of the RFI for compliance and regulatory requirements.

Question #42: Will the governance structure of the application be owned by The State, including internal audit requirements, data retention etc.

A: Solution providers are responsible for some items such as internal audits; penetration tests and the state will be responsible for configuring the application (where possible) to meet data and log retention.

Question #43: Will existing Information Security standards for applications provided to, and vendors of The State be supplied to solution provider, or is it expected that Information Security standards for this solution will adhere to Industry Best Practices for Information Security, irrespective of The State's internal security program components.

A: The solution will be reviewed for compliance with the states' security requirements during the security design review process. Solutions (network, operating systems and all 3rd party software) used for the Medical Marijuana Data System must comply with the applicable provisions of the Washington State [Office of the Chief Information Officer (OCIO) policy 141, Securing Information Technology Assets](#) .

Question #44: **If this RFI greenlights a solicitation, what is the estimated timeframe for procurement?**

A: If the RFI provides the Department the information in determining the contractual options available, DOH may issue competitive solicitation with an estimated timeframe of June 2023.

Question #45: What is the anticipated contract value for these services?

A: We do not have a budget we can provide at this time; this is currently under development.

Question #46: How may I obtain copies of any contract documents with vendors currently providing these services?

A: You may obtain copies of current vendor contract documents through public disclosure request.