

State of California

Department of Health Care Services

Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

SAN DIEGO HEALTH ALLIANCE

to operate and maintain an alcohol and/or other drug program using the following name and location:

EL CAJON COMPREHENSIVE TREATMENT CENTER

234 N. MAGNOLIA AVENUE

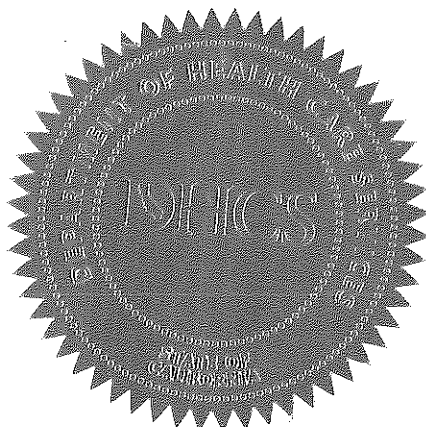
EL CAJON, CALIFORNIA 92020

This certification extends to the following level of alcohol and/or other drug program services:

DETOXIFICATION, OUTPATIENT SERVICES AND INTENSIVE OUTPATIENT SERVICES

**Certification Number:
370108DP**

**Effective Date: 05/01/2025
Expiration Date: 04/30/2027**



JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:
Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601

Post Office Box 997413, Sacramento, California 95899-7413

PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This Certification is not transferable.



April 3, 2025

Certified Mail:

THIS LETTER SENT VIA MAIL AND EMAIL

Daniel Hymas
Regional Vice President
San Diego Health Alliance
6183 Paseo Del Norte, Suite 200
Carlsbad, California 92011

TRANSMITTAL OF CERTIFICATION EXTENSION – # 370108DP

Dear Daniel Hymas:

This letter transmits an extension of certification issued by the Department of Health Care Services (DHCS) to operate an alcoholism or drug abuse recovery or treatment facility, El Cajon Comprehensive Treatment Center, located at 234 N. Magnolia Avenue, El Cajon, California 92020. The enclosed certification will remain in effect from **May 1st, 2025** through **April 30th, 2027**, in the absence of any administrative action taken by the Department.

The Department's approval of the application for extension of certification does not prohibit the Department from taking action to suspend or revoke certification pursuant to the Alcohol and/or Other Drug Program Certification Standards, section 32.

It is the responsibility of the provider to notify DHCS of any cessation of services, sale or transfer of ownership affecting the provider or the facility, change of administration, change of location of the facility or change of mailing address.

In accordance with the Alcohol and/or other Drug Program Certification Standards, Section 12(a), the program shall submit the Request for License and/or Certification Extension DHCS Form 6043 with all supporting documentation and renewal fees to the department, via LCDQuestions@dhcs.ca.gov **ninety 90 days** prior to the expiration date of the certificate. Failure to provide all necessary documentation shall result in the termination of the certificate in accordance with Section 17(d).



Daniel Hymas
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April 3, 2025

Department of Health Care Services (DHCS) offers applicants and providers the option to make online payments using electronic money transfers through the Automated Clearing House (ACH) network. To pay fees electronically, providers can visit the DHCS [EFT online portal](#) and follow the instructions provided.

For more information on forms and fees, visit the DHCS Licensing and Certification [Applications Forms and Fees website](#).

If you have any questions or concerns, please contact SALLY STRATTON, Licensing and Certification Analyst at (916) 954-1254 or by email at sally.stratton@dhcs.ca.gov.

Additionally, if you would like to become a Medi-Cal provider, you can now submit your application through the [PAVE](#) provider portal. For more information on Medi-Cal enrollment, please visit: <https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>.

Sincerely,

Christina Bradley

CHRISTINA BRADLEY
Supervisor
Substance Use Disorder Licensing and Certification Section