



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:

WCHS, INC.

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

COLTON COMPREHENSIVE TREATMENT CENTER
2275 EAST COOLEY DRIVE
COLTON, CALIFORNIA 92324

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

OUTPATIENT SERVICES

Certification Number:
360066AP

Effective Date: 12/01/2024
Expiration Date: 11/30/2026




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.

September 17, 2024

Certified Mail:9589 0710 5270 1756 8646 39

THIS LETTER SENT VIA CERTIFIED MAIL

Dan Hymas
Regional Vice President
WCHS, Inc.
6183 Paseo Del Norte, Suite 150
Carlsbad, California 92011

TRANSMITTAL OF CERTIFICATION EXTENSION – 360066AP

Dear Mr. 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, Colton Comprehensive Treatment Center, located at 2275 East Cooley Drive, Colton, California 92324. The enclosed certification will remain in effect from December 1, 2024 through November 30, 2026, 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 6020.

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 3000 (b), the program shall submit the Request for License and/or Certification Extension DHCS Form 5999 (6/15) with all supporting documentation and renewal fees to the department, via LCDQuestions@dhcs.ca.gov 120 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 3000 (d).

Dan Hymas, Regional Vice President
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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 Nick Parra, Licensing and Certification Analyst at (916) 345-8099 or by email at Nicholas.Parra@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,



ROBERT ROSE
Supervisor
Substance Use Disorder Licensing and Certification Section