2025

COLORADO
Department of Health Care Policy & Financing

COLORADO
Behavioral Health Administration

Personnel Crosswalk

PROVIDER AMBASSADOR PROGRAM

UPDATED MAY 2025

Personnel Crosswalk

ASAM 3.2WM (3rd Ed.) to 3.1 (4th Ed.)

As provider agencies consider transitioning from ASAM Level 3.2-WM (Third Edition) to ASAM Level 3.1 (Fourth Edition), understanding the personnel implications is critical. Each level of care carries distinct requirements for medical oversight, ratios, and the integration of peer support and therapeutic services.

This crosswalk provides a comparison of personnel standards and expectations between the two levels, including typical ratios where applicable. It is designed to help agencies plan effectively for workforce needs, compliance, and service delivery as they explore whether this level of care is right for their agency. The column entitled "Next Steps/Needs" should be utilized to note what agencies currently have vs. what they need to fulfill requirements and/or recommendations.

Personnel Element	3.2-WM (3rd Edition) (Requirements & Ratios)	3.1 (4th Edition) (Requirements & Ratios)	Key Differences	Next Steps/Needs
Medical Oversight	Required: Physician or NP on-call to monitor withdrawal. Recommended Ratio: ~1 provider per 25–40 individuals.	Level 3.1 agencies do not typically provide medical services and do not typically have a medical director, physicians or advanced practice providers, or medical support personnel.	3.2 mandates medical oversight due to withdrawal management protocols. 3.1 agencies do not typically provide medical services. However, agencies should have policies and procedures outlining when and how to consult with and refer to addiction specialists, medical, and/or psychiatric providers as needed.	*Agencies should note what they currently have vs. what they need to fulfill requirements or recommendations.*
Nursing	Required: 24/7 RN or LPN on-site or on-call. Recommended Ratio: ~1	3.1 agencies do not typically have nursing personnel.	3.2 requires routine nursing presence. 3.1 nursing not required.	

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Personnel Element	3.2-WM (3rd Edition) (Requirements & Ratios)	3.1 (4th Edition) (Requirements & Ratios)	Key Differences	Next Steps/Needs
	nurse per 10–16 individuals.			
Clinical Personnel (Counselors)	Requirement: Paraprofessionals or Certified Addiction Specialists (CAS) acceptable; licensed clinicians not always required.	Requirement: Licensed or certified clinicians must provide structured, evidence-based clinical care and be on-site or on-call 24/7 Recommended Ratio: Enough clinicians to ensure a ratio of 12:1 is not exceeded in clinical services.	3.1 emphasizes credentialed clinical personnel. 4th Edition, at all levels, emphasizes the importance of master's level personnel for psychotherapy and specific clinical activities.	
Assessment & Treatment Planning	Requirement: Focus on withdrawal monitoring; often conducted by trained, non-licensed personnel. Recommended Ratio: Variable.	Requirement: Level of Care assessment, including addiction-focused history, required prior to admission. Physical exam conducted by a physician or advanced practice provider within 14 days of admission, if no recent exam done. Can be done by an individual's primary care provider or by	Expectation for 3.1 is a comprehensive assessment conducted by credentialed personnel. Updates in Dimensions, subdimensions and risk ratings should be noted.	

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Personnel Element	3.2-WM (3rd Edition) (Requirements & Ratios)	3.1 (4th Edition) (Requirements & Ratios)	Key Differences	Next Steps/Needs
		referral to external or contracted providers. Initial treatment plan completed within 72 hours of admission.		
Program Director / Supervisor	Program Director requirements: The person overseeing day-to-day operations for agencies providing Level 3.2-WM services must be one of the following: 1. An authorized practitioner, 2. A licensee; or 3. A certified addiction specialist (CAS).	Requirement: Must be a master's level licensed clinician with at least 5 years of specialty addiction treatment experience. Required Ratio: 1 per site. If an agency is unable to identify a candidate who meets the expected qualifications, a clinician with at least 5 years of clinical and supervisory specialty addiction treatment experience may serve as Program Director. In these cases, an established mentor and a written plan for	The 4th Edition has the expectation of a master's level Program Director for all levels of care, including 3.1.	

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Personnel Element	3.2-WM (3rd Edition) (Requirements & Ratios)	3.1 (4th Edition) (Requirements & Ratios)	Key Differences	Next Steps/Needs
		obtaining a terminal degree within 5 years is expected.		
Overall Personnel Ratio	Lower intensity level. The personnel ratio must not exceed 10:1; minimum of 2 personnel whenever 1 or more individuals are present; At least one person must be treatment personnel.	Lower intensity, therapeutic environment.* Requirement: Documentation of the whereabouts of every individual each hour.	3.1 requires sufficient personnel to deliver 9-19 hours of structured clinical services weekly and general oversight. Expectation of hourly monitoring of individuals' whereabouts and condition.	
Peer Support Specialists	Optional or limited use. Recommended Ratio: Not typically defined.	Encouraged or required depending on agency model.	Mutual support services are embedded in 3.1.	
Daily Clinical Services	Requirement: Limited to support groups or education. Recommended Ratio: ~1 group leader per 12–16 individuals.	Requirement: Daily clinical services (individual, group, family) must be provided. 9 - 19 hours per week, delivered 7 days per week.	3.1 requires intensive, structured therapy. Includes psychoeducation, counseling, and psychotherapy	

* Current BHA 3.1 requirement: 20:1, minimum of 2 on-site is expected. However, the state anticipates a formal stakeholder-feedback period this fall that will inform future ratios.

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Additional Considerations	
Question	Notes
Who is currently delivering services, and what are their credentials?	
Do personnel credentials align with ASAM and state guidelines?	
Do you have access to a physician or advanced practice provider to approve and regularly review agency policies and procedures on assessment, medication storage and administration?	
Are there enough clinical personnel to manage at least 9 and up to 19 hours of clinical services, individual sessions, assessment, and crisis management?	
Are personnel trained in evidence-based practices appropriate for 3.1-level care?	
Do you have adequate clinical supervision and ongoing professional development?	
What does your personnel schedule look like—are there gaps in coverage, especially evenings and weekends? • *What disciplines make up your biggest coverage gaps?*	

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