

# Policy

<b>DEPARTMENT:</b> Utilization Management	<b>POLICY #:</b> UM.052
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## Purpose

The social needs companion benefit is a supplemental benefit to provide short-term companionship support for members with acute behavioral or mental health needs by engaging the member in social, physical or mental activities using a credentialed companion. Benefit availability and plan limits are outlined in the Evidence of Coverage located at [www.longevityhealthplan.com](http://www.longevityhealthplan.com). This policy serves as the medical necessity criteria for those companion benefit services which require prior authorization.

## Definitions, Abbreviations, and Acronyms

Acronym	Meaning
BARS	Behavioral Activity Rating Score
PHQ-9	Patient Health Questionnaire-9

## Policy

Longevity Health requires prior authorization for the social needs companion benefit. Prior authorization is only required once a member has exceeded a certain number of hours of the social needs companion service has been utilized. More information is available on this in the Evidence of Coverage. This policy outlines the criteria for medical necessity for those services requiring prior authorization.

## Provider Responsibilities

The utilization management department will apply clinical criteria and review any authorization request submitted. The provider requesting authorization is responsible for determining if the member has any remaining hours available as a part of the benefit. Prior authorization is not a guarantee of payment and plan limits apply regardless of authorization status.

## Coverage Criteria

In order for medical necessity to be met for the social needs companion benefit, evidence of the following must be submitted by the provider and available during the clinical review:

- Any indication that the member is an active danger to themselves does not qualify for social needs companion benefit as a higher level of care is warranted.
- Evidence of a qualifying diagnosis:

- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic alcohol use disorder and other substance use disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- Conditions associated with cognitive impairment
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- Dementia
- Diabetes mellitus
- HIV/AIDS
- Immunodeficiency and Immunosuppressive disorders
- Neurologic disorders
- Overweight, obesity, and metabolic syndrome
- Post-organ transplantation
- Severe hematologic disorders
- Stroke
- Documented observed behavior within the 72 hours prior to prior authorization submission:
  - Yelling/screaming
  - Physical or verbal aggression
  - Anger
  - Anxiety
  - Frequent crying
  - Other behavior connected to an active diagnosis that may be alleviated by the presence of a companion
- Documentation of one of the following:
  - BARS score 5 or higher
  - PHQ-9 higher than 15
- Provider documentation indicating a care plan for the social needs companion



## Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	12/11/2025	Stefanie Caswell	New