

STATE OF VERMONT
HUMAN SERVICES BOARD

In re) Fair Hearing No. 11,325
)
Appeal of)

INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare denying his application for general assistance (GA) for periodontal work.

FINDINGS OF FACT

The petitioner is a twenty-eight-year-old single man with a GED. He has worked as a "food handler" for a college cafeteria, but has been unemployed for several years. He had surgery on his shoulder in 1990 and claims to have a "15% disability" in his right arm.

On June 22, 1992, the petitioner applied to the Department for GA to cover dental work the petitioner alleges is necessary to treat his periodontal problems. In connection with his appeal, the petitioner submitted the following letter to him (dated July 16, 1992) from a periodontist who recently examined him:

This letter summarizes our recent discussion during your Periodontal examination. I hope it will further clarify your understanding of the nature of periodontal diseases, your diagnosis and our proposed treatment.

All Periodontal diseases are forms of infections related to the accumulation of bacteria on our teeth.

These infections start around the teeth in the gums. Infection can then progress deeper into the jawbone

which surrounds the roots of our teeth. Then bone around the roots can be dissolved away. If this process is not treated and controlled, tooth loss can result.

Our mouth is the only area of our body where portions of our skeleton (our teeth) extend through our skin (our gums). Where the teeth protrude through the gums, there is a shallow crevice between the teeth and the gums. In health, this crevice is 2-3 millimeters deep (about 1/16 of an inch).

If plaque (a film of live bacteria) and calculus (mineralized deposits of dead bacteria) build up in this crevice, they cause an increased separation of the gums from the teeth and a deepened space known as a pocket develops.

Pockets are a serious problem. Bacteria and tartar build up in pockets because they are difficult to keep clean. When plaque and calculus accumulate in pockets, bone loss is more likely to occur. As already stated, if this process is not treated and controlled, tooth loss can result. In fact, it is estimated that more than 70% of adult tooth loss is due to undiagnosed and untreated periodontal diseases. Fortunately, periodontal diseases are both treatable and preventable!

Your periodontal examination revealed that you have the following significant periodontal characteristics present:

- * significant gum pockets in the following areas: entire mouth
- * looseness of some teeth in the following areas: lower anterior
- * evidence of inflammatory activity in the following areas: entire mouth

What is the status of your periodontal (gum and jawbone) health? Your examination suggests that you have:

- * LOCALIZED ADULT CHRONIC PERIODONTITIS is a localized condition involving gum inflammation and loss of bone support around the roots of a few of your teeth.

During your examination, we discussed the nature

of your condition as well as the various things which might be considered in treating you. Below is a summary of the plan of treatment which we discussed and which I feel is the best approach to the treatment of your condition.

* FLAP & OSSEOUS SURGERY - a surgical procedure to complete the removal of calculus from the roots of teeth, remove the infected tissues lining the gums and smooth irregularities in the bony surface around the teeth to facilitate healing of the gums to the bone and teeth.

* P.O EVALUATION - an examination at the completion of your active periodontal care to determine the outcome of your treatment, to report to you and your dentist any suggestions for further dental needs and most importantly, to outline for you what preventive maintenance care will be required to give you lasting benefit and enjoyment of a healthy mouth so that you will minimize future needs for dental and periodontal reconstructive care.

We would be pleased to schedule appointments for your treatment. Please feel free to call to schedule these or to ask any questions about your condition or your proposed treatment.

I hope that this explanation will enhance your understanding of your periodontal condition and the treatment needed to correct your problems. I and my staff will be happy to answer any further questions you have. In addition, my staff will report to your insurance carrier(s) (assuming you have dental benefits coverage) so as to assist you in receiving the best benefits available from your dental insurance plan.

It is our desire to provide you with the most conservative treatment required to alleviate your condition and to put you closer to having a mouth which is healthy, esthetic and comfortable. We will also outline for you a preventive maintenance care program so as to minimize future tooth loss and unnecessary dental problems.

In closing, I want to emphasize that the more you are willing to take an active roll in your periodontal care, the more conservative and successful will be the outcome of your treatment. A significant portion of your care in this practice will concentrate on teaching you what you can do to maximize the health of your mouth. Remember, most periodontal diseases are chronic conditions. Like arthritis, or diabetes, or high blood pressure, you don't cure these things, you learn to

control them. If during and after the treatment outlined above, you continue to take good care of your mouth and follow through by seeking regular preventive periodontal maintenance care, you enhance your chances of many years of benefit from your treatment as well as minimizing future tooth loss and major dental problems and expense.

The petitioner admits that he is not in pain and is not faced with the immediate prospect of tooth loss. Although the above report does confirm that his condition is chronic, and that it will probably deteriorate if it is not treated, it cannot be found that it establishes that the petitioner suffers from "acute" infection that requires "immediate" medical attention at this time.

ORDER

The Department's decision is affirmed.

REASONS

W.A.M. § 2620 provides that to qualify for GA for any type of "medical care" (including "dental care" under W.A.M. 2623) an applicant must establish that he has an "emergency medical need" within the meaning of W.A.M. § 2602,¹ which provides as follows (in pertinent part):

- d. An emergency medical need. Actions which may be evaluated as emergency in nature include, but are not limited to, the following:
 1. Repair of accidental injury;
 2. Diagnosis and relief of acute pain;
 3. Institution of treatment of acute infection;
 4. Protection of public health, or
 5. Amelioration of illness, which if not immediately diagnosed and treated could lead to disability or death.

It must be concluded that the above definition

contemplates medical conditions more serious than that of the petitioner. When used to describe disease, "acute" means "having a sudden onset, sharp rise, and short course".

² The petitioner's periodontal disease, though severe, is not painful and does not present an "immediate" threat to his health or overall functioning. Therefore, it cannot be concluded that the petitioner meets the GA eligibility provisions cited above.³

Inasmuch as the Department's decision in this matter is in accord with the pertinent regulations, the board is bound, by law, to affirm. 3 V.S.A. § 3091(d) and Fair Hearing Rule No 19.

FOOTNOTES

¹Because all requests for GA for "medical care" have to fall under the definition of "catastrophic situation", it is unnecessary to determine whether the petitioner is "able-bodied". See W.A.M. § 2600.

²Websters New Collegiate Dictionary.

³If the petitioner's condition worsens (i.e., if it becomes "acute") he should reapply for GA.

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