

A MAGAZINE FOR THE COMMUNITY

SPRING 2024

The Holley Institute

Meet Odessa
and her story of
Congenital
Cytomegalovirus

President's Message



Dear Colleagues and friends,

I find myself daily thinking of the crises in our country and so many other countries.

When I picture the children holding out rice bowls in the Gaza strip, the Ukrainian children dying in their villages, the orphans abandoned in Haiti, my mind turns to the Deaf present in each of these situations. Where are they? Is anyone caring for them or leading them to safety?

Waves of helplessness come and go but never fully leave me. Some years ago I gave my daughter a quote to hang in her home. It states "When in doubt, look up."

I doubt very seriously that I can do anything to alleviate the suffering we are all so aware of and see daily. However, we can all look up and then bow our heads in prayer. God is being sucked out of this country, out of the lives of our children and grandchildren. As parents or grandparents we all need to look up and see where we stand in the face of God. Are we contributing to the loss of faith in our Youth? What is being asked of us in the Spirit of Our Lord. There just seems to be no other answer, but one, "Look up and then bow your head in prayer". I have no doubt that if we do this and follow our conscience, we can all do something and those many, many somethings can make a change.

Pray with your children, give them glimpses of faith. There will be times in their lives where there will be nothing else to hold on to, don't deprive them of that which God wants to give them.

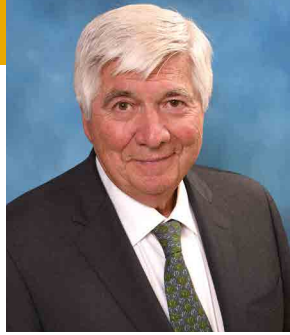
With kind personal thoughts,

A handwritten signature in black ink, appearing to read "Ardis J. Gardella". The signature is fluid and cursive.

Ardis J. Gardella
President, The Holley Institute



Board Chair's Message



Dear Friends,

As the weather changes from winter into spring, we at The Holley Institute (THI) see ourselves moving in much the same way - from 30 years serving the Deaf, Deaf Blind, and Hard of Hearing (DDBHH) into our next 30 years. Changes happen so quickly and so unexpectedly that we have to keep telling ourselves that change is natural.

We have had several changes on the Board of the Institute. We welcome new members. Stephanie Berri has been actively involved with Fontbonne Auxiliary of Ascension St. John for several years and will now become a major player on the The Holley Institute Board.

Adam D. Rubin, M.D. is the Vice-President of Lakeshore Ear, Nose and Throat Center (LENT) as well as Director of Lakeshore Professional Voice Center and his expertise in that arena will be of great value for the future of THI.

Finally, Dennis Bojrab II is affiliated with Michigan Ear Institute as attending physician and surgeon of neurology skull base surgery both clinical and research. His knowledge and experience will bolster what the Board is able to provide for the DDBHH.

We have also said good bye to some Board members who have been with us from the very beginning. It is always difficult to bid farewell to members who have, over the years, become good friends. But, at the same time it means growth and enrichment to greet new members. It also means that, with these changes, the Institute becomes stronger and more enduring as we progress with new ideas and new strengths for the future.

Easter has come and gone; Winter has turned into Spring and soon Summer will be upon us with the programs commencing at the Carls Family Village. We hope that the time between now and then will be filled with many good memories for you and your families.

Most Sincerely,

Daniel DJ Megler, MD
President, Lakeshore ENT
Chair, The Holley Institute Board

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Meet Odessa!

Written by Dr. Megan Pesch

As a Developmental and Behavioral Pediatrician at the University of Michigan, I am privileged to witness the impact that the right supports and resources can make in the lives of families of children with developmental differences. My own family has been touched by the programs and supports provided by the Holley Institute. My husband and I live in Ann Arbor with our three wonderful daughters—nine-year-old Cecilia, seven-year-old Fiona, and five-year-old Odessa—we count ourselves fortunate to have embarked on a journey with the Holley Institute, a relationship that began just last year. Our gratitude for being embraced by this community inspired us to share our story.

A little over five years ago, our youngest daughter, Odessa, was born. She was seemingly a healthy baby but then she failed the referral on her newborn hearing screening. As a pediatrician, I already knew that most often such referrals often stemmed from transient factors like fluid in the ears, warranting little cause for concern. However, two months later a subsequent hearing check revealed profound bilateral hearing loss - we were stunned. We soon found out that Odessa's hearing loss was caused by congenital cytomegalovirus (CMV), a cold virus contracted during my pregnancy, which, transmitted through the placenta, then impacted Odessa's brain development and hearing. Unfortunately, at that time congenital CMV was not part of routine newborn screening in Michigan so her diagnosis was missed.

Far from a rare disease, congenital CMV affects 1 in 200 US infants and is the second leading cause of sensorineural hearing loss in children. Because of her delayed diagnosis she missed the window for antiviral treatment.



Odessa and Fiona

Our journey with Odessa's hearing loss began with a resolute commitment to listening and spoken language. We had a team of experts guiding us through the necessary steps to get Odessa cochlear implants, which we thought at the time would "fix" her hearing loss. While we initially embraced sign language alongside spoken language, professional guidance eventually steered us towards prioritizing oral/aural communication over visual communication. Six months after she received her cochlear implants, which she seemed to enjoy, the unforeseen challenge of the COVID-19 pandemic disrupted therapy routines. Even with the most committed and creative therapists, virtual speech therapy with a deaf toddler during lock-down was not effective, and Odessa's language development fell further behind.

As Odessa approached preschool age, navigating options in special education proved daunting. Our local school district's reluctance to accommodate her unique needs left us feeling disillusioned, prompting a relocation to St. Louis, Missouri, where Odessa could get the language support she required. While our time in St. Louis offered glimmers of hope, challenges persisted, with Odessa's



Cece, Odessa, and Fiona

resistance to wearing her hearing devices escalated. After only a few months, Odessa started to refuse her devices completely. Without access to sound, she had no access to language at her oral school. After a year and a half of working with behavioral therapists, occupational therapists, and some of the nation's best audiologists, teachers of the deaf and speech language pathologists it became clear that nothing we did was going to change Odessa's mind. She did not want to wear her cochlear implants, and she did not want listening and spoken language. Feeling defeated, our family sold our house and prepared to move back to Michigan. It was then that we signed up for a week of Family Program by the Holley Institute's Carls' Family Village.

Our experiences with the Holley Institute rekindled hope for Odessa's future, reinforcing the importance of accepting her individuality and empowering her to navigate the world on her terms. It is not for us to choose how Odessa communicates, ultimately it is her choice. For the first time we really listened. At the family program, Odessa and our family were able to be surrounded by thriving Deaf young adults, who were patient and kindly

answering all of our questions. We learned so much about Deaf culture, Odessa's culture, and what it means to embrace one's Deaf identity. We connected with other families on similar journeys - we no longer felt alone. With renewed purpose, we returned to Michigan with a newfound appreciation for Odessa's journey. Today, Odessa is thriving in a total communication preschool environment, her signing skills flourishing alongside her confidence and sense of belonging.

Reflecting on our journey, it's clear that the Holley Institute has not only offered us hope but also instilled a profound sense of community and belonging.

To families navigating similar paths, I offer this reassurance: while each journey may be unique, the support of organizations like the Holley Institute can make all the difference. Its warm and dedicated staff exemplify a commitment to enhancing the lives of families like ours, underscoring the transformative power of compassion and inclusion.

Congenital CMV and Hearing Loss

Hearing loss is common in babies with congenital CMV, even those without symptoms at birth. Cytomegalovirus, or CMV, is the most common infectious cause of birth defects in the United States.

About 1 out of 200 babies is born with congenital CMV.

One out of 5 babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect your child's ability to develop communication, language, and social skills.

Some babies with signs of congenital CMV at birth may benefit from medicines.

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely watched by their doctor because of possible side effects.

Hearing loss can be present at birth or develop later.

Babies with congenital CMV may have hearing loss in one ear and may later develop hearing loss in the other ear. Progression may occur through adolescence.

Children with hearing loss can benefit from services.

Children diagnosed with hearing loss should receive services such as speech or occupational therapy. These services help ensure they develop important communication, language, and social skills. Children with hearing loss can also learn other ways to communicate, such as using sign language, and to use devices such as hearing aids and cochlear implants. The earlier children with hearing loss start receiving services, the more likely they are to reach their full potential.

Signs of congenital CMV in newborns

About 10% of babies with congenital CMV infection have signs at birth that include:

- Rash
- Jaundice (yellowing of skin or whites of the eyes)
- Microcephaly (small head)
- Low birth weight
- Hepatosplenomegaly (enlarged liver and spleen)
- Seizures
- Retinitis (damaged eye retina)

(Information from <https://www.cdc.gov/cmV/hearing-loss.html>)



Note from the Senior Program Director



Nicole Gaines

What a year! I cannot believe it already has been a year since I became a senior program director for The Holley Institute and Carls Family Village. I am thankful for all of the opportunities given me as a leader to serve our Deaf, DeafBlind, Deaf Disabled and Hard of Hearing families and community in Michigan.

I had opportunities to work with several programs such as Family Week Programs, ASL (American Sign Language) Week, Volunteer Week, ASL classes, Community Health and Literacy Program, ASL Story Times, and many more. Those programs would not be successful if it was not for our program directors, staff, and volunteers, especially to our DDBDDHH families. I am proud to say that we, as the Holley Institute/Carls Family Village, did very well in 2023-2024 and I can't wait to see what else we will accomplish in the next months.

As a senior program director, I am excited to see what our future will bring us especially with our new program that we recently implemented, Family Literacy Weekend that was hosted in April 2024. If it wasn't for generous donations from our community, we would not have this event happen. I hope with your continued support for our programs and our families.

Our mission statement states that The Holley Institute is to provide life enhancing programs for those experiencing hearing loss, vision loss or deafness. We also provide programs for parents with children with hearing loss, vision loss or deafness. We screen all infants for hearing loss and provide outreach programs, services and education relating to hearing loss for the community at large.

We are not limited to only serving DDBHH families, but we also offer in-person ASL classes from several locations in Southeast Detroit and online classes through zoom during the year to anyone who wants to learn ASL. We are offering an ASL week at our Village for people who want to immerse themselves with ASL from July 28th to August 2nd, 2024.

With the mission statement above, I feel strongly that The Holley Institute and Carls Family Village excelled by providing the programs we could give to our community. We are very fortunate to have many of you investing in our programs by donating to our programs, volunteering, and sharing our information via social media. Without you, we would not be where we are today.

We at Carls Family Village always say, it takes a village to raise a family. We only are successful because you believed in us and our vision to provide wonderful programs for our families.

Please keep us in your thoughts and prayers to have our 2024 Family Week Programs and other programs (ASL Week, Deaf's Jesus Crew, and Volunteer Week) to be successful and enjoyable for everyone who is involved with planning, setting it up, and participating.



Maria Klein, Nicole Gaines and Michaela Jitaru at a Family Matter event hosted by the Hands and Voices in Lansing, Michigan



Nicole Gaines is reading a book to families at Madonna University

A resounding celebration!

The 2023 Holley Institute St. Nicholas Christmas Event

Written by Kelly Oliver

The annual Holley Institute St. Nicholas Christmas Event was held on Friday December 8, 2023, at the Grosse Pointe Yacht Club. This year's event exceeded expectations, raising substantial funds to support our programs for Deaf Deaf-Blind and Hard of Hearing (DDBHH) children through the Deaf Mentor Program and at the Carls Family Village. Generous contributions from the community made a significant impact, fostering a brighter future for these children.

There is no better way to celebrate the Holiday season than by making a meaningful impact in the lives of deaf children. So many of you were there to support our important work and so many of you continue to be there for The Holley Institute throughout the year. We are so very grateful to all of you who enable The Holley Institute to continue its work which is dedicated to supporting programs that empower and enrich the lives of these young individuals.

Deaf, Deaf-Blind and Hard of Hearing children often face unique challenges, from communication barriers to limited access to educational resources. Our goal is to bridge the gaps that contribute to the growth and development of these incredible youngsters.

Our annual St. Nicholas Christmas Event isn't just about raising funds; it's about building a community that cares.

It's a chance for individuals, families, and businesses alike to join hands and make a lasting difference. Your support will echo through the years, creating ripples of positive change for DDBHH children and fostering an inclusive society.

As of 2023 St. Nicholas Event allowed us to celebrate the season of giving, let us remember the true spirit of Christmas (the spirit of compassion, understanding, and generosity) let us continue to support The Holley Institute throughout the year. The importance of these gifts lies in their ability to provide essential resources for programs tailored to the specific needs of DDBHH children. From educational tools that facilitate communication to extracurricular activities promoting social interaction, every dollar raised will directly contribute to enhancing the quality of their lives.

By coming together throughout the year we can make a significant impact on the future of these children. The joy of giving takes center stage as we unite in generosity, ensuring that every Deaf Deaf-Blind and Hard of Hearing child has the opportunity to thrive and reach their full potential.

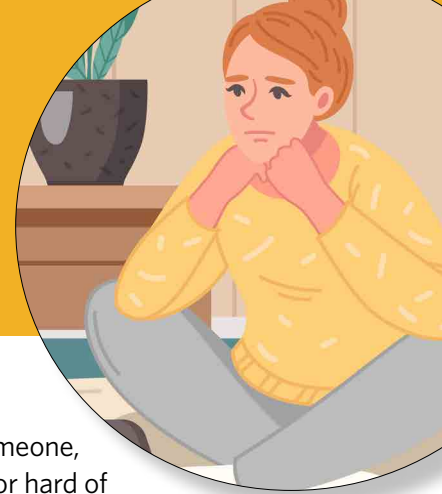
In the spirit of giving, let's celebrate Christmas everyday.



Tired of being tired!

Managing auditory fatigue

Written by Lindsay Zombek MS, CCC-SLP, LSLIS cert. AVT and Donna Sorkin MA



What is auditory fatigue?

Auditory fatigue presents in many ways. It can be challenging with paying attention. For others, it may be the feeling of being tired or unable to listen any more after a listening effort. Some experience a strong desire to be in a quiet space or away from other people or sounds. Auditory fatigue can happen regardless of age and is experienced by infants, children, adolescents, and adults of all ages.

Auditory fatigue may be known by different names, including listening fatigue, ear fatigue, concentration fatigue, or cognitive energy fatigue.

Why does auditory fatigue happen?

When you have a hearing loss, your brain uses more areas to try to make sense of the sounds and words you are hearing and to figure out the words you did not hear. Your brain works harder to hear and understand a message if it is not clear or if you are listening to noise. The brain has a heavier processing load to figure out messages that are missed, tuning out noise in the room, and other listening tasks. The brain works harder to hear and understand and that increases stress and the feeling of fatigue.

What happens when I experience auditory fatigue?

When you are fatigued, whether you are aware of it or not, your body responds. Some changes are hidden, such as increased cortisol, a stress hormone, but there are some warning signs that are easier to identify, including:

- headaches, especially after listening
- increased feeling of stress after listening
- increased feeling of being tired or wanting to be in quiet after listening
- challenges with concentrating as a conversation continues
- challenges with performance at work or school, especially at the end of the day.

What can be done?

- Recognize auditory fatigue is real and consider auditory fatigue when you notice changes in the behavior or

energy of yourself or of someone, adult or child, who is deaf or hard of hearing.

- Recognize the warning signs.
- Anticipate it and prevent it when you can.

Preventing auditory fatigue

- Use appropriate amplification, which reduces listening effort.
- Consider assistive listening devices which can improve the signal-to-noise ratio.
- Consider using captioning and speech-to-text services.
- Strategically select where you sit by situating yourself near a key speaker or those you most want to hear, and away from noise sources like music speakers, kitchen noise, and heating and cooling systems.
- Plan listening breaks.

What are listening breaks?

Listening breaks are times when you are not accountable for what you are hearing. These can be times spent in quiet without others talking. Length varies by individual but may be effective even after a few minutes. Listening breaks can be helpful in advance of listening situations such as a break before an appointment, a quiet ride to work or school, or a rest before a party or social situation. Listening breaks can be built into a lengthy noisy situation by planning a few minutes of quiet into a work or school day, such as a quiet break before lunch and recess. Adults might take a brief step outside as appropriate in a meeting or social setting. After events, plan for some down time, such as going straight home after an appointment versus a noisy restaurant, time after work or school to decompress before evening activities. Such breaks may only need to be a few minutes to achieve rejuvenation, though some people may require more time.

By acknowledging, identifying, preventing, and managing auditory fatigue, people who are deaf and hard of hearing may increase their ability to participate in activities longer, stay more engaged, and feel better after.

(Information found at https://journals.lww.com/thehearingjournal/fulltext/2023/07000/tired_of_being_tired__managing_auditory_fatigue.6.aspx)

ASL Storytime's Gingerbread Holiday Party



On Saturday, December 16, 2023, the Community Health and Literacy Program (CHLP) hosted an ASL Storytime. It was little different for CHLP in December because CHLP had an opportunity to work with Madonna University's Sign Language Studies Program (SLS) and Deaf C.A.N.! to make this event happen. Also, CHLP got generous donations from Detroit Association of the Deaf (D.A.D.), Signing Pros, Deaf C.A.N.!, St. John's Deaf Center, and Julie Caudill for the books, calendars, and giveaway goodies. Without those heartfelt donations and collaborations, the event would not be so successful. Not only that, we want to say thank you to our volunteers and Deaf Santa for brightening our families' day.

Our ASL storyteller, Monique Franks-Balacarel read a book called "Tough Cookie" by Ernest Hemingway. After reading the story, the families were able to enjoy making their own gingerbread houses provided by our Art Director, Michaela Jitaru with homemade gingerbread cookies made by Senior Program Director, Nicole Gaines. The pictures and videos were taken by our CHLP director, Maria Klein who always made sure we have wonderful ASL Story Time events for our DDBHH and CODA families.



Remembering Fr. Richard J. Yost, OSFS

February 17, 1947 - January 13, 2024



Fr. Richard Yost, OSFS, entered eternal life on Jan. 13, 2024, at the age of 76.

Born in Toledo, Ohio, on Feb. 17, 1947, Fr. Yost was the son of Paul Yost and Helen Rose (Thomas) Yost. As a student at St. Francis de Sales High School,

he first encountered Oblates of St. Francis de Sales as his teachers. After his graduation from St. Francis, he entered the Oblate Novitiate in Childs, Maryland, in 1965.

In his letter of acceptance to the Oblate Novitiate, the Provincial, Very Reverend John Conmy, OSFS, wrote to him, "Never doubt that as the good Lord has given you the grace to begin, He will also give you the grace

to finish." Fr. Yost kept those words in his heart. He professed his first vows in September 1967 and was ordained a priest on May 1, 1976. When requesting to be ordained as a priest, he wrote, "I recognize that requesting to be ordained to the Order of Priest is principally a faith response and I do this trusting that God's grace will sustain me." The Lord indeed sustained Fr. Yost, and blessed his life and ministry as a priest and teacher.

Fr. Yost was especially devoted to deaf ministry in the Archdiocese of Detroit at both Our Lady of Loretto West Detroit Catholic Deaf and St. John's Deaf Center. He also worked closely with the Holley Institute and helped to implement our first Family Weeks Program. He enjoyed teaching at Brother Rice High School and celebrating Mass in various Detroit-area parishes. In his last words to his Provincial while in hospice, he said, "I have no regrets. I've had a wonderful life."

Become a newborn screening volunteer

As a member of our Newborn Screening Team at Ascension St. John Hospital, volunteers perform hearing screens once a week on newborns Monday through Friday in the morning. These volunteers have a tremendous impact on the most vulnerable patients in the hospital and the lives of the families we serve. You may choose the day. Friends are welcome to be trained with you, and have lunch on us!

**For more information, Contact
B. Jill Courson, AuD. 313-343-4436**



Does Medicare cover cochlear implants?

What about bone-anchored hearing aids?

Contributed by Corey Whelan

As people age, hearing loss becomes increasingly common. It can also worsen over time. Most people with hearing loss benefit significantly from hearing aids. But sometimes, hearing aids aren't enough to provide ample hearing ability. In those instances, hearing implant solutions such as cochlear implants or bone-anchored hearing systems (also referred to as bone-anchored hearing aids or BAHAs), may help.

Medicare covers hearing implant solutions for recipients who meet specific eligibility criteria. Some of those requirements recently changed, making it easier to get cochlear implants than it was before. If you were turned down by Medicare for cochlear implant coverage in the past, you may now be able to get them.

What are cochlear implants and who benefits from using them?

Cochlear implants are electronic devices that contain an external, visible component and an internal component that is surgically implanted into the cochlea.

Cochlear implants are not amplification devices.

They are also not a cure for hearing loss. They work by providing representations of environmental sounds and speech to people with profound deafness, or moderate to profound sensorineural hearing loss. Sensorineural hearing loss is caused by damage within the inner ear, or in the nerve pathways that connect your inner ear to your brain. Cochlear implants eliminate the need for sound to pass through these damaged areas by stimulating the auditory nerve directly. In that way, they create a "sense of sound" for those who use them.

What about bone-anchored hearing aids?

Bone-anchored hearing systems are available as surgical and non-surgical options. They're designed to correct conductive hearing loss, mixed hearing loss, and single-sided deafness.

Conductive hearing loss is often caused by structural problems or obstructions in the outer or middle ear. Trauma or damage to the ear can also cause conductive hearing loss. Mixed hearing loss is a combination of conductive and sensorineural hearing loss.

If you have conductive hearing loss, external sounds are unable to reach your middle ear. Bone-anchored hearing aids enable external sound to bypass the outer and middle ear by vibrating the bones of the skull. This transmits sound waves directly into the inner ear. Bone-anchored hearing aids may contain a surgically-implanted component which communicates with an external processing device. Or, they may be completely

external and worn on a soft band, like a headband. In some instances, bone-anchored hearing aids may be attached directly to the skin with adhesive. Cochlear implants are used more often in people with sensorineural hearing loss, while bone-anchored hearing devices are used for conductive hearing loss.

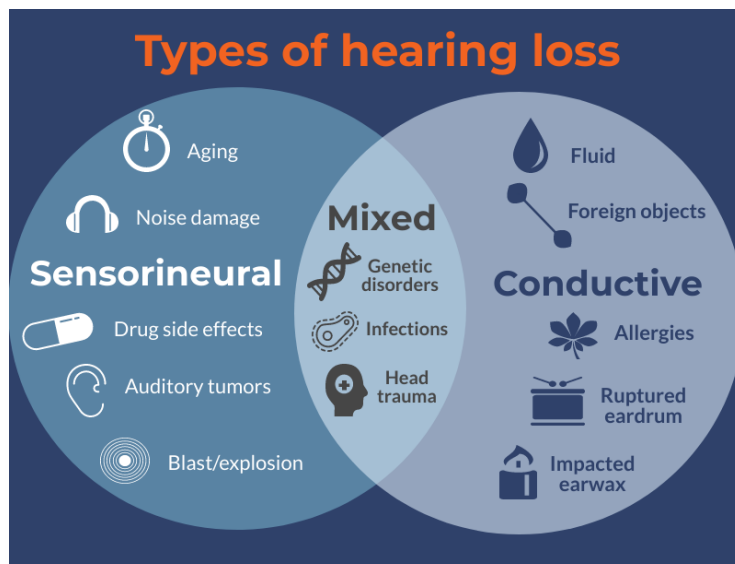
How the coverage works

If you have Original

Medicare (Part A and Part B), you probably know that hearing aids aren't covered by your plan. Cochlear implants and surgically-implanted bone-anchored hearing systems are classified by Medicare as prosthetics, not as hearing aids. For that reason, they're covered for eligible adults under Medicare Part B.

Go deeper: Medicare coverage and hearing aids

"As far as bone conduction devices are concerned, if the patient is a candidate for the implantable bone conduction device based on the FDA criteria for the implant being considered, Medicare patients can be covered for this procedure. Medicare will not, however, cover non-implanted bone conduction hearing aids, such as those worn on a soft band," clarifies audiologist Dr. Ruth Reisman, AuD MBA CCC-A.



Medicare Advantage (Part C) plans cover at least as much, and often more, than Original Medicare does. If you have a Part C plan, you will be covered for cochlear implants and bone-anchored hearing systems if you meet eligibility requirements.

Rule changes for cochlear implant coverage increases access

Beneficiaries are eligible for a cochlear implant if they meet certain requirements, such as misunderstanding 40% or more of sentences on a sentence-comprehension test, even while wearing hearing aids. Medicare only covers medically necessary services and equipment. The eligibility criterion for cochlear implants was expanded on Sept. 22, 2022, enabling more people to get them.

Medicare beneficiaries are now eligible if they score 60% or lower on a spoken sentence-comprehension test. In simplified terms, that means that if a person with hearing loss listens to 10 sentences, only about six of the 10 sentences are understandable due to their hearing loss—even with hearing aids. Put another way, they're missing out on about 40% of a conversation.

"If you can just think for a minute how hard it would be for a person to miss out on 40% of words and sentences, especially if they can't see your face. This group of older adults wasn't able to use the telephone. They struggled in family situations and at work," explains Donna Sorkin, Executive Director of the American Cochlear Implant Alliance (ACIA). Her organization fought hard for the Medicare expansion for cochlear implants, and was pivotal to its implementation. "Many people who are now eligible were deaf or severely hard of hearing for 10 years while using hearing aids," Sorkin said. The new rules now mean beneficiaries with hearing loss can get the best treatment available.

Requirements for Medicare beneficiaries seeking cochlear implants

The Centers for Medicare & Medicaid Services (CMS) list these requirements for cochlear implants:

- A diagnosis of bilateral, moderate-to-profound sensorineural hearing impairment from a Medicare-approved provider
- You get limited to no help or benefit from using bilateral hearing aids (now defined as misunderstanding at least 40% of sentences while wearing hearing aids in each ear)
- You must have enough cognitive ability to use auditory clues
- You must be willing to undergo an extended program of cochlear implant training and rehabilitation
- No signs of a middle ear infection
- No lesions in the auditory nerve or acoustic areas of the

central nervous system

- You must have an accessible cochlear lumen that is structurally able to accommodate implantation
- You must be able to undergo surgery with no contraindications
- The cochlear implant must be used in accordance with FDA-approved labeling
- Any of these criteria may be waived if you are getting a cochlear implant within the context of an FDA-approved clinical trial

Out-of-pocket costs to expect

If you have Original Medicare, 80% of the total, Medicare-approved costs will be covered. This includes the device, implantation surgery, and rehabilitation. According to audiologists polled by Ms. Sorkin, the average out-of-pocket co-pay for people with Original Medicare and no supplemental plan is \$1,800 for cochlear implants.

If you do have secondary insurance, such as a Medicare Supplement Plan (Medigap), your out-of-pocket costs (20%) will be covered by your plan. Your Part B deductible will also need to be met. In 2023, the Part B deductible is \$226, before Medicare starts to pay.

If you have a Medicare Advantage plan, your out-of-pocket cost structure will be determined by multiple factors, such as your copay and deductible. Using in-network providers will significantly reduce your out-of-pocket costs. Check with your plan to see how much you can expect to pay.

What about Medicaid?

If you have Medicaid, your coverage for implantable hearing devices will depend largely on what state you live in. The Hearing Loss Association of America maintains a page with the latest details on which state Medicaid programs cover for hearing care and we have more on using Medicaid for hearing aids.

Audiologist or ENT doctor can help advise you

If you're struggling with hearing loss, a cochlear implant or bone-anchored hearing system may enable you to live a fuller life. Sure, you may have gotten used to hearing loss, and feel like you're doing A-OK, just as you are. And, that may be true. However, exploring your options may open up your world in ways you've forgotten about. If hearing aids aren't working for you the way they used to, talk to a hearing professional, such as an audiologist or ear, nose, and throat doctor (ENT). Our hearing clinic directory lists many such professionals near you. Call ahead to make sure they are familiar with cochlear implants. In many instances, an implanted device may be just the thing for restoring sound, conversation, and social connection to your life. Things you may be missing, and certainly deserve.

Understanding autism, hearing loss and auditory process

Written by Debbie Clason

Thanks to the common practice of newborn hearing screenings, most parents leave the hospital knowing how well their baby can hear. If their child is deaf or diagnosed with hearing loss, hospital staff and other healthcare professionals can guide the parents toward the appropriate communication and treatment resources.

But sometimes the hearing loss diagnosis is a precursor to another developmental challenge known as autism spectrum disorder (ASD). The Gallaudet Research Institute estimates as many as 40 percent of children with hearing loss exhibit an additional disability and estimates the prevalence of ASD among children who are deaf or have hearing loss to be 1 in 59.

What is autism?

ASD is a complex developmental disorder that appears in early childhood and affects a child's ability to communicate. Although children with ASD do not outgrow this disorder, early diagnosis and intervention can significantly improve a child's outcome, according to the US Centers for Disease Control and Prevention (CDC), which tracks rates of autism in kids. Signs include:

- Lack of or delay in spoken language
- Repetitive use of language and/or motor mannerisms (such as hand flapping or twirling objects)
- Lack of interest in peer relationships
- Lack of eye contact
- Lack of spontaneous or make-believe play
- Persistent fixation on parts of objects

If your child is exhibiting these behaviors, consult your family physician. Although there are no specific medical procedures to test for ASD, your family physician can refer you to specialists who will administer a set of autism-specific behavioral evaluations designed to diagnose the disorder.

Autism and hearing loss: Sometimes a child has both

Because autism affects each child differently, it's important to understand how the disorder may impact their ability to hear and process sounds. There is a wide range of how autism affects hearing. In some cases, a child may have no hearing loss. Or, a child may have mild, moderate or even significant hearing loss that can be corrected with hearing aids.

Auditory processing disorders and autism

For many, the nerves that are responsible for delivering sound to the brain may malfunction (known as auditory processing disorder, APD), making it hard for the child to make sense of what is being said to them. Children with autism also may struggle with other types of sensory experiences, as well, known as multisensory processing disorder. Because autism can impact how your child processes sound and noise, your child may struggle with learning and language. An audiologist or specialist in ASD can suggest strategies to help them cope. These strategies may include:

- Hearing aids or other amplification devices, including low-gain hearing aids
- Use of assistive listening devices (ALD)
- Auditory and speech training
- Musical training
- Computer-based tools
- Training with a speech pathologist

Although their hearing may be normal, a child with ASD may process sound differently than other children.

Hearing loss misdiagnosed as autism

In some cases, if a child's hearing or vision loss goes undiagnosed and communication problems arise, a child may be suspected to have autism. Symptoms that overlap include delayed language and social skills, repeating others' speech and poor eye contact. When a child can't hear well, they may become more isolated and less social. This can be misinterpreted as autism. This is when thorough testing is important. A child with autism is more likely to avoid or dislike several types of sensory inputs (such as tastes or textures), may engage in self-injurious behavior, and exhibit repetitive gestures or odd postures.

How to find help

Autism affects each child differently, and the medical community is still looking for ways to understand this disorder. If you suspect your child's hearing is affected by their autism spectrum diagnosis, work with your family doctor and hearing healthcare professional to find specialists who can provide options and treatments for the best outcome.

(Information from <https://www.healthyhearing.com/report/52743-Autism-spectrum-disorder-and-your-child-s-hearing-health>)



Sunday, July 28 - Friday, August 2, 2024

Tuition Fee: \$400

This fee includes meals, lodging, activities, and presenter fees.
Financial aid and payment plans are available upon request.



You can register at
<https://form.jotform.com/223454361918055>

For more information contact Nicole Gaines at nicole.colton@ascension.org

The Holley Institute

"Creating New Worlds for Children and Adults with Hearing Loss, Vision Loss or Deafness."

The Holley Institute

Ardis J. Gardella, President
Nicole Gaines, Program Director

Audiology Department

B. Jill Courson, Au.D., CCC-A, Lead Audiologist
Glenn Clippard, MA, CCC-A, Audiologist

Holley Family Village, Inc.

Ardis J. Gardella, Executive Director
Fr. Michael Depcik OSFS, Spiritual Director
Paul Kuplicki, Finance Manager
Maryann Muller, Facility Director
Nicole Gaines, Program Director

Program Director

Community Health Literacy Program
Maria Klein, Director

Mentors

Deidri Hines	Jennifer Berrigan
Joanne Forbes	Christina Whetsel
Diana Rice	Sarah Elwood
Nicole Gaines	Chelsey Munger
Monique Franks-Balcarcel	Nicole Faino
Diana Hines	Courtney Gunville

Founded in 1993, The Holley Institute is a nonprofit organization dedicated to:

- Service to those in need
- Reverence
- Compassion
- Integrity
- Creativity and innovation
- Forward thinking
- Dedication
- Education

The mission of The Holley Institute is to provide life-enhancing programs for those experiencing hearing loss, vision loss or deafness. We also provide programs for parents with children with hearing loss, vision loss or deafness. We screen all infants for hearing loss and provide outreach programs and services and education relating to hearing loss for the community at large.

Please contact us for more information at:

The Holley Institute

Boll Prof. Building One, Ste. 223
22151 Moross Road • Detroit, MI 48236-2172
313-343-3165 (Voice) • 313-343-4111 (Fax)
holleyfv.org

The Carls Family Village

1142 DeSales Drive • Brooklyn, MI 49230-9078
517-592-6283 (Voice) • 517-592-2389 (Fax)
holleyfv.org



2024 **The Holley Institute** Calendar of Events

Date	Activity	Location
May 9	Board Meeting	Country Club of Detroit
May 17-19	Deaf Cancer Weekend	The Carls Family Village
May 18	ASL Story Time	Fire Station #3, City Of Livonia
June 19	ASL Story Time	River Woods Park
June 27-30	Staff Orientation	The Carls Family Village
June 30-July 5	Family Week 1	The Carls Family Village
July 7-12	Family Week 2	The Carls Family Village
July 14-19	Family Week 3	The Carls Family Village
July 21-26	Family Week 4	The Carls Family Village
July 28-August 2	ASL Week	The Carls Family Village
August 4-9	Jesus Deaf Crew	The Carls Family Village
August 11-16	Volunteer Week	The Carls Family Village
December 4	St. Nicholas Christmas Event	Grosse Pointe Yacht Club

These dates are tentative and subject to change

