	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1				**LouisianaRequest to CMS for Section S Revision for the October 2014Release.**														
2	State Contact for Questions: Mandi Carter, *225-342-8484, mandi.carter@la.gov*						State RAI Coordinator: *Jonelle Thompson* 800-261-1318, Jonelle.Thompson@la.gov					State MDS Automation Coordinator: *Cathy Brunson,225-342-2482, Cathy.Brunson@la.gov*						
3	**State ID**	**Item Status**	**MDS 3.0 Item ID**	**Item Label**	**Response Format**	**Response Length**	**Response Value Text**	**ISCs (check each ISC on which the item is to be collected)**									**Begin Date**	**End Date**
4	(enter 2 character state postal code)	(enter "New", "Add", "Revise", "Alter", "Remove", "Delete")	(enter "New" if item is not defined in the MDS 3.0 Data Specifications)	(enter the label of the item)	(enter format; enter format mask when needed)	(enter the maximum length allowed for the item)	(enter valid values)	**NC - Comprehensive**	**NQ - Quarterly**	**NP - PPS**	**NT-Tracking**	**ND - Discharge**	**NS - OMRA Start of Therapy**	**NSD - OMRA State of Therapy + Discharge**	**NO - OMRA Other**	**NOD - OMRA Other + Discharge**	(enter the first date on which the item is to be collected)	(enter the last date on which the item is to be collected)
6	LA	New	New	Does the resident have an Advance Directive (Living Will)?	1=Yes, 0=No	1	code: 1=Yes, 0=No	x	x								10/01/2014	12/31/2100
7	LA	New	New	Does the resident have a Power of Attorney for Health Care?	1=Yes, 0=No	1	code: 1=Yes, 0=No	x	x								10/01/2014	12/31/2100
8	LA	New	New	Does the resident have a completed LaPOST document?	1=Yes, 0=No	1	code: 1=Yes, 0=No	x	x								10/01/2014	12/31/2100
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