

Center for Medicare & Medicaid Services  
**Central Data Administration**  
**Logical Data Model Acceptance/Sign Off**

Project Name:		Project Acronym:	
Contractor Project Manager:		Phone#/Email:	
Government Task Lead:		Phone#/Email:	
Business Owner:		Phone#/Email:	
Local DA:		Phone#/Email:	
Central DA:		Phone#/Email:	

**Section II – Business Owner Sign Off**

- ☐ I confirm that the Logical Data Model for the Application Name \_\_\_\_\_ satisfies the business requirements that were baselined on Date (mm/dd/yyyy)
- ☐ I waive the business review in writing.

Business Owner Signature:		Date:	
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**Section III – Central DA Approval**

This is your notification that Central Data Administration (CDA) has approved the Approved Date( mm/dd/yyyy) version of the Logical Data Model noted in Section II - Business Owner Sign Off.

The project team has agreed to make the following changes:

- ☐ None at this time
- ☐ List items:

The model containing the specified changes will be submitted to CDA by (date or event).

Exceptions to CMS Data Administration standards were granted in the following instances:

- ☐ None
- ☐ List exceptions:

Central DA Signature:		Date:	
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Following this review and approval, your project team should comply with the ongoing requirements below:

- Send a copy of the completed logical/physical model to CDA (CMS [DataAdmin@cms.hhs.gov](mailto:DataAdmin@cms.hhs.gov)) for storage in the metadata repository.
- Keep your logical model updated with any new or revised business attributes and definitions, and resubmit the LDM to CDA for approval of any changes.
- Include CDA in the review of your physical model. DA standards for the physical model can be found on the Web site under [Physical Data Design](#)

Thank you for working with Central DA on this data model development and review. We are always interested in any comments that will help us improve our review criteria and/or review process.