DHHR’s Office of Inspector General (OIG) is:
- Autonomous
- Independent
- Neutral
- Oversight

The OIG is comprised of seven units:
- Board of Review
- Investigations and Fraud Management
- Medicaid Fraud Control Unit
- Office of Health Facility Licensure and Certification (OHFLAC)
- Olmstead Office
- Quality Control
- WV Clearance for Access: Registry and Employment Services (WV CARES)

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OIG Mission

The Office of Inspector General, by impartial evaluation, investigation and reporting, seeks to ensure the integrity of department programs and operations including the fair, accurate and nondiscriminatory delivery of benefits and services to qualified state residents.

Mission Statements of DHHR’s OIG Units

Board of Review
Preserves the integrity of department programs by providing due process to grievants through impartial hearings and timely decisions.

Investigations and Fraud Management
Conducts investigations of internal matters at the direction of the Inspector General, and conducts investigations of suspected fraud and abuse within the programs the Department administers.

Medicaid Fraud Control Unit
Protects West Virginia’s vulnerable residents and the integrity of its health care programs, rules and federal certification regulations.

Office of Health Facility Licensure and Certification (OHFLAC)
Helps shape healthy environments for clients, patients and residents within health care facilities by promoting the quality services and high standards of care that exist when facilities are in compliance with state licensure.

Olmstead Office
Assists all West Virginia residents with disabilities to have the opportunity to receive supports and services in the most integrated setting in the community in compliance with Title II of the Americans with Disabilities Act and the Olmstead decision.

Quality Control
Assures the integrity of department programs through impartial evaluation of program benefit determinations.

WV Clearance for Access: Registry & Employment Screening (WV CARES)
Establishes efficient, effective and economical procedures for conducting background checks on all prospective direct patient access employees of long-term care facilities and providers.