

Frequently Asked Questions About WIC 17000 Indigent Health



What is WIC 17000?

California's Welfare and Institutions Code section 17000 requires counties to relieve and support all indigent persons lawfully resident therein and not supported and relieved by their relatives or other means. Counties must provide basic, subsistence-level medical care as a **last-resort safety net**. WIC 17000 is **not** health insurance and does not provide the same level of benefits available through Medi-Cal or the Affordable Care Act (ACA) marketplace. It provides only the services necessary to prevent serious harm, pain, or infection.

Why are WIC 17000 Programs a County Priority This Year?

Before the ACA, counties routinely served eligible low-income residents who were not otherwise eligible for Medi-Cal. After the ACA allowed California to expand Medi-Cal eligibility to adults under 65 with incomes at or below 138% of the federal poverty level, millions gained coverage through Medi-Cal and Covered California. As a result, counties' financial responsibility under WIC 17000 decreased significantly, and the State redirected related funding to other purposes.

However, changes enacted in HR 1 are expected to reduce Medi-Cal and ACA coverage for many current enrollees. Counties will again face significantly increased demand for indigent health care. Securing adequate funding is essential to meeting counties' WIC 17000 obligations.

Who is Eligible for Services Under WIC 17000?

Eligibility for WIC 17000 is based on **lawful residence** and **economic need**:

- **Residency:** Counties are obligated to serve only individuals who are lawfully present with a satisfactory immigration status. Individuals without lawful status, including those subject to removal, even if they are not immediately removable (e.g., DACA or asylum applications pending), are not entitled to WIC 17000 services. WIC 17000 does not preclude counties from exercising their authority to provide services to undocumented individuals.
- **Income Eligibility:** Counties establish income-based eligibility standards grounded in subsistence living costs and an individual's ability to pay. Eligibility frameworks may include enrollment fees or share-of-cost requirements on a sliding scale.

Because WIC 17000 is a **program of last resort**, individuals must first pursue Medi-Cal or other available low-income health programs to be eligible for WIC 17000. Counties are not required to provide WIC 17000 services to anyone who is enrolled in or eligible for Medi-Cal, including those disenrolled for procedural reasons if they did not reasonably cooperate with Medi-Cal processes.

What Services are Included Under WIC 17000?

WIC 17000 covers basic life-sustaining services that do not lead to unnecessary suffering or endanger life, and health, including care sufficient to avoid substantial pain and infection (i.e., emergency services care for chronic conditions, etc.). Such care must be provided promptly and humanely. The program does **not** mandate a specified benefits package, and counties retain broad discretion in determining the scope of services based on available resources.

Examples of covered services include:

- Treatment for acute life-and-limb threatening conditions, which may include treatment for conditions such as diabetes, serious lung infections, thyroid disease, high blood pressure, and malignant melanoma
- Emergency care and medically necessary emergency transport not covered by other programs or funding sources, which may include —but are not limited to—services required under the Emergency Medical Treatment and Labor Act (EMTALA) or a hospital's charity care obligations.
- Basic dental treatment to address infection or chronic pain (not routine preventative services)

Examples of services not covered include:

- Behavioral health services
- Non-emergency or comprehensive care equivalent to private insurance or universal coverage
- Services reduced or eliminated from the Medi-Cal program, for Medi-Cal beneficiaries

Is WIC 17000 an Entitlement Program?

WIC 17000 creates a property interest in necessary medical care, entitling eligible individuals to due process protections. However, it is not a traditional entitlement program because it does not operate like insurance, nor does it guarantee a defined set of benefits. Counties have broad discretion to establish their own procedures for appealing eligibility and coverage decisions.

Would Changes to WIC 17000 Obligations Create Mandates Requiring Reimbursement to Counties?

Yes. Under Article XIII B, section 6 of the California Constitution, the State must reimburse local governments when it mandates a new program or a higher level of service. While the core elements of WIC 17000 predate this subvention requirement and are not reimbursable, changes in state law or regulation that shift responsibility to the Counties may constitute a reimbursable state mandate.
