

Retirement & Current-Home Readiness Plan

Because you are already retired, this **Retirement Transition & Readiness Plan** brings together the steps most relevant to sustaining your retirement in the District of Columbia. You and your spouse already own and live in your Washington home in ZIP 20008. The priority is to keep that home affordable, preserve dependable healthcare, and prepare for changing needs without disrupting the life you have established.

D.C.'s exceptional specialist and major-health-system depth is reassuring. The bigger practical concerns are your actual home expenses, the separate Medicare arrangements you and your spouse need, and the cost and quality of future care. **Settle benefits and recurring costs first; then build a realistic care backup and keep your legal documents current.**

1. Settle your Medicare arrangements separately

Do this: You and your spouse should review your coverage together, but keep separate enrollment records. You have passed the usual Medicare eligibility age of 65. Confirm your enrollment and effective coverage now. If you are not enrolled, ask Medicare whether enrollment is needed immediately or whether a Special Enrollment Period applies; an unprotected delay can have late-enrollment consequences.

Your spouse's age-65 transition is still ahead. Put their seven-month Initial Enrollment Period on your shared calendar: it generally begins three months before the month they turn 65 and ends three months afterward.

Where to start: Medicare, your current insurers, and the offices of the clinicians you want to continue seeing. Have insurance cards, coverage dates, and your current provider and prescription lists ready.

Done when: Each of you has documented coverage dates, an enrollment plan where needed, and confirmation that your intended clinicians and prescriptions work with the exact coverage being considered.

If a provider is outside the plan: Resolve the coverage choice or identify an acceptable covered clinician before changing coverage. D.C.'s strong medical resources make this a promising place to maintain care, but the usable arrangement must be yours—not just a nearby hospital system.

2. Coordinate Social Security with your retirement cash flow

Do this: Each of you should review your Social Security earnings record, current benefit statement, and any remaining claiming decision with Social Security or a retirement financial planner. Reconcile benefits already being paid with deposits in your accounts.

For either of you who has not claimed, request estimates at the relevant claiming ages. Your full retirement age is 67, as is your spouse's. Starting before that age generally reduces the monthly benefit; delayed claiming can increase it until age 70. These are federal rules, separate from D.C.'s tax treatment.

Done when: Your retirement-income worksheet distinguishes benefits already received from future estimates, and any remaining claiming decision has been reviewed for cash-flow needs, health, longevity, taxes, and possible spouse or survivor benefits. Confirm eligibility rather than assuming it from your marriage. No particular claiming age is recommended here.

3. Replace broad cost estimates with your own home records

Do this: You and your spouse should bring a full year of actual spending to a retirement planner. Use the Financial Outlook as the starting point, then reconcile it with your parcel tax bill, homeowners policy, utilities, maintenance, healthcare, transportation, and any mortgage or association payments.

Include a maintenance reserve based on the condition of your roof, heating and cooling equipment, and other major systems. Review the homeowners policy with your insurance professional for replacement-cost assumptions, roof restrictions, wind or named-storm deductibles, and any separate flood coverage needed at your address.

Tax checkpoint: D.C. exempts Social Security, but most pensions and taxable retirement-account withdrawals remain subject to its graduated income tax. Ask a tax professional to confirm each income source, your filing status, income allocation between you and your spouse, and your current D.C. residency and domicile facts—the place treated as your permanent legal home.

Ask the same professional to review the **Homestead Deduction, Senior Assessment Cap Credit, and Senior Citizen or Disabled Property Owner Tax Relief** against your circumstances. Treat relief as savings only after eligibility and application requirements are confirmed.

Done when: You have an updated retirement spending plan using actual bills, a documented maintenance reserve, and confirmed tax treatment and property-tax relief. If recurring costs exceed sustainable income, address that shortfall before adding optional spending or a new ongoing care commitment.

4. Build a care backup before you need it urgently

D.C.'s in-home-care workforce is relatively strong, but its home-health quality indicators are weaker than the national middle overall. That makes agency selection important. The 2025 median non-medical caregiver rate is about **\$38 an hour, compared with the national median of \$35—about 9% higher**. This is a budgeting reference, not your eventual bill.

Do this: You and your spouse should identify a primary and backup in-home agency serving your address, plus options for assisted living, memory care, and nursing care if those needs arise. D.C.'s relatively limited residential-care capacity makes advance investigation worthwhile; this is preparation, not a recommendation to enter care now.

Where to start:

U.S. Administration for Community Living's **Eldercare Locator**: <https://eldercare.acl.gov/> — use ZIP 20008 for local aging-services referrals.

Centers for Medicare & Medicaid Services (CMS) home-health information:

<https://data.cms.gov/provider-data/>

CMS nursing-home staffing, inspection, penalty, and quality information:

<https://data.cms.gov/provider-data/topics/nursing-homes/data-sources>

Medicare-certified home health is different from non-medical help with meals, housekeeping, or personal care. Ask agencies which services they actually provide.

Done when: Your care contact sheet records current staffing and capacity, service area, quality checks, written prices, accepted payment sources, eligibility requirements, travel from home, and backup arrangements. Directory entries alone do not clear these questions.

5. Decide how future care would be financed

Do this: Bring the care quotes and your retirement spending plan to an insurance professional and retirement planner. Review any existing long-term-care policy. If considering a new policy, explicitly ask whether it provides **meaningful in-home-care benefits**, what services qualify, what triggers payment, and what limits or exclusions would affect staying at home.

Timing: Before purchasing a policy or relying on insurance to fund future care.

Done when: You have a written explanation of the coverage being considered and a separate plan for costs it would not pay. If coverage is unavailable or does not suit your needs, document the alternative funding approach rather than treating insurance as settled.

6. Make daily independence workable from this home

Do this: You and your spouse should walk through the home with an accessibility professional or treating clinician if mobility concerns arise. Check entry steps, bathroom access, lighting, handrails, and whether essential daily activities can remain manageable. Obtain written estimates for useful changes and check any condominium or homeowners association rules before approving work.

Test a real trip from home to your usual clinician, pharmacy, and grocery store without driving. Confirm walking conditions, pickup arrangements, accessibility, and the return trip—not just whether transit exists nearby.

Snow and ice affect substantial portions of D.C., with exposure varying locally. Assign responsibility for clearing your entrance and arrange a backup for groceries, prescriptions, and caregiver access. Extreme heat is concentrated in some portions of the District; check your own cooling reliability and a safe alternative during an outage. Include storm-related access and power interruptions in the same plan.

Done when: You have a practical non-driving option, named backup help, and a short, priced list of necessary home changes. Use **Your Stay, Adapt, or Move Plan** for housing-choice decisions if a problem cannot be solved from here.

7. Keep estate documents and the plan current

Do this: You and your spouse should ask a D.C. estate-planning attorney to review wills or trusts, financial powers of attorney, healthcare directives, beneficiary designations, the deed, and any mortgage. D.C. imposes an estate tax, so ask whether its current exemption and filing rules matter to your assets and ownership arrangements.

Done when: Documents are signed as required, beneficiary and ownership records agree with your intentions, and the people authorized to help know where accessible copies are kept.

Revisit this plan at your annual retirement review and after a major health change, coverage change, significant home repair, or change in caregiving support. Update actual costs and care contacts rather than starting the planning process over.

Healthcare resource contacts: Eldercare Locator: eldercare.acl.gov · 1-800-677-1116 — Find the Area Agency on Aging and local aging-services navigator for a ZIP code.

Medicare Care Compare: [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) · 1-800-MEDICARE (1-800-633-4227) — Compare Medicare-certified home-health agencies and nursing homes, including available quality information.