

Case Management Salary & Trends

SURVEY REPORT - 2026



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Contributor Page

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About the Case Management Society of America (CMSA)



The Case Management Society of America (CMSA) is the leading non-profit association dedicated to the support and development of the case management profession. CMSA is an international, non-profit organization founded in 1990.

CMSA's mission is to promote the growth and value of case management and to support the evolving needs of the case management professional.

About the Case Management Institute (CMI)



The Case Management Institute (CMI) is dedicated to the professional development of case managers. CMI provides education and training aligned with accreditation, certification, and practice standards, ensuring case managers develop the knowledge needed to be effective case managers. CMI offers a range of products, including courses on Foundations of Case Management, Utilization Management, CCM Certification Preparation, and related publications.

Introducing the 2026 Case Management Salary and Trends Survey

Building on the success of our previous collaborations, the Case Management Society of America (CMSA) and the Case Management Institute (CMI) have once again partnered to conduct the 2026 Case Management Salary and Trends Survey and Report. Our partnership allows us to leverage our collective strengths, resources, and expertise to provide you with this in-depth report reflecting the experiences and perspectives of case managers across the industry.

This year 2,622 case managers took the time to tell us about their work, their pay, and how they feel about both. That response gives us a confidence level of 95% with a margin of error of $\pm 1.91\%$, and it gives you an accurate and detailed picture of where the profession stands in 2026.

We built this survey to answer the questions we hear most from you. Am I paid fairly? What would it take to earn more? Is my caseload normal?

You will be able to determine how your salary compares to others in similar roles, sectors, and settings. You will also discover what the highest earners have in common, including supervisory responsibility, clinical sector, certification, and professional association membership.

Caseloads are reported by case mix and by work setting, because caseload size varies more by the type of case management performed than by any other factor. A caseload that is typical in chronic care would be unmanageable in acute inpatient work. The ranges in this report give you a benchmark that reflects the work you actually do.

You will also find that most case managers are satisfied with the work itself. Satisfaction with the job, pay, benefits, and management is covered throughout, along with what influences it.

For those of you who lead case management teams, this report offers benchmarks you can act on. You will find the caseload ranges case managers themselves describe as sustainable, reported separately for inpatient and remote work, along with the salary levels at which satisfaction rises. Employer-facing insights throughout point to where organizations can strengthen what they offer. New this year, a section built from the responses of supervisors, managers, and directors reports team size, composition, and the functions housed within case management departments.

We built this report to be used, not just read. Staff case managers can bring the salary and benefits data to a performance review or a job negotiation. Supervisors and managers can use the caseload, work environment, and satisfaction findings to guide how they staff, assign, and support their teams. Directors and executives can benchmark their own organization against the salary ranges, caseload thresholds, benefits packages, and team structures reported here. Share this report with your team, your leaders, and anyone it would help.

To every case manager who responded, thank you. This report exists because you were willing to share. Your input shapes how the profession understands itself, and we welcome your feedback as we continue to improve this resource.

Deanna Cooper Gillingham, RN, CCM, FCM
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Survey Methodology

The 2026 Case Management Salary and Trends Survey provides a statistically robust and comprehensive overview of the case management profession. Conducted from February 11 to March 7, 2026, this biennial survey gathered 2,622 valid responses after data cleaning.

Key Survey Details:

- **Total Responses Received:** 2,962
- **Excluded — Non-Case Manager Respondents:** 153
- **Excluded — Incomplete, Invalid, or Duplicate Responses:** 187
- **Final Valid Sample:** 2,622
- **Confidence Level:** 95%
- **Margin of Error:** $\pm 1.91\%$ (assuming a population of 100,000 case managers)
- **Completion Rate:** 77.3%
- **Response Rate:** Approximately 13–18% (based on an estimated 15,000–20,000 invitations)

Survey Distribution:

The survey was distributed through multiple channels, including the Case Management Society of America (CMSA) membership and subscriber list, Case Management Institute subscriber list, and various social media platforms, ensuring a diverse and representative sample.

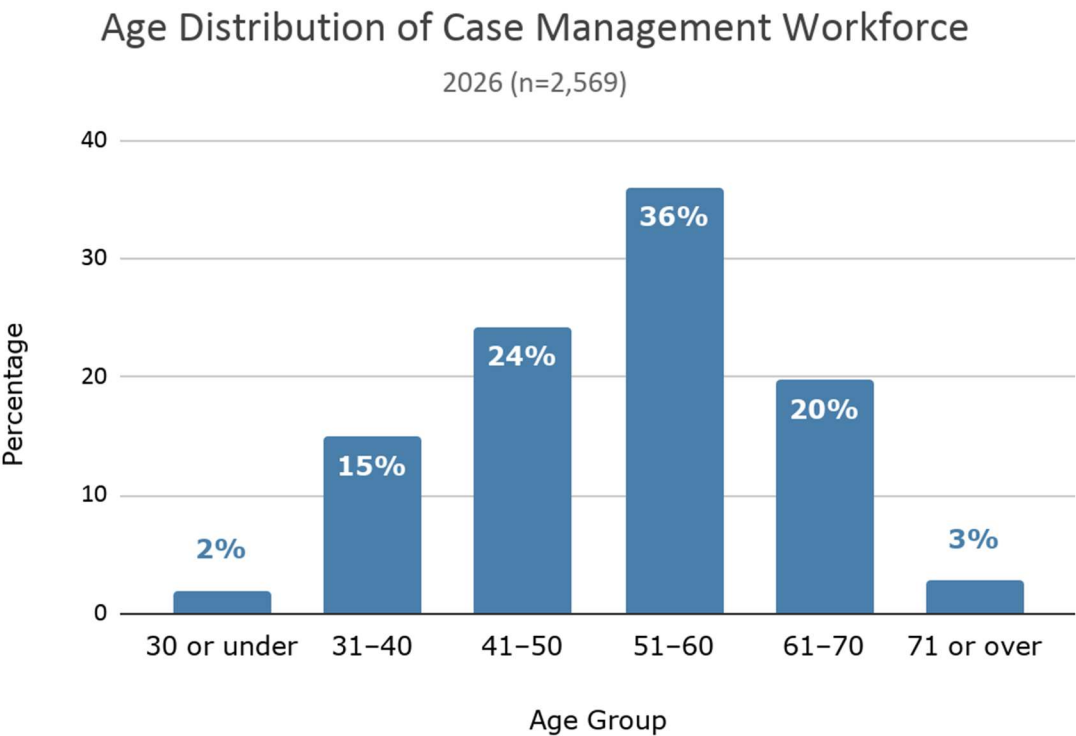
This robust sample size and diverse distribution method provide statistically significant insights into the case management field. The survey explores critical aspects, including job satisfaction, workforce composition, compensation, caseload, and professional development.

By comparing 2026 results with previous years' data, we identify significant trends and shifts within the field. These findings provide valuable insights for case managers, healthcare administrators, and policymakers, highlighting the profession's strengths and areas requiring attention.

Case Management Workforce: Demographics

The demographic profile of the case management workforce offers valuable insights into the profession's composition and evolution. This section examines key factors including age distribution, gender representation, and ethnic diversity among case managers, comparing data from previous surveys to note trends.

Age Distribution



Key Findings

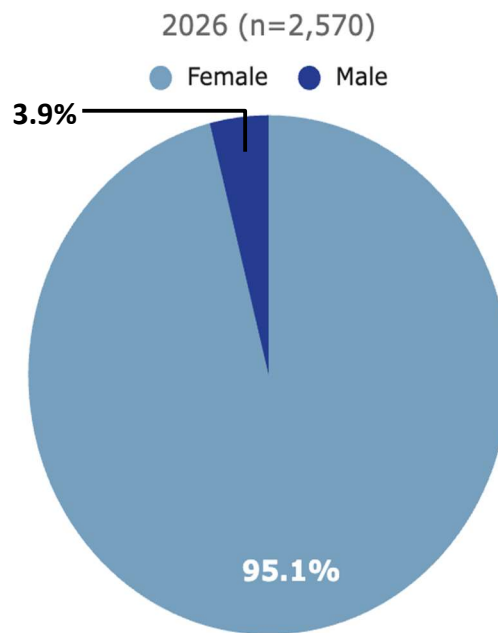
- Case managers aged 51 to 60 make up the largest share of the workforce at 36.1%, followed by those 41 to 50 at 24.3%.
- More than 8 in 10 case managers (83.1%) are 41 or older.
- Only 1.9% of case managers are 30 or under.
- The age distribution of case managers remained stable from 2022 to 2026.

Insights

The case management workforce is concentrated in mid- and late career age groups, with more than 8 in 10 case managers aged 41 or older and fewer than 2 in 100 aged 30 or under. The 2026 distribution is statistically unchanged from 2024, continuing the stable pattern observed across three survey cycles and indicating a consistent age profile rather than a shift toward younger or older respondents.

Gender Representation in Case Management

Gender Distribution in Case Management



Key Findings

- Case management remains overwhelmingly female at 95.1%.
- Male respondents increased from 2.2% in 2024 to 3.9% in 2026.
- Non-binary respondents remained a very small group (0.2%, 6 respondents) in 2026.

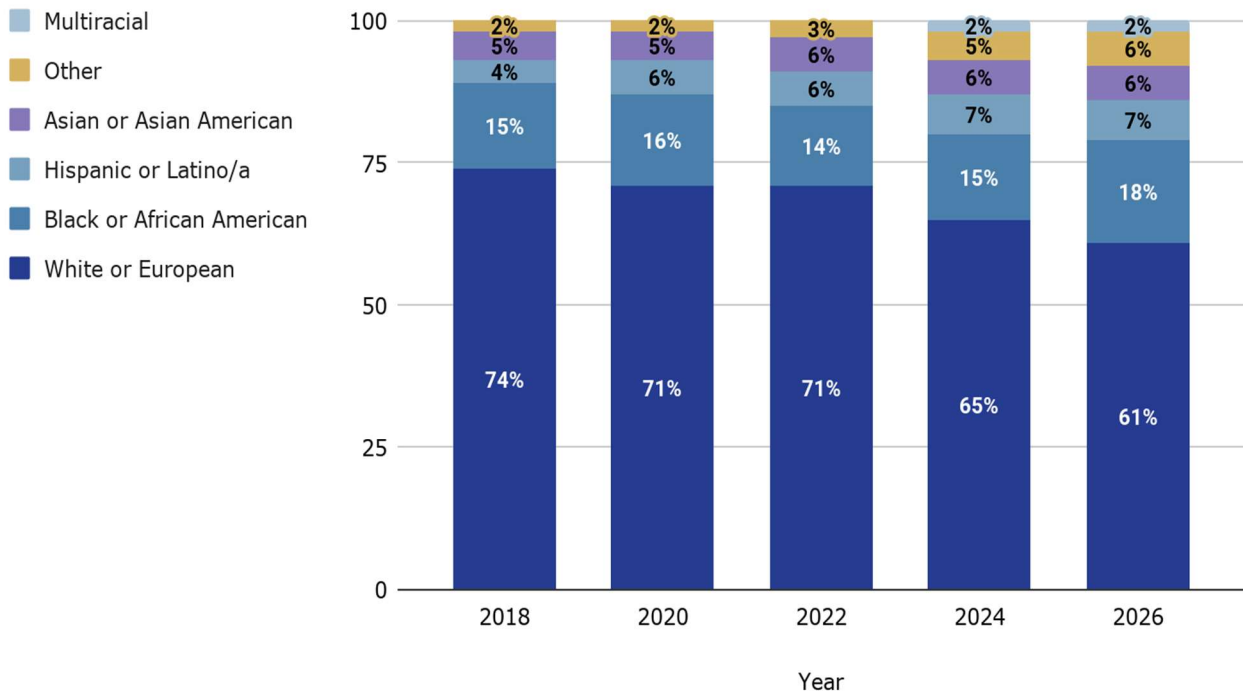
Insights

The increase in male respondents from 2.2% to 3.9% is statistically significant. While case management remains a predominantly female profession, this shift represents measurable movement toward a more gender-diverse workforce.

Evolving Ethnic Diversity in Case Management

Ethnic Diversity Trends in Case Management (2018–2026)

2018 (n=1,052) | 2020 (n=1,398) | 2022 (n=1,922) | 2024 (n=2,683) | 2026 (n=2,565)



Note: Multiracial added in 2024; counted in Other in prior years. 2026 Other includes Prefer not to say, Prefer to self-describe, American Indian/Alaska Native, Middle Eastern/North African, and Native Hawaiian/Pacific Islander.

Key Findings

- Caucasian representation has declined steadily, from 74.0% in 2018 to 61.4% in 2026.
- Black or African American representation rose to 18.0% in 2026, up from 15.2% in 2024.
- Hispanic or Latino/a (6.5%) and Asian or Asian American (6.1%) representation held steady, both maintaining gains made since 2018.

Insights

The steady decline in Caucasian representation since 2018, alongside gains across other groups, reflects a long-term trend toward a more diverse profession.

Note on 2026 categories

The 2026 survey introduced three new options not previously available: American Indian or Alaska Native (1.1%), Middle Eastern or North African (0.4%), and Native Hawaiian or Pacific Islander (0.4%). Together with Prefer not to say (3.9%) and Prefer to self-describe (0.2%), these make up the 'Other' band. Multiracial (1.9%) is reported separately, consistent with 2024.

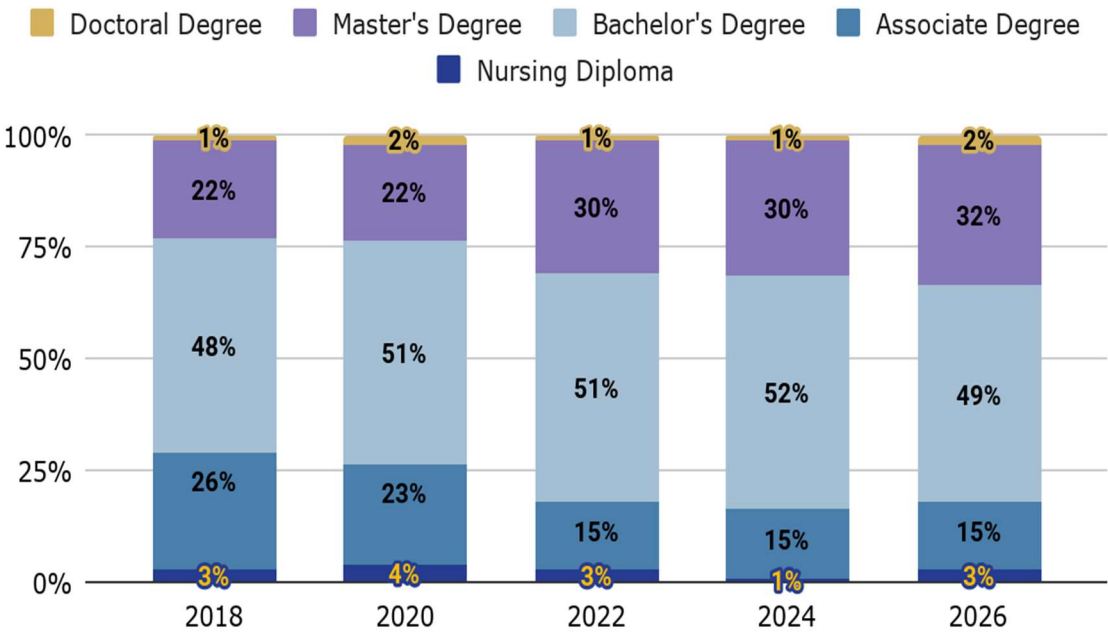


Work Experience and Professional Background

This section examines key aspects of case managers' qualifications, including educational attainment, primary professional disciplines, and years of experience in both healthcare and case management specifically. By analyzing trends from 2018 to 2026, we gain insights into the evolving educational landscape of the profession, the composition of professional backgrounds, and the experience levels within the field. These findings provide a comprehensive view of the current professional makeup of case management and how it has changed over time.

Education

Trends in Case Managers Highest Education Levels
(2018–2026)



Note: To maintain consistency of chart comparison with prior survey years, LPN/LVN (0.5%), High School Diploma (0.5%), Postdoctoral (0.04%), and "None of the above" (0.1%) categories newly added in 2026 are grouped within the nearest applicable education level for trend comparison. Each is reported individually in the underlying data.

Key Findings

Case managers remain highly educated:

- 82.4% hold a bachelor's degree or higher.
- Master's degrees reached 31.7%, up from 22.0% in 2018.
- A bachelor's degree remains the most commonly reported highest education level at 49.1%.
- Associate degrees held steady at 14.6%, stabilizing after their earlier decline from 26.0% in 2018.
- New response options added in 2026 were selected by small numbers of respondents: LPN/LVN (0.5%), high school diploma (0.5%), postdoctoral (0.04%), and none of the above (0.1%).

Insights

The education profile of case managers has shifted steadily toward graduate degrees, with master's attainment rising nearly 10 percentage points since 2018 while associate degrees have leveled off. With more than 8 in 10 case managers holding a bachelor's degree or higher, and nearly 1 in 3 holding a master's, the profession's educational baseline continues to rise.



Primary Professional Discipline

Key Findings

- Nurses continue to represent the vast majority of case managers, with 85.5% holding at least one nursing license. This includes Registered Nurses (82.7%), Advanced Practice Registered Nurses (2.6%), and LPN/LVNs (1.2%).
- Social workers form the second-largest group at 10.6%.
- Other disciplines represented include licensed professional counselors, life care planners, disability managers, and occupational and physical therapists, each at 1.3% or less. Speech-language pathologists were the most common write-in response.
- A small group of case managers (3.7%) reported more than one professional discipline.
- This composition has changed little since 2018, with nurses consistently the large majority and social workers the second-largest group. Accounting for the survey's new answer options, the share of nurses and social workers is statistically unchanged from 2024 to 2026.

Note: The 2026 survey added answer options not offered in 2024, including Advanced Practice Registered Nurse. The lower Registered Nurse figure compared to prior years reflects APRNs now selecting their own category, not a change in workforce composition.

2026 Detailed Breakdown of Professional Composition of Case Management Workforce n=2,514

Discipline	Count	% of Respondents
Registered Nurse	2,078	82.7%
Social Worker	266	10.6%
Advanced Practice Registered Nurse	66	2.6%
Other	45	1.8%
Licensed Professional Counselor	33	1.3%
LPN/LVN	29	1.2%

Discipline	Count	% of Respondents
Life Care Planner	26	1.0%
Disability Manager	20	0.8%
Occupational Therapist	18	0.7%
Physical Therapist	15	0.6%
Pharmacist	9	0.4%
Respiratory Therapist	8	0.3%
Vocational Counselor	8	0.3%
Physician	7	0.3%
Physician Assistant	2	0.1%

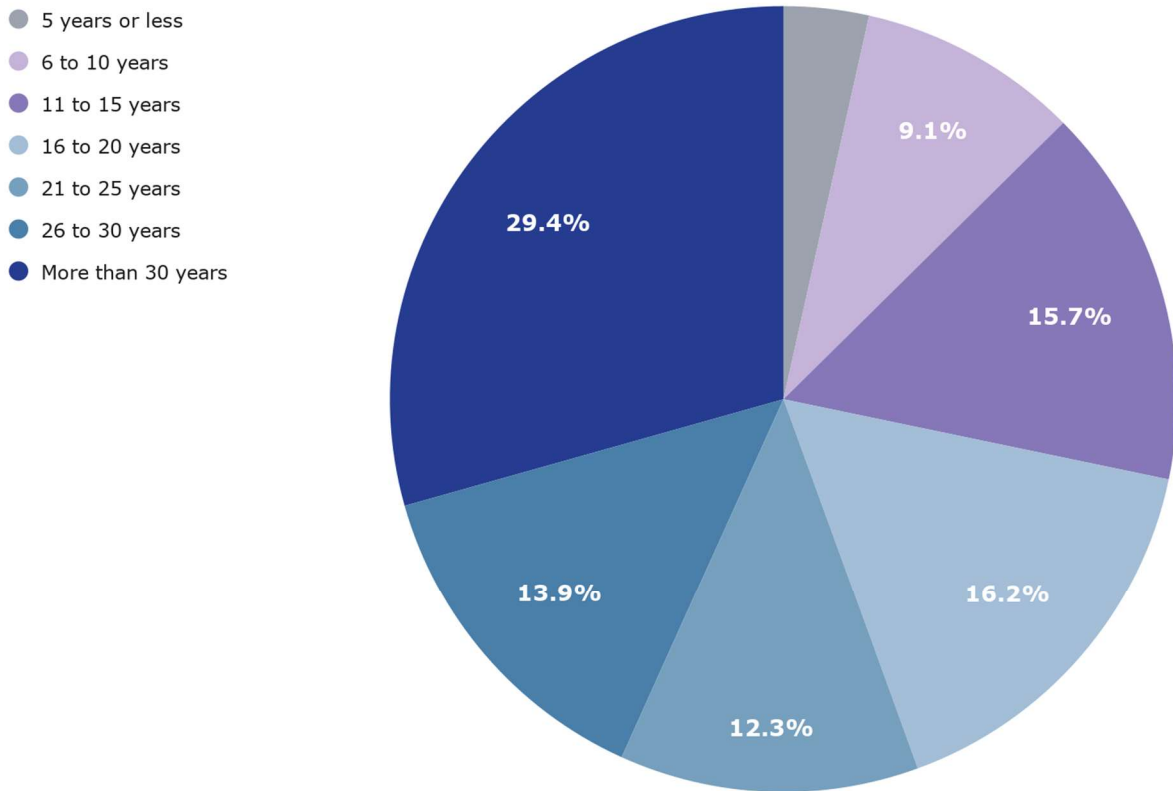
Note: Respondents could select all disciplines that apply, so percentages sum to more than 100%.

Summary

The interdisciplinary foundation of case management remains stable. The field continues to draw primarily from nursing, with social work as the second-largest discipline and a range of allied professions represented across the workforce. This breadth is a strength, and organizations that draw on the complementary expertise of nurses, social workers, therapists, and counselors are well-positioned to deliver comprehensive, client-centered care.

Years of Experience in Healthcare

Distribution of Healthcare Experience Among CMs
(2026, n=2,591)



Key Findings

- **Seasoned Professionals:** The largest group of case managers (29.4%) report over 30 years of healthcare experience.
- **Substantial Experience Norm:** 87.4% of case managers have more than 10 years of healthcare experience, making extensive healthcare backgrounds the norm in the field.
- **Few Early-Career Entrants:** Only 3.6% of respondents have 5 years or less of healthcare experience, with less than 1.0% (0.8%) having 2 years or less, suggesting that case management is rarely an entry-level healthcare position.

Summary

Case management is consistently composed of seasoned healthcare professionals, with the majority bringing well over a decade of experience to their roles. The minimal representation of early-career professionals is explored further in the next section, where healthcare experience is compared directly with case management experience.

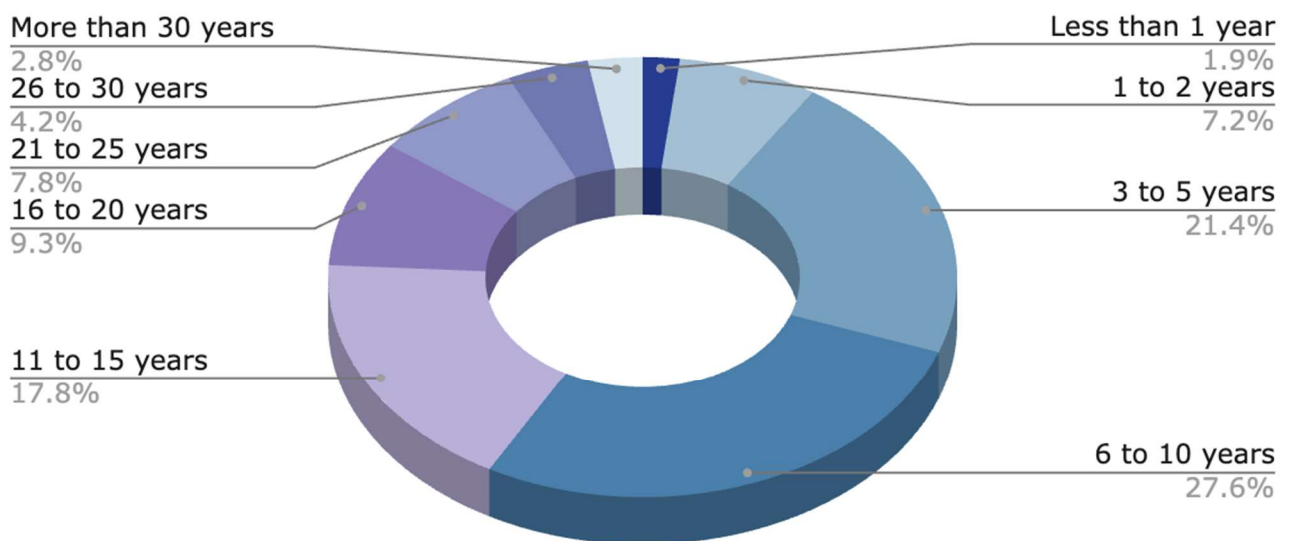
Note: Year-over-year changes are not statistically significant. The healthcare experience profile remained stable between 2024 and 2026.

Years of Experience in Case Management

Key Findings

- The largest segment of case managers (27.6%) has 6 to 10 years of case management experience.
- The second-largest group (21.4%) has 3 to 5 years of case management experience.
- Those with 10 years of experience or less make up 58.0% of respondents.
- Case managers with more than 20 years of CM experience make up 14.8% of the workforce.

Distribution of Case Management Experience (2026, n=2,591)



Insights

The contrast with healthcare experience tells the clearest story in this section: while 71.7% of case managers have 16 or more years in healthcare, only 24.1% have that tenure in case management. At the individual level, 84.8% of respondents report more years in healthcare than in case management. This confirms a pattern in the profession: case managers typically enter the role after substantial careers in other healthcare positions, bringing seasoned clinical judgment to a specialized practice.

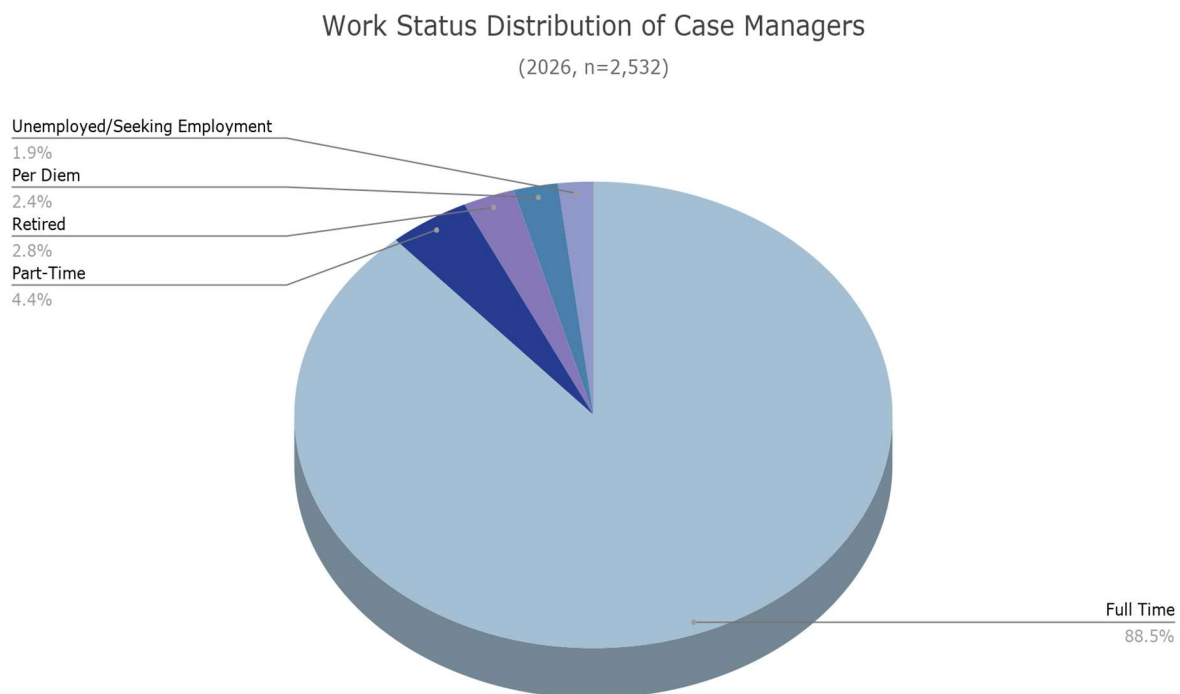
Employment Profile

This section examines who employs case managers, the clinical sectors they serve, the settings where they physically work, their work status, and how they interact with patients and clients.

The 2026 survey refined its approach to the employment questions. Where prior surveys asked about organization type, this year respondents first identified their primary employer, meaning the entity that issues their paycheck, and then separately selected the clinical sector that best describes their work regardless of who pays them.

The distinction matters because the two often differ. A case manager employed by the Department of Veterans Affairs may work in a hospital or a clinic, and one employed by a large integrated health system may work in a physician practice, a hospital, or a health plan. Together, these questions offer a fuller picture of the employment landscape than any single question could: who signs the paycheck, where the work happens, and how case managers connect with the people they serve.

Work Status of Case Managers in 2026



Key Findings

- **Full-Time Dominance:** The vast majority of case managers (88.5%) work full-time, confirming that case management remains primarily a full-time profession. This represents a modest but statistically significant decline from 91.1% in 2024.
- **Minimal Part-Time and Per Diem Employment:** Part-time employment accounts for 4.4%, and per diem positions make up 2.4%.
- **Low Unemployment:** Just 1.9% of case managers are unemployed and seeking employment. While this rose from 1.0% in 2024, it remains exceptionally low, indicating a strong, stable job market for the profession.

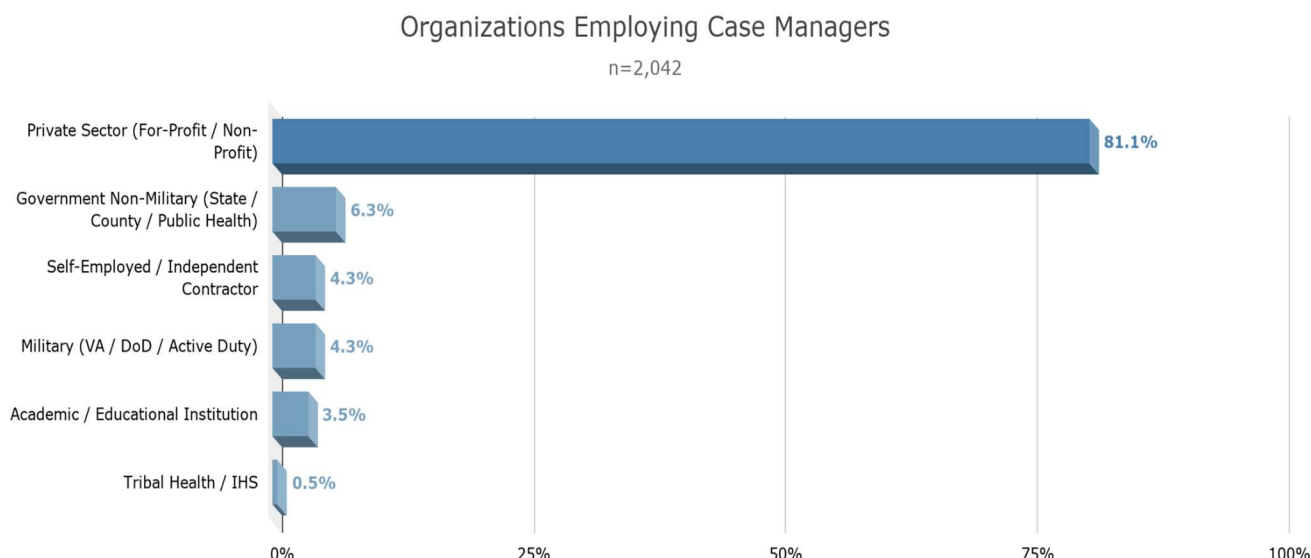
Insights

Full-time work remains the standard work arrangement in case management. Although full-time employment declined slightly and unemployment had a small but statistically significant rise, both shifts are small in absolute terms. At 1.9%, unemployment among case managers remains well below the national rate of 4.4% recorded in February 2026 when the survey was conducted (U.S. Bureau of Labor Statistics, 2026). This indicates that case management skills remain in steady demand and that professionals in this field can typically find employment. For employers, the same dynamic points to a competitive hiring environment where the pool of available experienced talent is small relative to demand.

References

U.S. Bureau of Labor Statistics. (2026, March 6). *The employment situation—February 2026* (USDL-26-0367). U.S. Department of Labor.
https://www.bls.gov/news.release/archives/empsit_03062026.htm

Organizations Employing Case Managers



This question asked case managers who employs them, regardless of the setting where they work.

Key Findings

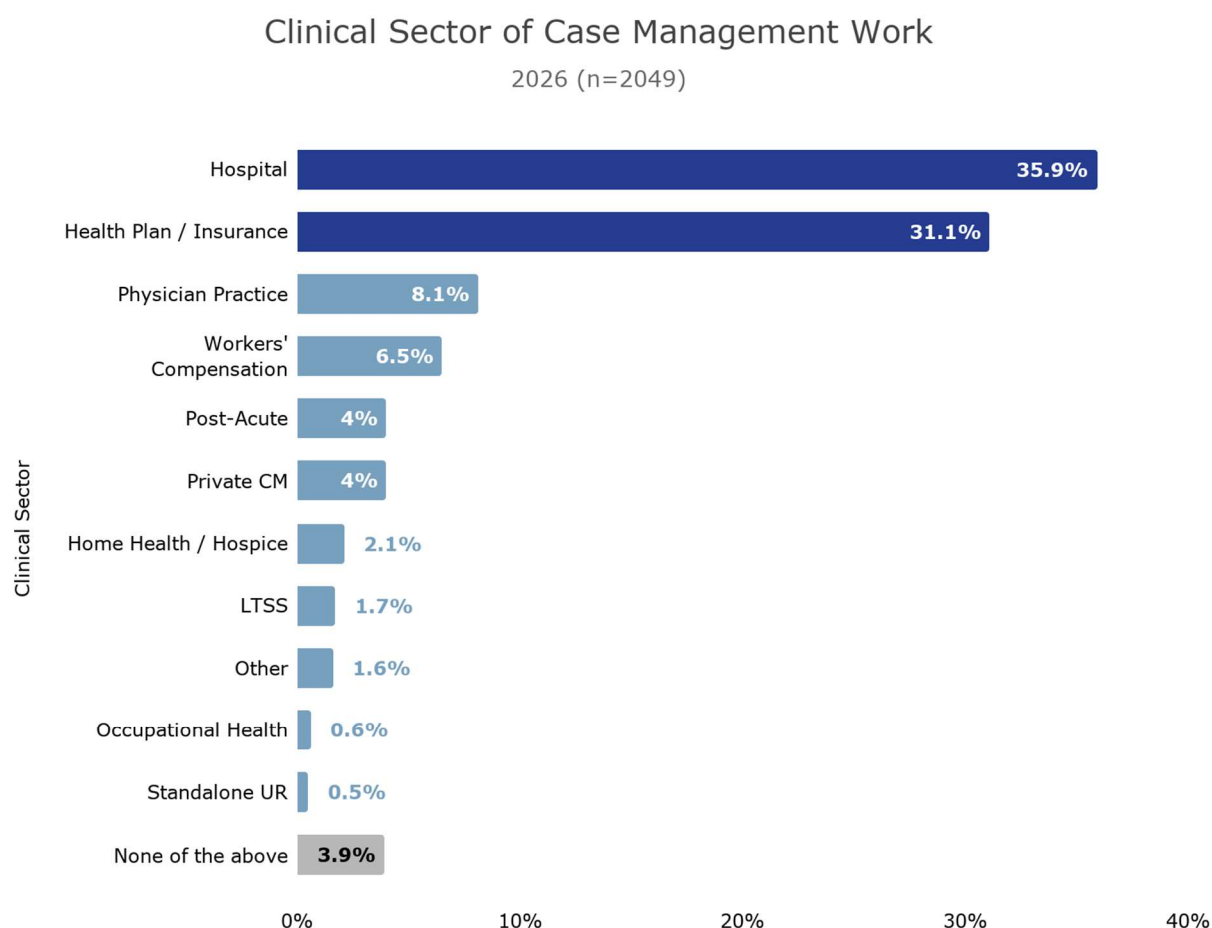
- More than 8 in 10 case managers (81.1%) are employed in the private sector, which includes both for-profit and non-profit organizations.
- Government non-military employers, such as state and county health departments, account for 6.3% of respondents.
- Self-employed case managers and independent contractors make up 4.3%.
- Military employers, including the VA, DoD, and active duty positions, employ 4.3%.
- Academic and educational institutions employ 3.5%.
- Tribal Health / IHS emerged as a distinct employer segment (0.5%), identified through write-in responses.

Note

The 2026 survey introduced a revised employer question asking respondents to identify the entity that issues their paycheck, replacing the organization type question used in prior years. Because the categories changed, no trend comparison is available.

Clinical Sector of Case Management Work

Regardless of who issues their paycheck, case managers were asked to select the clinical sector that best describes their work.



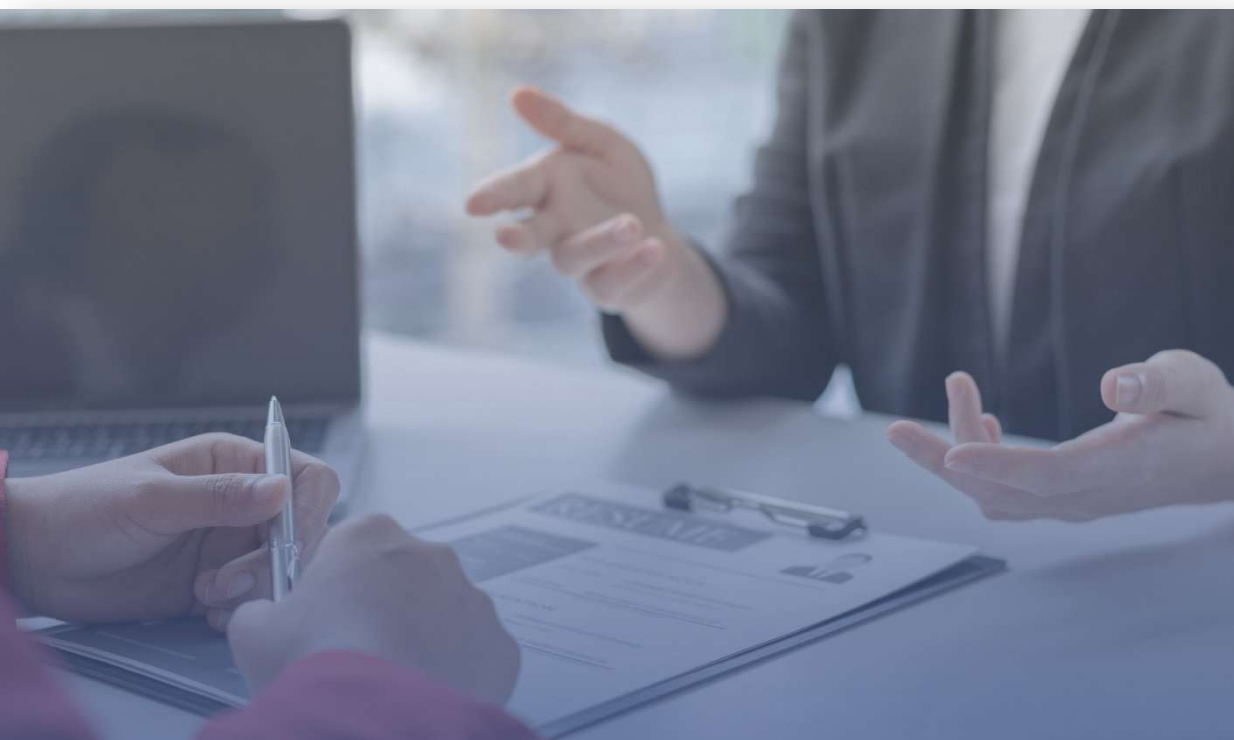
Key Findings

- **Hospitals lead as the primary clinical sector:** More than a third of case managers (35.9%) work in hospital settings, including acute care, specialty, and long-term acute care (LTAC) facilities.
- **Health plans follow closely:** Nearly a third (31.1%) of respondents work in health plan, insurance, TPA, or managed care settings.
- **Concentration in two sectors:** Hospitals and health plans together account for two-thirds (67.0%) of case management work.
- **A broad range of additional settings:** The remaining third work across diverse sectors, including physician practices (8.1%), workers' compensation (6.5%), post-acute facilities

(4.0%), private case management (4.0%), home health and hospice (2.1%), and community-based supports (1.7%). An additional 3.9% selected "None of the above," indicating work outside the listed sectors.

Insights

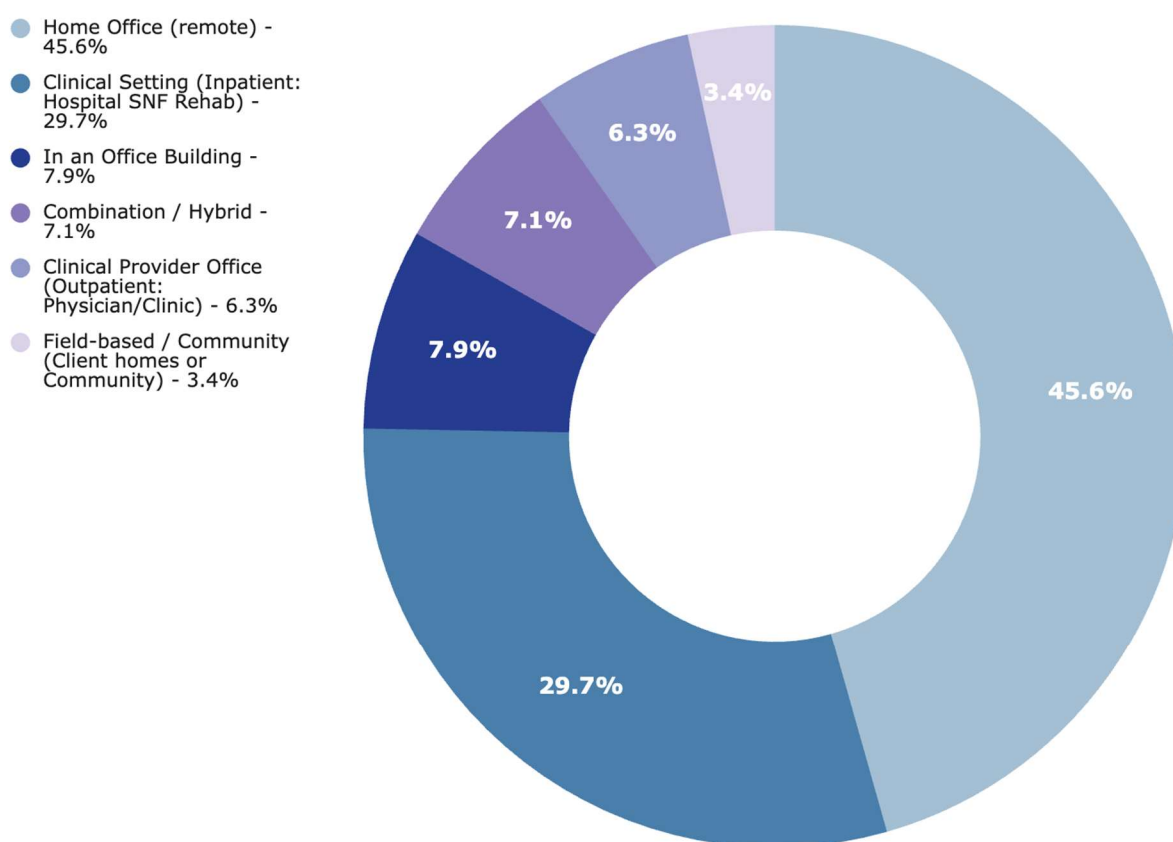
The results reveal a field that is both concentrated and diverse. While the majority of case managers work in hospital or health plan settings, there is meaningful representation across physician practices, workers' compensation, post-acute care, home health, occupational health, and community-based services. This diversity points to the versatility of case management skills, which translate across clinical environments, payer models, and community-based contexts to meet a wide range of client needs.



Work Environment/Settings

Case Management Work Environments Distribution

(2026 n=2059)



Key Findings

- Nearly half of case managers (45.6%) work fully remotely from home. Combined with hybrid arrangements (7.1%), over half the workforce (52.7%) works remotely from home at least part of the time.
- Just under a third (29.7%) work in inpatient clinical settings such as hospitals, SNFs, and rehab facilities.
- The remaining respondents, nearly 2 in 10 (17.6%), work in office buildings (7.9%), outpatient provider offices (6.3%), or field-based and community locations (3.4%).

Insights

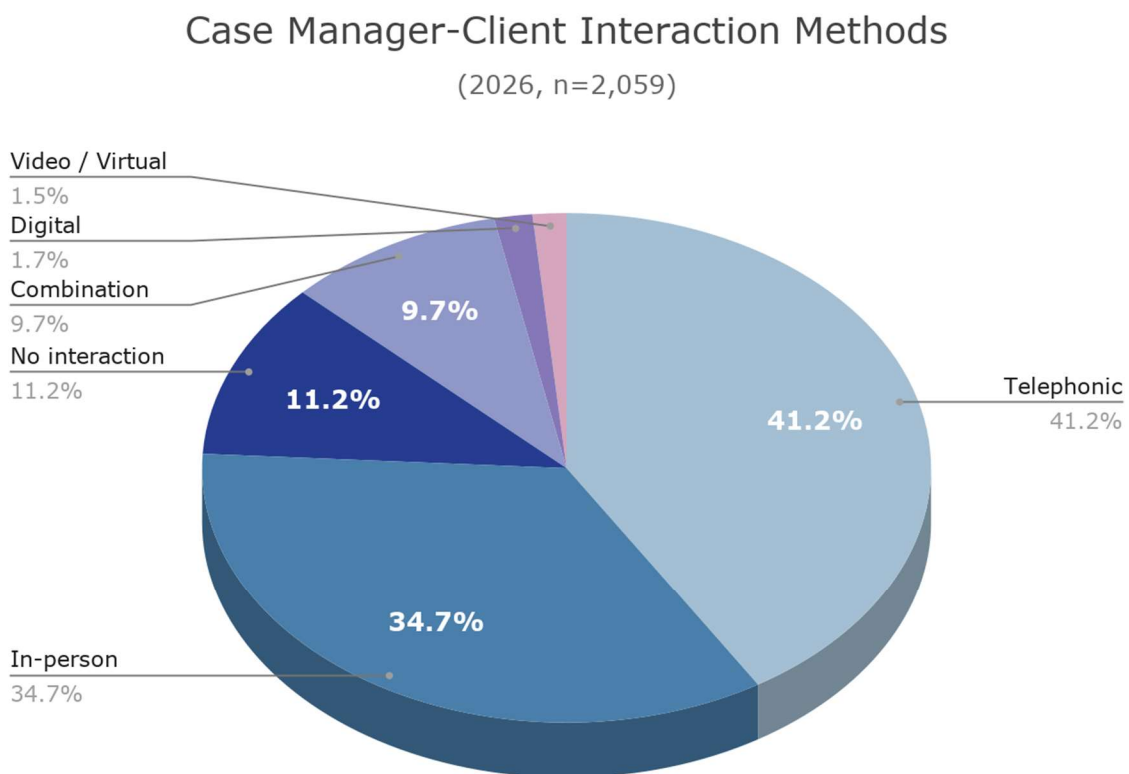
Remote work remains the single most common arrangement in case management. Compared with 2024, the share working fully remotely from home edged down slightly (48.7% to 45.6%) while inpatient clinical presence rose (25.9% to 29.7%). Both shifts are statistically significant, though the response options were revised for 2026, so some movement may reflect how respondents categorized themselves rather than a change in where work happens.

Notably, remote work in case management predates the broader pandemic-era shift. The 2020 survey, conducted before the pandemic began, found 45% of case managers already working from a home office. That share has held between 45% and 49% in every survey since, suggesting remote arrangements are a structural feature of the profession rather than a temporary accommodation.

Client Interaction Methods in Case Management

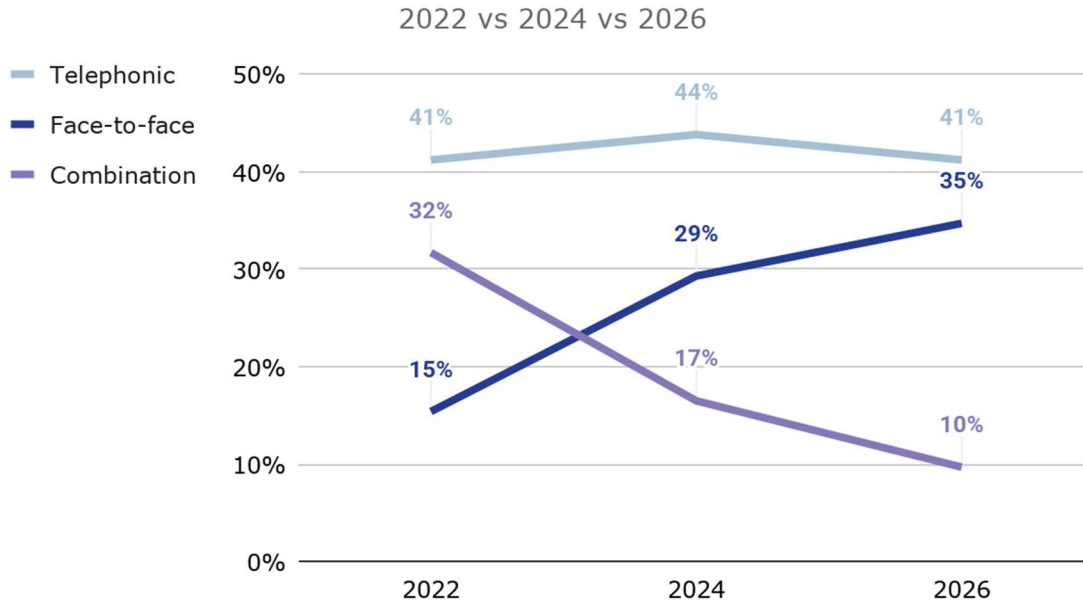
The methods by which case managers interact with their clients are a crucial aspect of the profession, influencing both the quality of care and the efficiency of service delivery. This analysis examines the primary modes of communication used by case managers, including telephonic, face-to-face, digital, and combination approaches. By comparing 2026 data to previous surveys, we identify significant shifts in interaction and explore the factors driving these changes.

Survey Results: 2026 Case Manager-Client Interaction Methods



Evolving Trends in Case Manager-Client Communication

Trends in Case Manager-Client Interaction Methods



Note: Percentages reflect the full respondent pool for each survey year. The chart displays the three primary interaction methods; the remaining categories (Do not interact, Video/Virtual, Digital Only) are not shown, so the plotted figures do not total 100%.

Key Findings

- **Telephonic** remains the most common primary method at 41.2%, holding steady across all three surveys.
- **Face-to-face** interaction has climbed sharply, from 15.4% in 2022 to 34.7% in 2026, more than doubling over four years.
- **Combination** methods declined from 16.5% in 2024 to 9.7% in 2026, continuing a steady drop from 31.7% in 2022.

Analysis

Telephonic interaction remains the most common method of client communication, but face-to-face engagement has grown substantially since 2022. This trend is closely tied to where case managers work. The percentage of case managers physically located in inpatient clinical settings rose from 26.1% in 2024 to 29.7% in 2026, and these two patterns are directly linked: 84.8% of case managers working on-site in inpatient settings interact with clients primarily in

person, compared to just 4.4% of those working from home. As more case managers work in clinical settings, face-to-face interaction increases.

Combination approaches were most common in 2022 (31.7%), when case managers adapted to shifting COVID-19 pandemic conditions, and have fallen steadily since. Part of this decline likely reflects a return to established ways of working, mirroring the rise in face-to-face interaction and the return to clinical settings. The 2026 survey also clarified the Combination option, instructing respondents to select it only if no single method accounted for more than half their client interaction, so some of the decline may reflect the sharper definition rather than a change in practice.

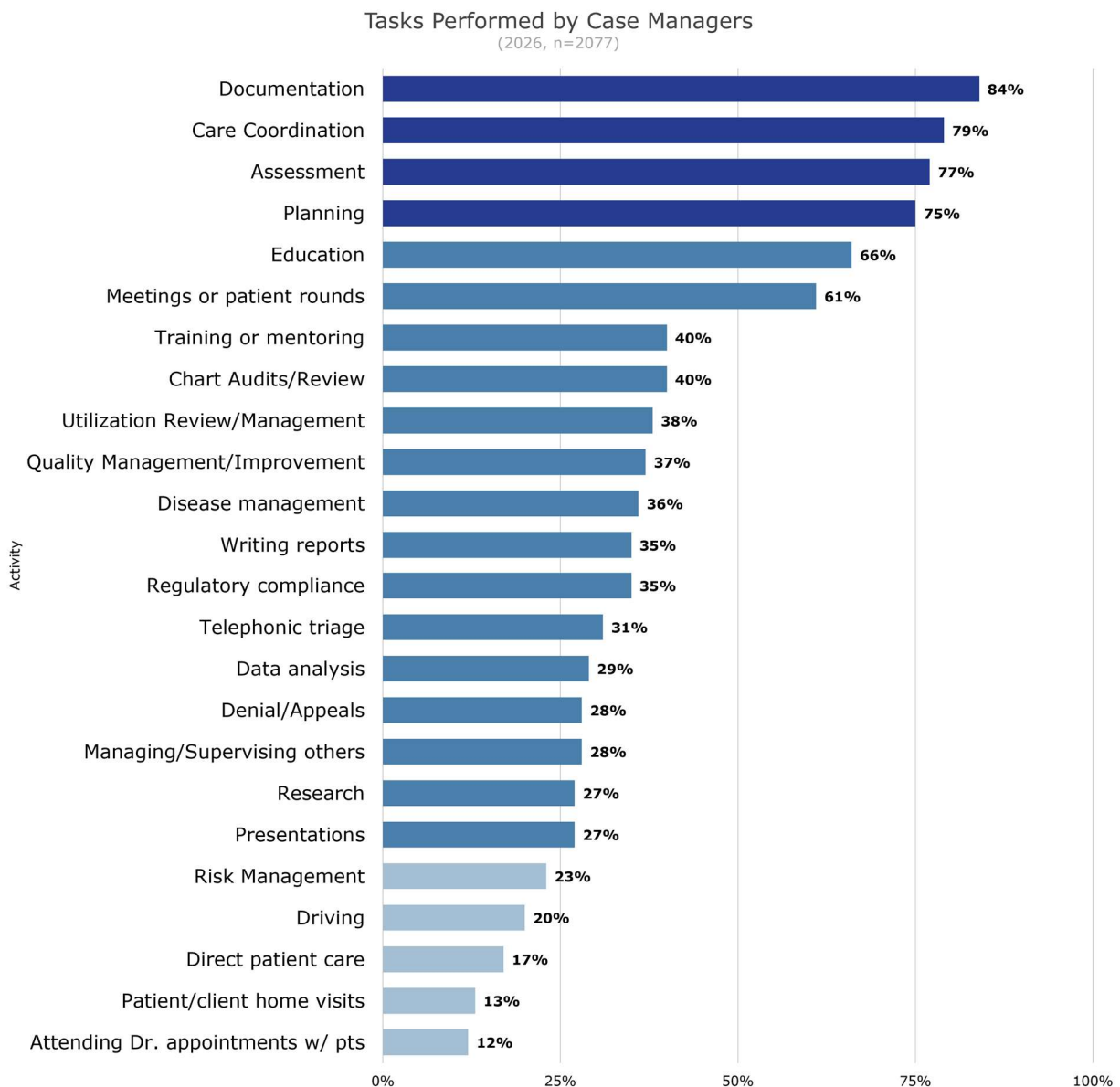
A small but notable group (11.2%) does not interact directly with clients. More than half of these respondents (55.4%) manage or supervise staff, indicating that many of these positions are leadership roles.

The newer Digital Only category, capturing case managers who primarily manage clients through email, text, or portal-based tools added in 2026, and the Video/Virtual categories remain small, together accounting for roughly 3.0% of case managers. An early signal that technology-based interaction is present but not yet a primary approach for most.

Job Responsibilities and Workloads

What Case Managers Do

Case management is a multifaceted role. Beyond the core work of assessment, planning, and care coordination, case managers take on a wide range of responsibilities that shape their day-to-day practice. This section looks at the activities case managers report performing, offering insight into the breadth and evolving nature of the role.



Note: Percentages reflect the share of respondents reporting any time spent on each activity in the time-allocation question (n = 2,077).

Key Findings

- **Documentation:** The most commonly reported activity at 84.0%, exceeding even the core case management functions.
- **Core Case Management Functions:** Care coordination (79.0%), assessment (77.0%), and planning (75.0%) are each performed by roughly three in four case managers.
- **Patient and Family Education:** 66.0% of case managers provide education to patients, families, and caregivers.
- **Training and Mentoring:** 40.0% are involved in the orientation, training, and mentoring of other case managers.
- **Administrative and Oversight Work:** Case managers report significant involvement in chart audits and review (40.0%), utilization review and management (38.0%), quality management (37.0%), writing reports (35.0%), and regulatory compliance (35.0%).

Summary

The data shows us that case managers play a diverse and complex role in healthcare, extending far beyond their core functions of care coordination, assessment, and planning. The wide range of reported tasks suggests that case management responsibilities can vary significantly depending on the specific role and setting. These responsibilities span client education, quality improvement, regulatory compliance, and direct patient care, underscoring the need for a broad skill set and ongoing professional development in the field.

Of particular note is the 40.0% of case managers involved in the training and mentorship of case managers. The unique blend of clinical, administrative, and regulatory knowledge required in case management necessitates a comprehensive onboarding process. This training responsibility is often not included in job descriptions and takes significant time to ensure a smooth integration for those new to the profession.

To support this crucial mentorship role effectively, organizations should adjust caseloads and assignments for those involved in training. This allows experienced case managers to dedicate sufficient time to explain not just the 'what' but also the 'why' behind case management practices, especially for those transitioning from traditional healthcare roles. This investment in thorough orientation ultimately contributes to the overall quality of case management services and the long-term success of those new to the field.

Caseload Size and Case Mix

Key Findings

- **Typical Caseload:** The median caseload is 30, with the middle half of case managers carrying between 20 and 57 cases. A small number of case managers reported caseloads in the hundreds, with a maximum of 2,000.
- **Case Mix Drives Caseload:** Case managers working in acute and transition of care carry the smallest caseloads (median 24), while those in chronic care and disease management (median 51) and LTSS/HCBS (median 75) carry the largest.
- **Caseload by Setting:** Inpatient case managers carry the smallest caseloads (median 20, with the middle half between 15 and 28), while remote case managers carry the largest (median 47).
- **Overlapping Ranges:** A caseload of 50 falls within the middle half for chronic care and disease management but above the entire middle half reported for acute and inpatient work.

Caseload Size Among Case Managers (2026, n=1,634)

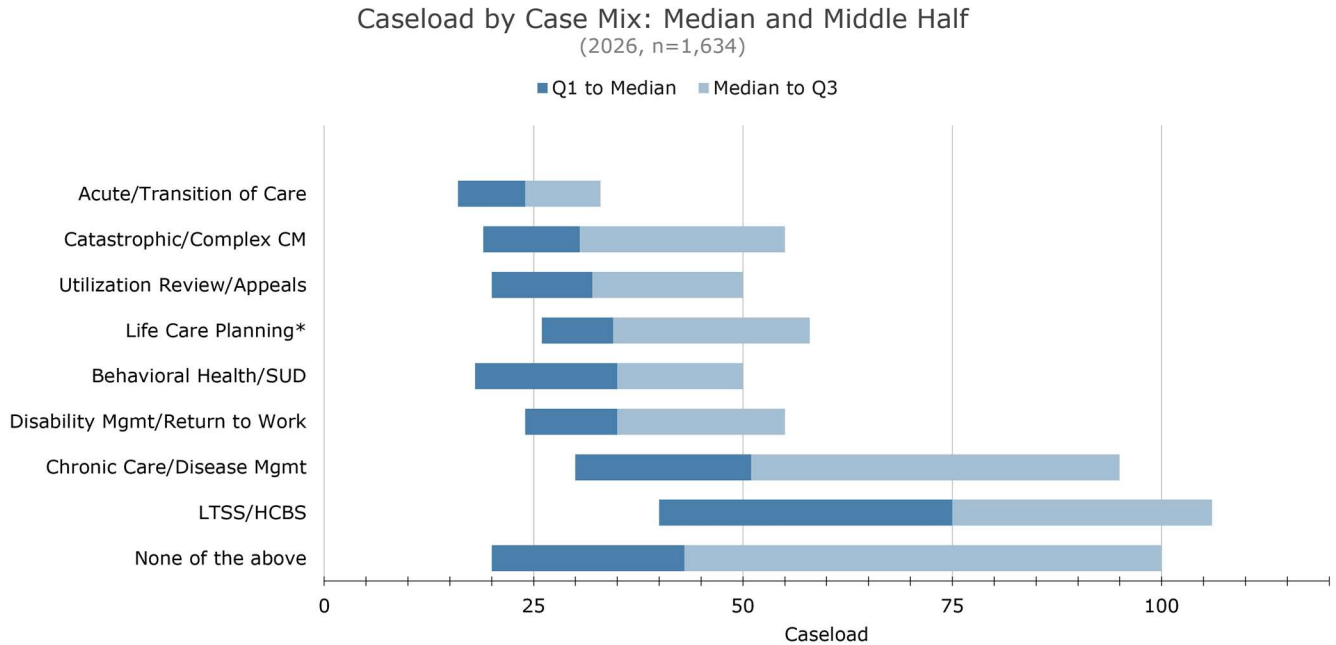
	Median	Middle Half (Q1–Q3)
All Case Managers	30	20–57

Note: Excludes respondents who answered "n/a," "varies," or did not provide a usable number.

Caseload by Case Mix

Case Mix	n	Median	Q1–Q3
Acute / Transition of Care	651	24	16–33
Catastrophic / Complex CM	172	30.5	19–55
Utilization Review / Appeals	93	32	20–50
Life Care Planning*	14	34.5	26–58
Behavioral Health / SUD	73	35	18–50
Disability Mgmt / Return to Work	129	35	24–55
Chronic Care / Disease Mgmt	350	51	30–95
LTSS / HCBS	76	75	40–106
None of the above	73	43	20–100

**Life Care Planning results are based on 14 respondents and should be interpreted with caution due to the small sample size.*



Bars span the middle half of caseloads (Q1 to Q3). The color change within each bar marks the median.

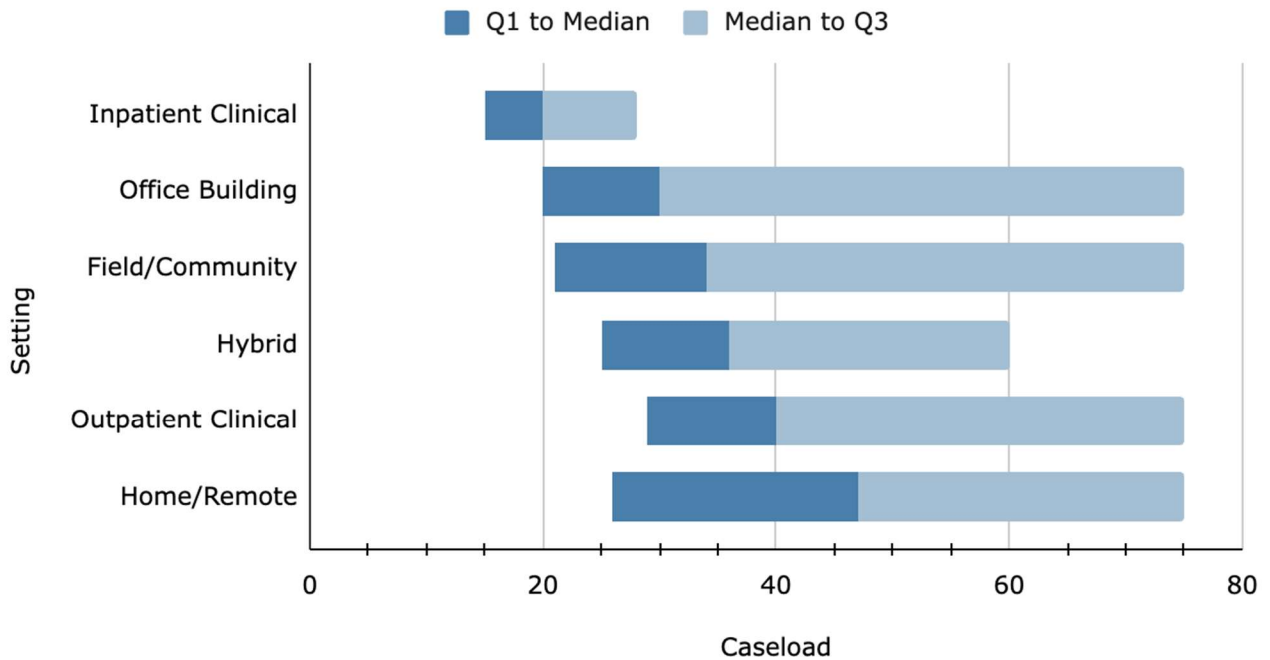
*Life Care Planning results are based on 14 respondents and should be interpreted with caution due to the small sample size.

Caseload by Work Setting

Setting	n	Median	Q1–Q3
Inpatient Clinical	529	20	15–28
Office Building	107	30	20–75
Field / Community	60	34	21–75
Hybrid	113	36	25–60
Outpatient Clinical	104	40	29–75
Home / Remote	721	47	26–75

Caseload by Work Setting: Median and Middle Half

(2026 n=1634)



Bars span the middle half of caseloads (Q1 to Q3). The color change within each bar marks the median.

Summary

Caseload size varies more by the type of case management performed than by any other factor. The typical case manager carries 30 cases, but the typical acute care case manager carries 24 while the typical LTSS case manager carries 75. These differences reflect the delivery model: high-touch roles require smaller caseloads, while lower-touch, longer-interval models support larger ones. Because a small number of very large caseloads pull the average (56.5) well above the median (30), the median is the more reliable benchmark. For employers and case managers alike, the data indicates that caseload benchmarks should be set within a case mix and setting, not across the profession as a whole.

Caseload Perception: How Case Managers Rate Their Workload

Self-Rated Workload (2026, n=2,035)

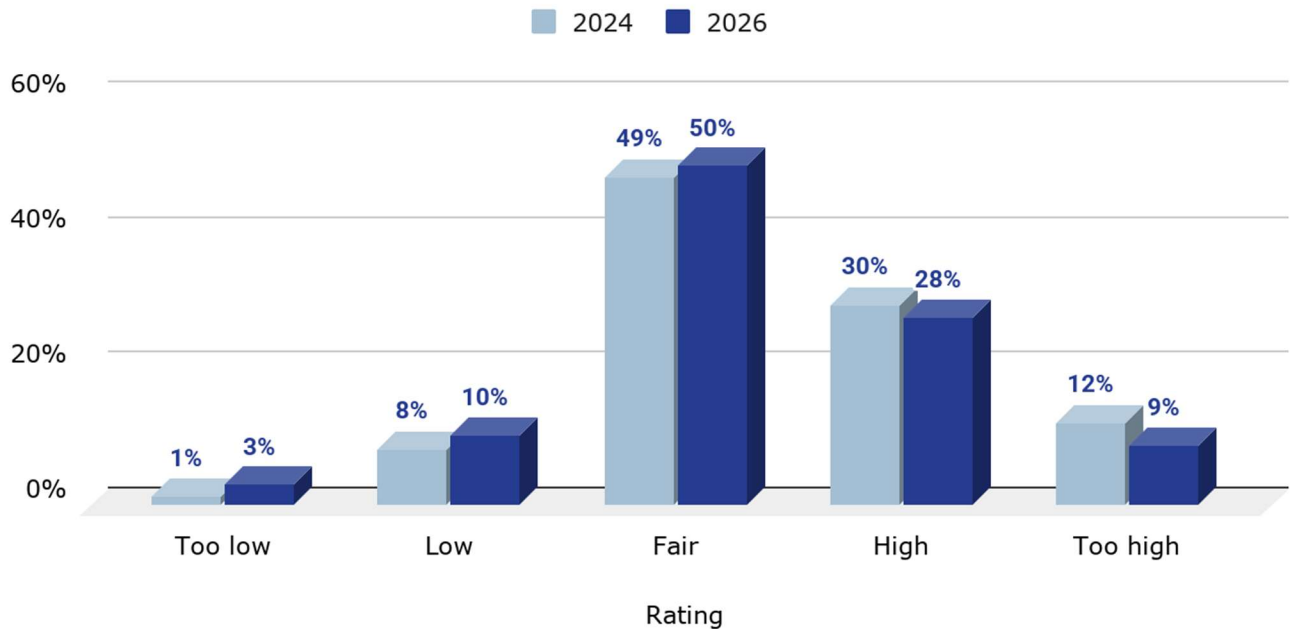
Self-Rating	n	%
Too low (can handle a significant increase)	62	3.0%
Low (could take on more)	209	10.3%
Fair (at capacity)	1,021	50.2%
High (sometimes missing things)	563	27.7%
Too high (often missing things)	180	8.8%

Caseload Size at Each Self-Rating (n=1,634 with usable caseload data)

Self-Rating	Median Caseload	Q1–Q3
Too low	12	7–30
Low	26	15–50
Fair	30	18–50
High	31	20–60
Too high	55	26–100

Caseload Perception: 2024 vs 2026

(2024 n=1,817) (2026 n=2,035)



Note: Too low = can handle a significant increase; Low = could take on more; Fair = at capacity; High = sometimes missing things; Too high = often missing things.

Key Findings

Half of case managers report a sustainable caseload. 50.2% rate their workload as fair, at capacity, and able to deliver the care their cases require. What a sustainable caseload looks like depends on the setting: the median at fair capacity is 18.5 for inpatient case managers and 42 for remote case managers.

Trend: Caseload strain is easing. The share rating their caseload high or too high fell from 41.8% in 2024 to 36.5% in 2026, the too-high tier dropped from 12.1% to 8.8%, and the share reporting capacity for additional cases grew from 9.6% to 13.3%. All three changes are statistically significant.

Just over 1 in 3 report caseloads affecting care. 36.5% rate their workload high or too high, both defined by missed or delayed case management. Among the 8.8% rating their caseload too high, the median is 55, roughly double the fair-capacity median, and a quarter of this group carries 100 or more cases.

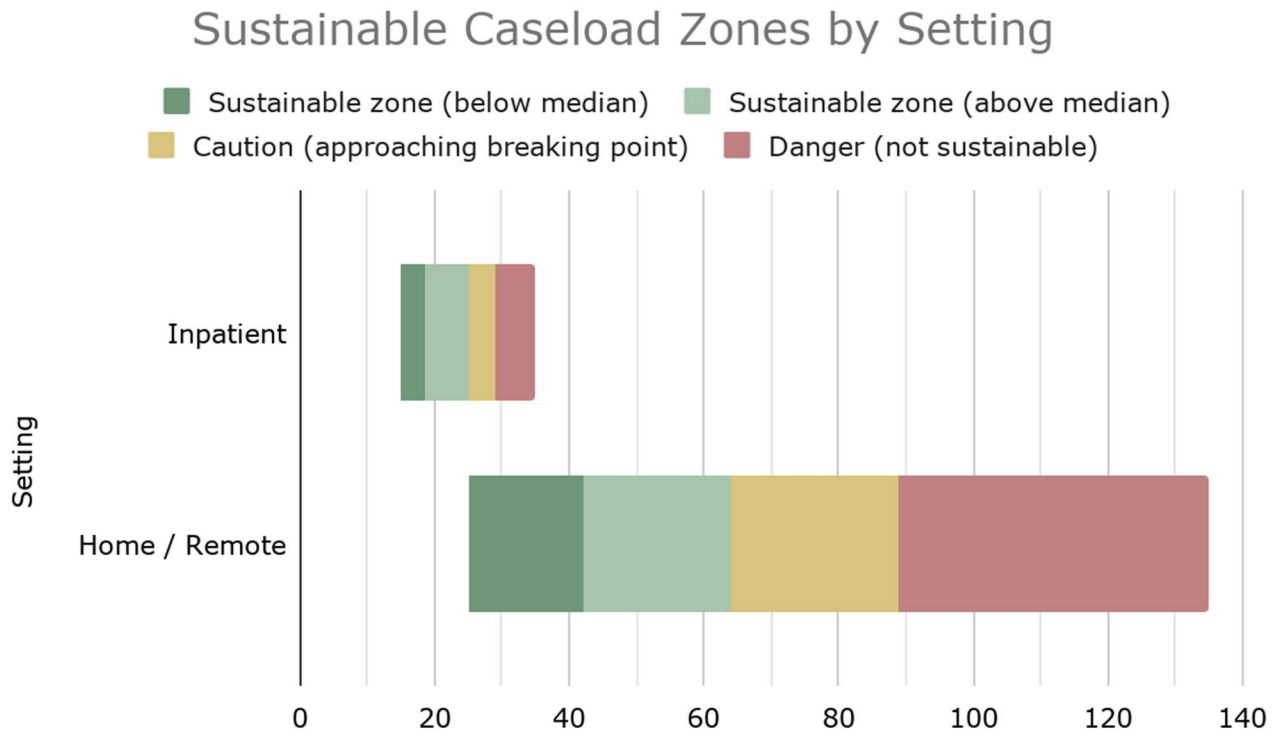
Case count alone does not determine perceived workload. Across all case managers, the low, fair, and high tiers carry nearly identical median caseloads (26, 30, and 31).

The threshold differs sharply by setting. Inpatient fair sits at a median of 18.5 and too high at 29; remote fair sits at 42 and too high at 89. For inpatient case managers, the top of the fair range (25) meets the bottom of the too-high range (24) almost exactly.

Inpatient case managers feel the most stretched. 45.4% rate their workload high or too high, compared to 31.6% of remote case managers and 36.5% overall.

Sustainable Caseloads by Setting

Caseload ranges reported by inpatient (n=608) and home/remote (n=924) case managers, based on self-rated workload.



How to read this chart: Green is the sustainable zone, the caseload range reported by case managers at fair capacity, with the shade change marking the median. Gold is the caution zone, ending at the breaking point. Red is the range where case managers report often missing things. Sustainable caseloads differ sharply by setting: 15 to 25 for inpatient, 25 to 64 for home/remote.

Note: Zones are shown for the two largest settings, inpatient (n=608) and home/remote (n=924). Other settings had too few respondents per rating tier to support reliable benchmarks.

Summary

The good news in this data is that half of case managers report a workload that allows them to do their jobs well, and their responses give organizations realistic, setting-specific benchmarks: a fair-capacity median of 18.5 for inpatient case managers, with a practical ceiling near 25, and a fair-capacity median of 42 for home and remote case managers, with the comfortable range extending to about 64.

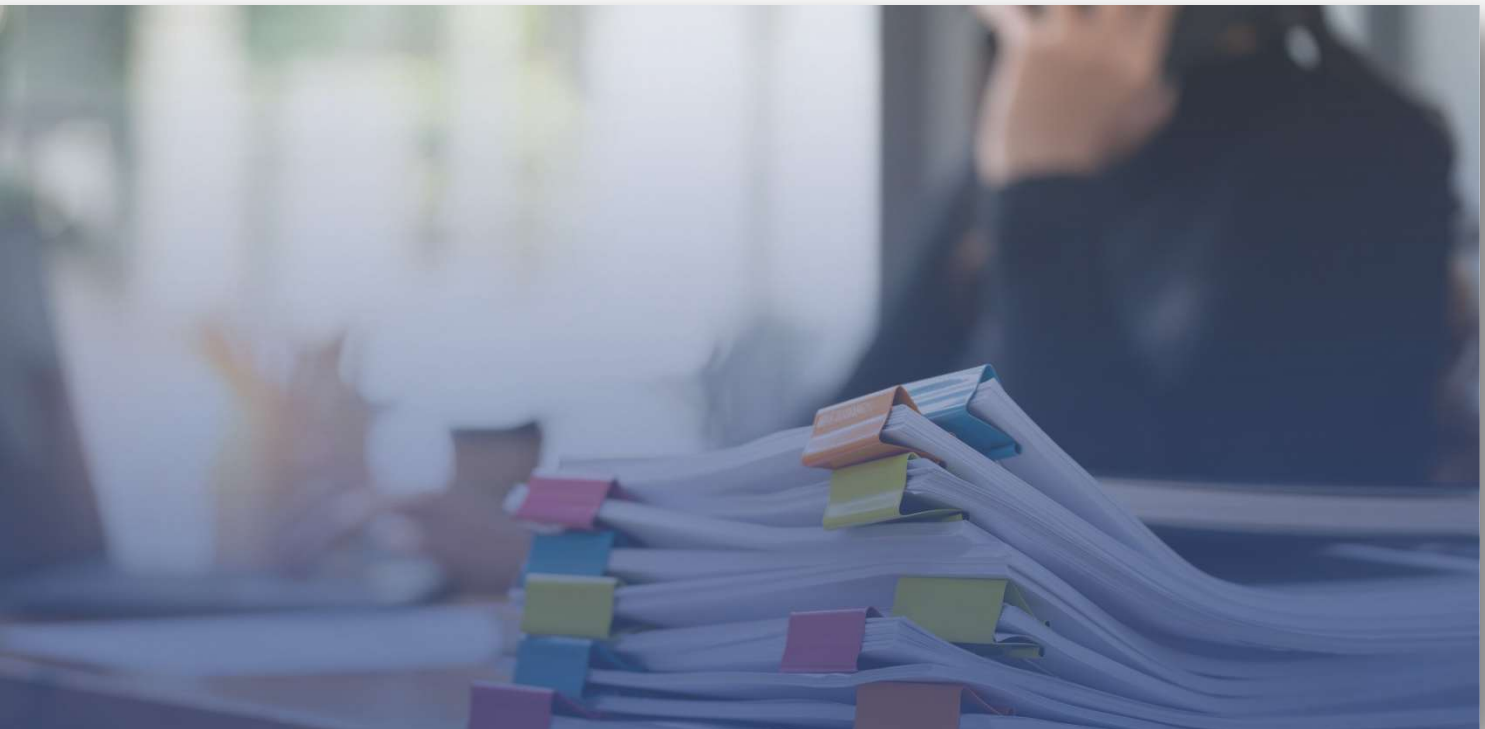
Across all case managers combined, the low, fair, and high tiers carry nearly identical median caseloads (26, 30, and 31). In other words, a case manager carrying 30 cases may be under capacity, at capacity, or over capacity depending on the nature of those cases and the setting where they work. Within a single setting, the picture is clearer: for inpatient case managers, the tiers go from 15 to 18.5 to 24, and for remote case managers from 36.5 to 42 to 54. Read together, these numbers mean that case mix, complexity, and setting shape what a manageable caseload looks like. This is why the setting-specific benchmarks above, not any single number, are the meaningful reference points.

The data is equally clear about where the limits are: when caseloads pass these thresholds, case managers themselves report missed and delayed case management. The improvement since 2024 shows sustainable caseloads are achievable, and the benchmarks are now visible in the data for organizations that set out to meet them.

An Appeal to Leadership

The trend is moving in the right direction, and that progress deserves recognition. It is not the same as arrival. More than a third of case managers (36.5%) rate their caseload at a level they define as resulting in missed or delayed case management. Behind that number are clients who are not receiving the timely services they need and deserve.

This report puts realistic, setting-specific benchmarks in your hands. If you lead case managers, we ask you to use them: in staffing decisions, in budget conversations, and in advocating for caseloads that let your teams deliver the care they were trained to provide. Half of case managers already work at a sustainable capacity, which means these benchmarks are not aspirational. They are being met today in organizations that have made them a priority. We are making progress, and we have a long way to go.



Work-Life Integration Factors

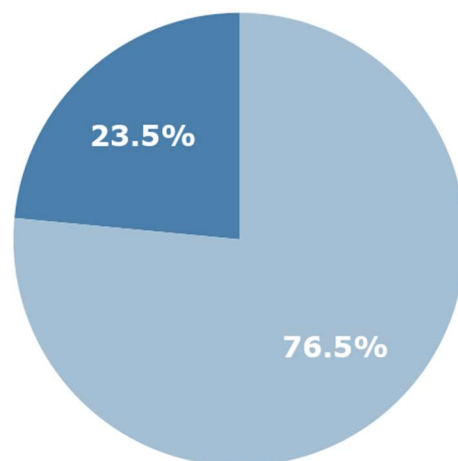
Work schedules play an important role in job satisfaction and work-life balance. This section examines three demands that shape daily working life, including weekend work, holiday work, and overtime. For a field in which 85.5% of case managers come from a nursing background, where weekends, holidays, and overtime are common at the bedside, the findings are a notable contrast. The majority of case managers are not required to work weekends, holidays, or overtime. This does not mean the profession is without weekend, holiday, and overtime work, only that it is not as prevalent as in direct patient care. By comparing data across survey years, we identify a shift, with weekend and holiday requirements rising in 2026 after several cycles of decline.

Weekend Work

Weekend Work Requirements for Case Managers

(2026, n=2,344)

● No (not required) ● Yes (required)



Most Case Managers Are Not Required to Work Weekends.

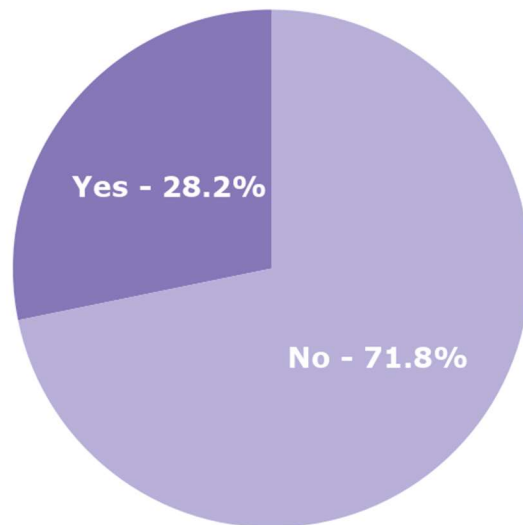
76.5% of case managers are not required to work weekends, while 23.5% are (n=2,344). Among full-time case managers, 21.6% are required to work weekends, while nearly half of part-time, per diem, and other non-full-time respondents are, indicating that weekend coverage falls disproportionately to these roles.

Holiday Work

Holiday Work Requirements for Case Managers

(2026, n=2343)

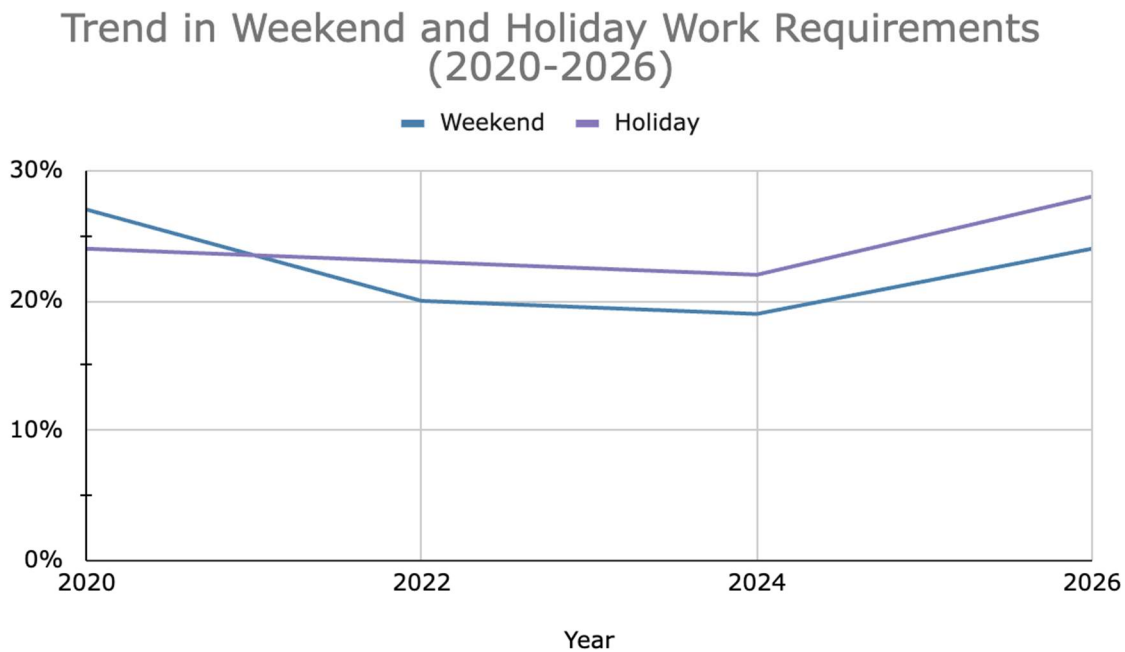
● No (not required) ● Yes (required)



Most Case Managers Are Not Required to Work Holidays.

71.8% are not required to work holidays, while 28.2% are (n=2,343). As with weekends, 26.5% of full-time case managers are required to work holidays, while nearly half (49.7%) of non-full-time respondents are, indicating that holiday coverage also falls disproportionately to part-time and per diem staff.

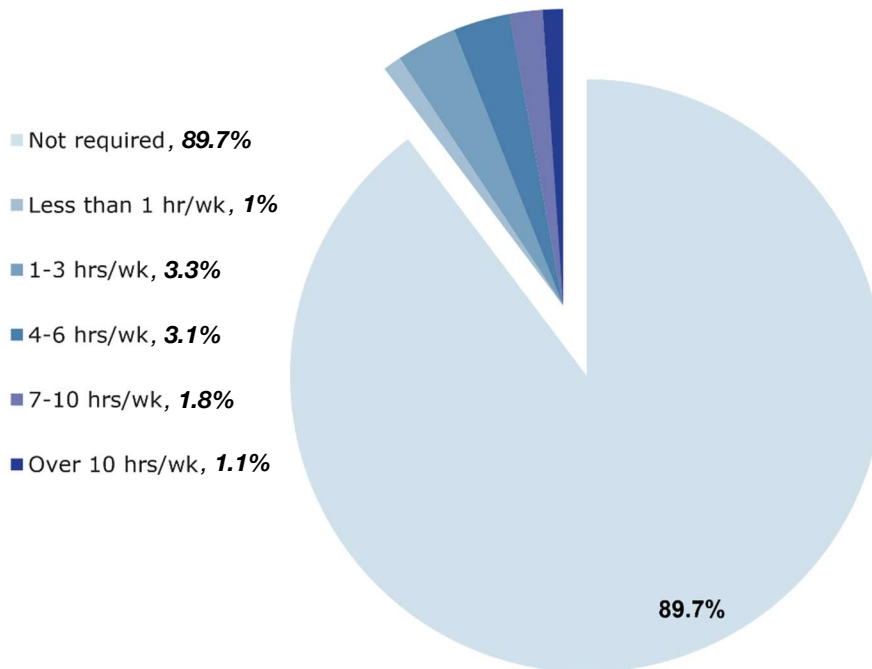
Trend in Weekend and Holiday Requirements, 2020 to 2026



The four-cycle trend shows a change in direction. From 2020 through 2024, the share of case managers required to work weekends and holidays declined steadily. In 2026, both requirements rose. Weekend requirements increased from 19% in 2024 to 24%, though they remain below the 27% recorded in 2020. Holiday requirements increased from 22% to 28%, the highest level across all four survey cycles. Both increases are statistically significant. This shift may reflect the reality that healthcare is a 24/7 industry, and that coverage on weekends and holidays continues to be needed. It does not change the larger picture: most case managers still work a schedule without required weekend or holiday hours, a contrast with bedside nursing.

Overtime

Distribution of Overtime Requirements Among Case Managers
(2026, n=2340)



Overtime Is Rare for Most Case Managers.

89.7% of case managers are not required to work overtime, and only 10.3% are (n=2,340). Overtime requirements have held near 10.0% across the last three survey cycles (10.0% in 2022, 10.4% in 2024, 10.3% in 2026).

Overtime Hours Vary Among Those Who Work It.

Of the 239 case managers who specified their required hours, 9.6% work less than 1 hour, 32.2% work 1 to 3 hours per week, 30.1% work 4 to 6 hours, 17.2% work 7 to 10 hours, and 10.9% work more than 10 hours.

Placed in the context of all case managers, these figures stay small. About 2.9% of all respondents are required to work 7 or more overtime hours per week, and 1.1% are required to work more than 10, highlighting that mandatory overtime reaches only a small share of the profession, and that for most who work it, the weekly commitment is modest.

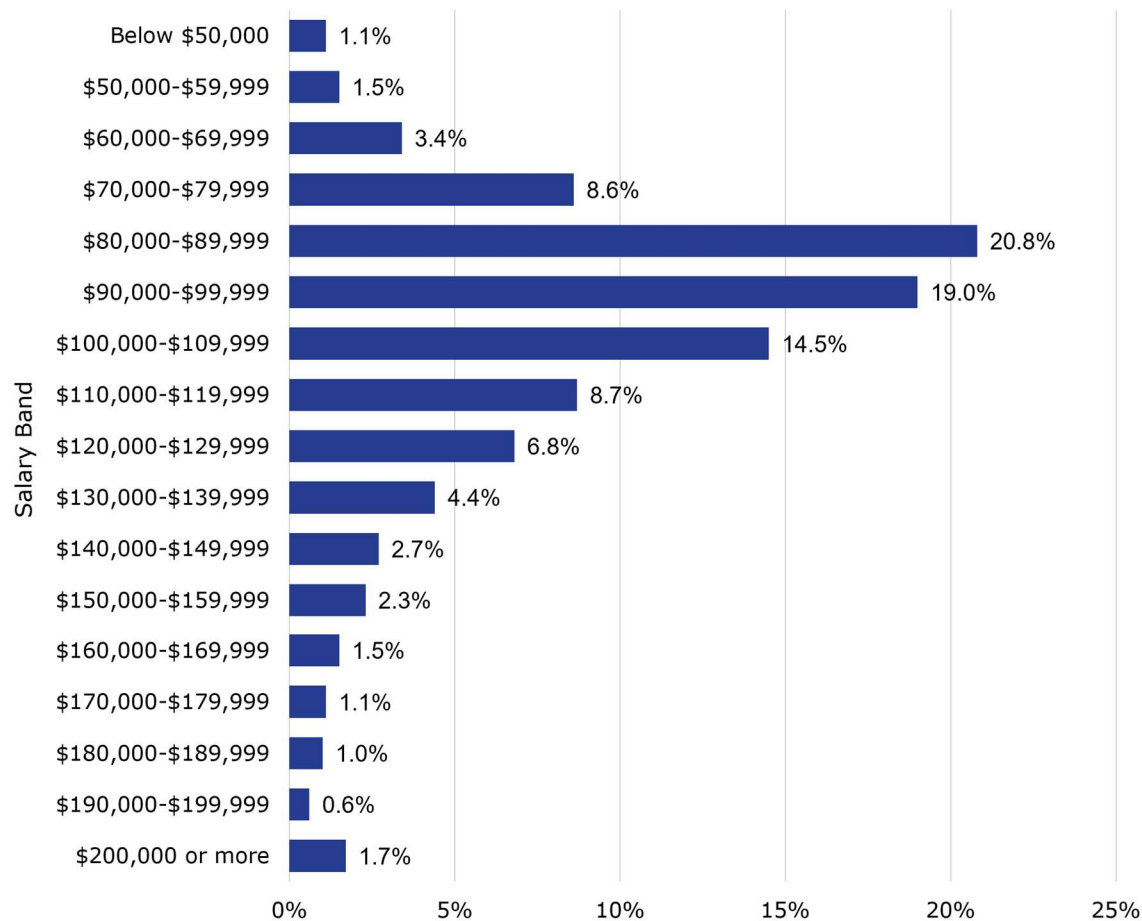
Compensation and Benefits

Compensation

Salary Distribution for Case Managers in 2026

Methodology note: Beginning in 2026, salary findings reflect full-time case managers only (n=2,186), providing the truest picture of annual compensation. Prior-year reports included all work statuses, so year-over-year comparisons are noted rather than charted.

Salary Distribution for Full-Time Case Managers (2026, n=2186)



Key Findings

- **Competitive Compensation:** Over half of full-time case managers (54.4%) earn between \$80,000 and \$109,999, and 45.4% earn \$100,000 or more.

- **Median Salary:** The median full-time salary falls in the \$90,000 to \$99,999 band, with the middle half of case managers earning between \$85,000 and \$115,000.
- **Earning Potential:** 8.2% of full-time case managers earn \$150,000 or more.

Recent Salary Changes

- **Salary Momentum:** Of the 2,180 full-time case managers who answered, 70.0% reported a salary increase in the past 12 months, 25.1% stayed the same, and only 4.8% reported a decrease.

Compensation Structure *(New in 2026)*

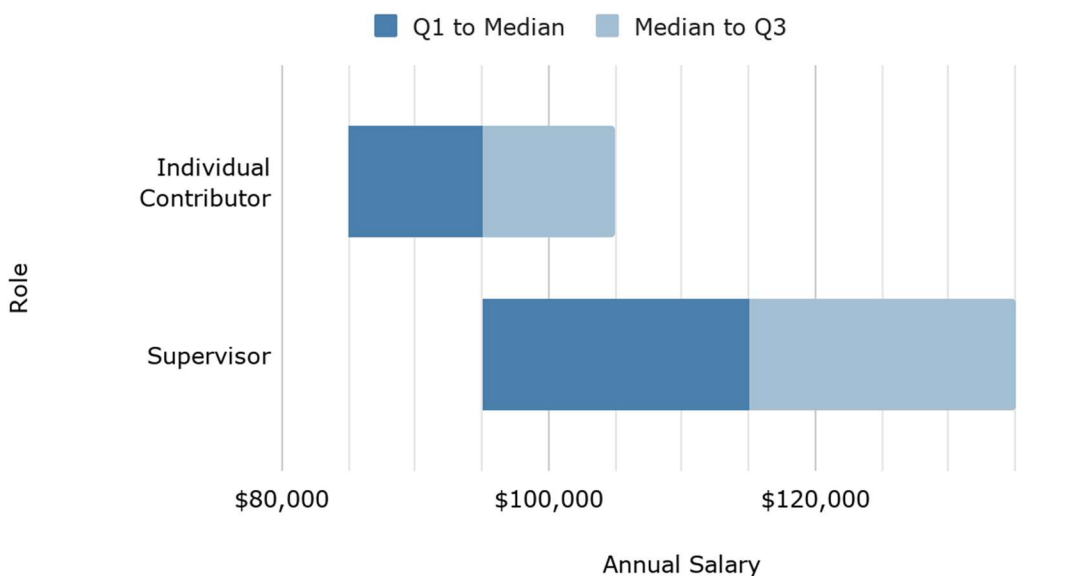
Of the 2,344 case managers who answered this new question, two-thirds (67.0%) are salaried, 30.3% are hourly and eligible for overtime, 2.5% work on contract or freelance terms, and 0.1% were unsure of their pay structure. The question establishes a baseline for tracking pay structure in future surveys.

What Shapes Case Management Pay

Supervisory Responsibility

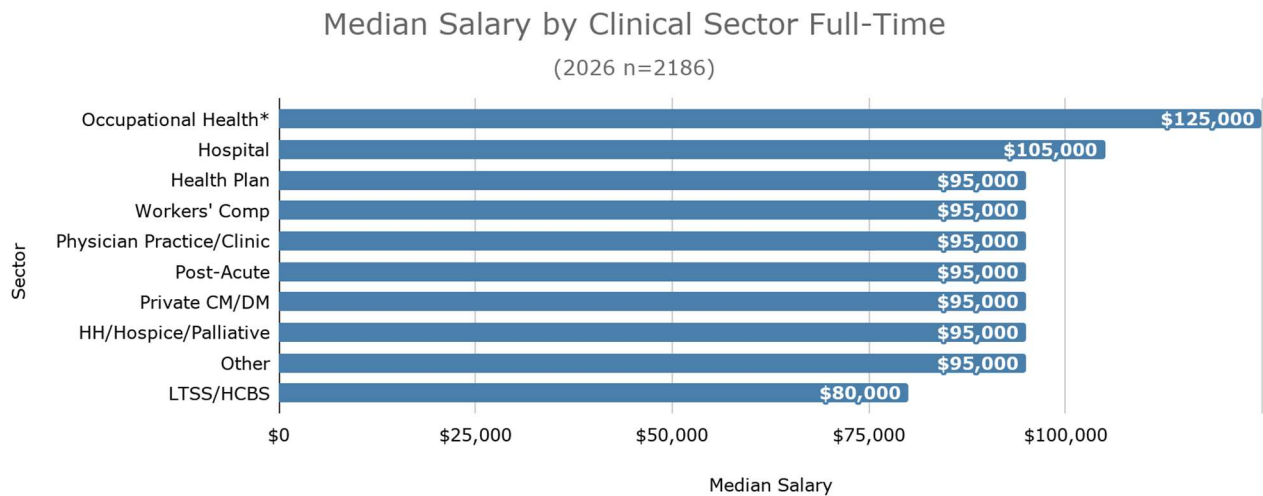
Supervisors earn a median of \$115,000 compared to \$95,000 for individual contributors, a \$20,000 difference. Supervisors are also three times as likely to earn \$150,000 or more.

Supervisor vs Individual Contributor Salary Full-Time



Clinical Sector

Most sectors share a \$95,000 median. Hospital-based case managers earn \$10,000 above that baseline (\$105,000 median), while LTSS/HCBS case managers earn \$15,000 below it (\$80,000 median). Occupational health reports the highest median at \$125,000*.

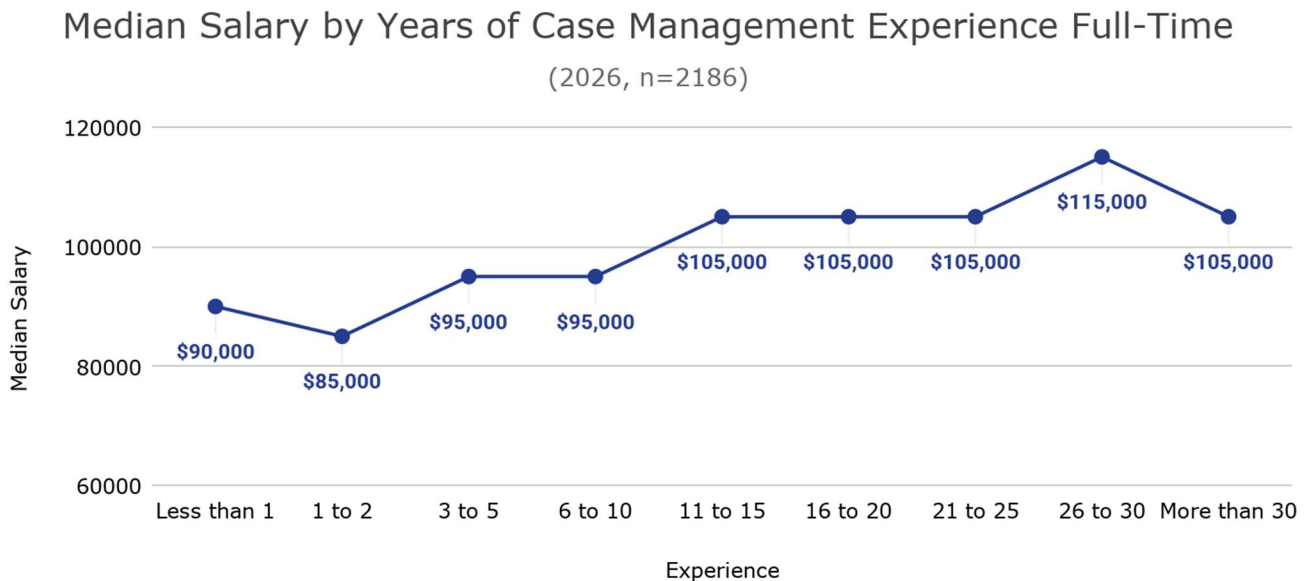


**Occupational Health reflects only 11 respondents and should be interpreted with caution.*

Note: Standalone UR/IRO (n=8) omitted due to small sample. Sector groupings reflect responses as recorded in the survey; the small corrections applied to sector totals elsewhere in this report do not change any sector's median salary.

Experience

Salaries rise from a median of \$85,000 to \$90,000 in the first two years to \$95,000 at 3 to 10 years and \$105,000 at 11 or more years. Salary growth beyond that point is associated with supervisory roles, sector, and specialty credentials rather than years alone.



Note: The 26 to 30 year group (n=74) shows a higher median of \$115,000; with a smaller sample, this is noted for reference rather than as a trend.

Certification

Certified and non-certified case managers report the same median salary of \$95,000. Averaged across all full-time case managers, however, certified professionals earn approximately \$9,500 more, a difference concentrated at the top of the pay scale, where 8 in 10 of the profession's highest earners hold a case management certification.

Case Managers Earning \$150,000 or More

The 179 full-time case managers earning \$150,000 or more (8.2%) share several characteristics, nearly all of them built on more than a decade in case management. The following are more common among this group than among full-time case managers overall:

Trait	Top Earners	All FT	Multiplier
Holds CMGT-BC	6.7%	1.6%	4.3×
Supervises staff	39.7%	20.6%	1.9×
Holds ACM	9.5%	5.4%	1.8×
Hospital sector	49.2%	30.0%	1.6×
11+ years in CM	63.7%	40.1%	1.6×
Works inpatient	36.3%	24.9%	1.5×

Note: The multiplier shows how many times more common each trait is among top earners than among all full-time case managers. For example, top earners are 1.9 times as likely to supervise staff.

Key Findings

- **Supervisory responsibility is associated with the largest salary difference.** Supervision is the most common characteristic among top earners, who are nearly twice as likely to supervise staff.
- **Credentials beyond CCM are concentrated among top earners.** CMGT-BC holders are more than four times as common among top earners as in the full-time workforce, and ACM holders nearly twice as common. CCM remains the profession's foundational credential, held by roughly two-thirds of case managers at every earning level.
- **Hospital and inpatient roles lead the top tier.** Hospital-based case managers make up 30% of the full-time workforce but nearly half (49.2%) of top earners. The reverse is true for remote and health plan roles: home-based case managers are 40.9% of the workforce, but 23.5% of top earners, and health plan case managers are 28.3% of the workforce but 15.1% of top earners.

Summary

Case management compensation continued its upward momentum in 2026, with 70.0% of full-time case managers receiving raises and over half earning between \$80,000 and \$109,999. Experience forms the foundation: median salaries rise through the first decade and hold at \$105,000 from 11 years onward, and nearly two-thirds of case managers earning \$150,000 or more (63.7%) have reached that level of experience. Years alone stop moving the median after that point, but the plateau is not a limit. The profession's highest earners share three characteristics: supervisory responsibility, hospital and inpatient roles, and advanced credentials.



Salary/Compensation Satisfaction Among Case Managers

Respondents were asked to rate their satisfaction with their salary/compensation on a five-point scale from Extremely Dissatisfied to Extremely Satisfied.

Satisfaction With Salary/Compensation

(2026, n=2,333)

Rating	%
1 - Extremely Dissatisfied	4.0%
2 - Dissatisfied	17.1%
3 - Neutral	21.6%
4 - Satisfied	41.6%
5 - Extremely Satisfied	15.7%

Key Findings

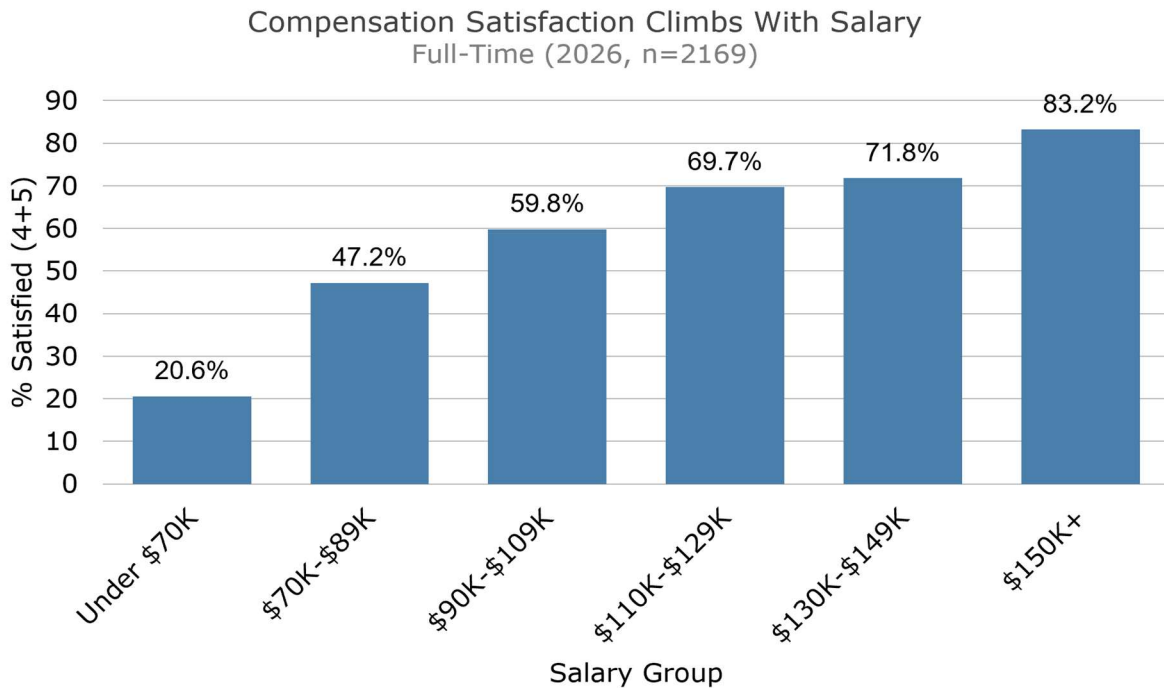
- **Majority Satisfied:** 57.3% of case managers rate their satisfaction with salary a 4 or 5, with Satisfied (41.6%) the single most common response. The average rating is 3.48 out of 5.
- **Room to Improve:** 21.1% rate their satisfaction a 1 or 2, indicating that roughly 1 in 5 case managers are dissatisfied with their compensation.
- **The Neutral Middle:** 21.6% of case managers are neutral on their compensation, neither satisfied nor dissatisfied.

What Shapes Compensation Satisfaction

A closer look at full-time case managers shows that satisfaction rises steadily with salary at every level:

Satisfaction by Salary Level (Full-Time, n=2,169)

Salary Group	Mean Rating	% Satisfied (4+5)	% Dissatisfied (1+2)
Under \$70K	2.56	20.6%	51.9%
\$70K–\$89K	3.24	47.2%	26.6%
\$90K–\$109K	3.53	59.8%	18.5%
\$110K–\$129K	3.80	69.7%	12.2%
\$130K–\$149K	3.84	71.8%	12.2%
\$150K+	4.10	83.2%	7.3%



Percentage rating their compensation satisfaction 4 or 5.

Salaried and hourly case managers report identical satisfaction (57.6% and 57.7% satisfied). While supervisors are more satisfied with their compensation than individual contributors overall (62.7% vs 56.9%), the difference disappears when comparing people at the same salary level.

What This Means for Employers

The satisfaction data gives leaders specific reference points:

- The thresholds are visible.** Below \$70,000, dissatisfied case managers outnumber satisfied ones by more than two to one. Satisfaction reaches a majority near \$90,000, approaches 70% at \$110,000, and exceeds 80% at \$150,000. Organizations can benchmark their salary ranges directly against these figures. Pay structure, by contrast, shows no relationship to satisfaction: salaried and hourly case managers report identical ratings.
- Compensation, not title, accounts for supervisor satisfaction.** Supervisory roles carry meaningful added responsibility, and the satisfaction data suggests case managers taking on that responsibility expect to be compensated accordingly. The median differential of \$20,000 is measured across all levels of supervisory responsibility, and the appropriate increase likely corresponds to the scope of responsibility added.

Distinguishing compensation by supervisory level is an area for the next survey to examine.

- **Compensation increases are the market norm.** In the past 12 months, 70% of full-time case managers received a salary increase. Organizations that hold compensation flat risk falling behind a market in which annual increases are the norm.

Benefits

Benefits Breakdown for Case Managers

(2026, n=2,257)

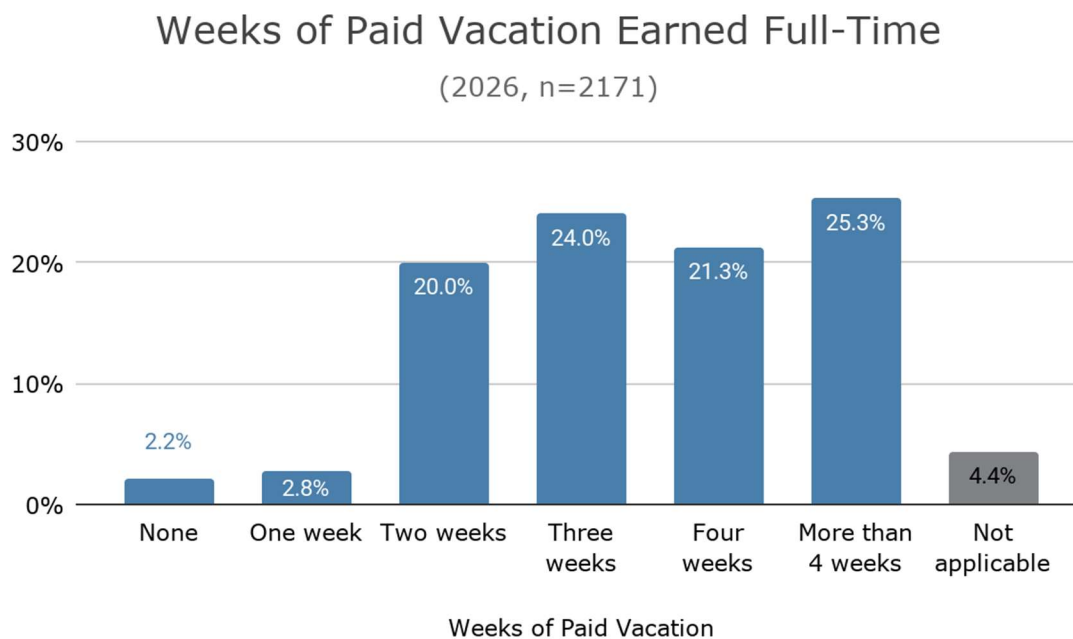
Benefit	%
Personal Days/Vacation Days/PTO	86.6%
Medical Insurance	79.8%
Paid Time Off for Holidays	77.4%
Vision and/or Dental Insurance	74.2%
Life Insurance	72.5%
Disability Insurance (Short/Long Term)	60.7%
Pension/Retirement Plan	58.5%
Medical Savings Account	45.9%
Continuing Education Allowance/Reimbursement	43.1%
Wellness and Wellbeing Allowance/Services	36.5%
Annual Incentive Bonus	36.5%
College Allowance or Reimbursement	33.7%
Long-term Care Insurance	22.9%
Paid Volunteer Hours	20.6%
Specialty Board Certification Reimbursement	18.7%
Professional Organization Membership/Dues	15.6%
Student Loan Reimbursement	13.0%
Fertility and/or Adoption Benefits	10.7%
Child Care Support	5.2%

Note: Percentages are based on the 2,257 respondents who selected at least one listed benefit. Respondents who wrote in "Other" responses only, most of whom indicated they receive no employer benefits due to contract, per diem, or self-employed status, are excluded.

Key Findings

- **Core Benefits Are Standard:** The large majority of case managers receive paid time off (86.6%), medical insurance (79.8%), holiday pay (77.4%), vision and/or dental coverage (74.2%), and life insurance (72.5%).
- **Professional Growth Support:** 43.1% receive a continuing education allowance, 33.7% receive college reimbursement, 18.7% are reimbursed for specialty board certification, and 15.6% have professional organization dues covered.
- **Family and Lifestyle Benefits Remain Limited:** Fertility and adoption benefits (10.7%) and child care support (5.2%) are the least common offerings.

Paid Vacation Analysis



Key Findings

- **Substantial Vacation Is the Norm:** More than 4 weeks is the single most common answer (25.3%), and 70.6% of full-time case managers earn three or more weeks of paid vacation.
- **Minimal Vacation Is Rare:** Only 4.9% of full-time case managers earn one week or less.

Satisfaction With Benefits Package

Respondents were asked to rate their satisfaction with their benefits on a five-point scale from Extremely Dissatisfied to Extremely Satisfied.

Satisfaction With Benefits

(2026, n=2,333)

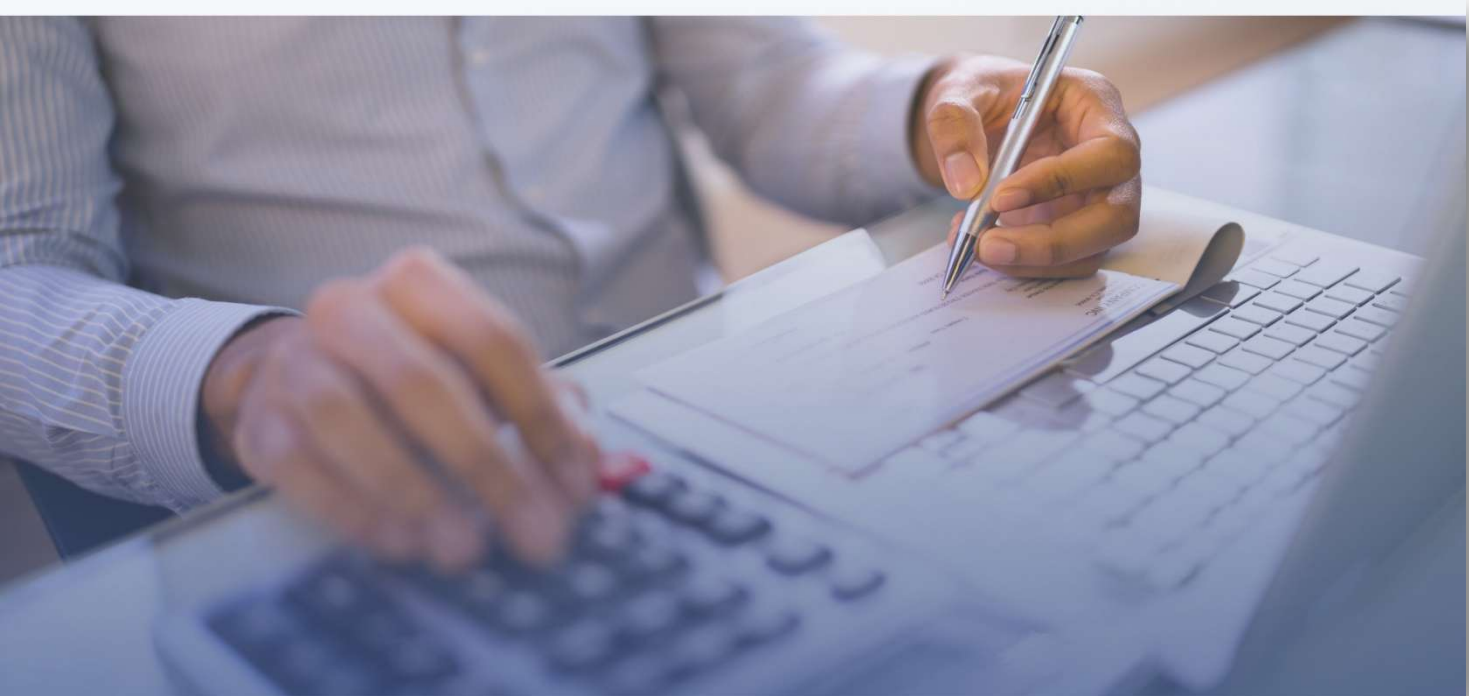
Rating	%
1 - Extremely Dissatisfied	2.5%
2 - Dissatisfied	8.1%
3 - Neutral	23.6%
4 - Satisfied	46.8%
5 - Extremely Satisfied	19.0%

Key Findings

- **Majority Satisfied:** 65.8% of case managers rate their satisfaction with benefits a 4 or 5, with Satisfied (46.8%) the single most common response. The average rating is 3.72 out of 5.
- **Few Dissatisfied:** Only 10.6% rate their satisfaction a 1 or 2, indicating that dissatisfaction with benefits is uncommon.
- **The Neutral Middle:** Nearly a quarter of case managers (23.6%) are neutral on their benefits.

Compensation and Benefits Summary

Case managers are notably happier with their benefits than with their pay. 65.8% are satisfied with their benefits compared to 57.3% with their compensation, and dissatisfaction with pay (21.1%) is double dissatisfaction with benefits (10.6%). The least common offerings, family and child care benefits, mark an area where employers can differentiate themselves. Compensation is where the gap remains. Satisfaction with pay rises at every salary level, giving organizations specific benchmarks against which to evaluate their own compensation.



Job Satisfaction

Job satisfaction is closely tied to employee retention and productivity. This section examines how satisfied case managers are with their job/role responsibilities and with their management, and compares the two.

Satisfaction With Job/Role Responsibilities

Key Findings

- **High Satisfaction:** 72.1% of case managers are satisfied or extremely satisfied with their current job/role responsibilities (rating of 4 or higher), consistent with 69.8% in 2024.
- **Steady Overall:** In 2026, the mean satisfaction score held steady (3.85, compared with 3.86 in 2024).
- **Few Dissatisfied:** Only 9.6% rate their satisfaction a 1 or 2.
- **The Neutral Middle:** 18.3% are neutral, neither satisfied nor dissatisfied.

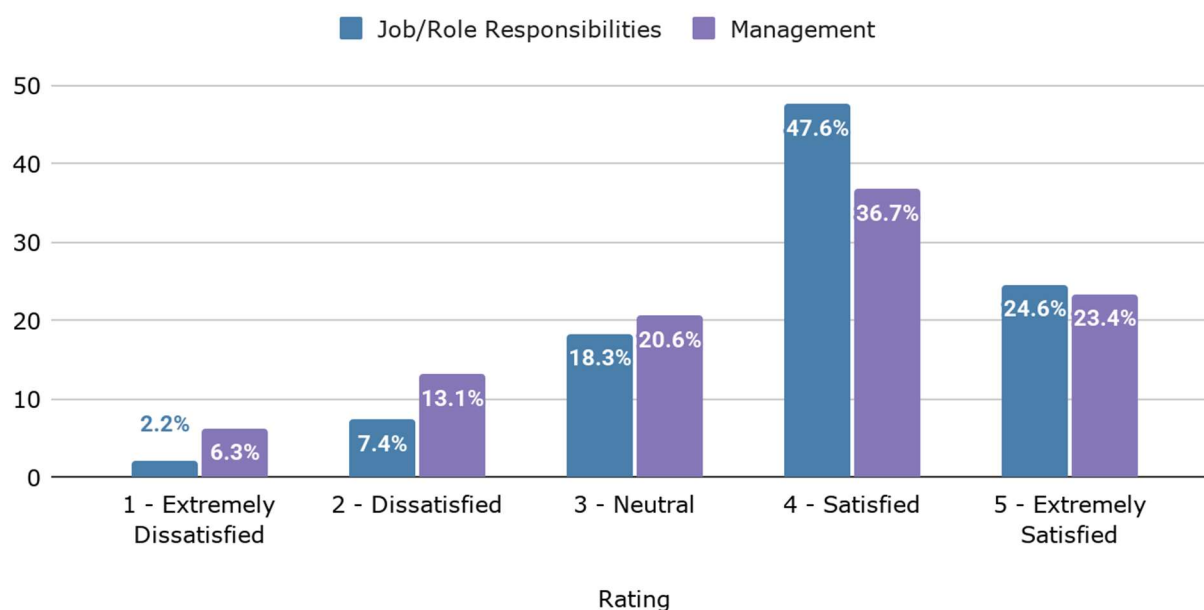
Satisfaction With Management

Key Findings

- **Majority Satisfied:** 60.0% of case managers are satisfied or extremely satisfied with their management (rating of 4 or higher), consistent with 59.1% in 2024. The mean score is 3.58, and the most common response is Satisfied at 36.7%.
- **High Dissatisfaction:** 19.4% rate their satisfaction with management a 1 or 2.
- **The Neutral Middle:** 20.6% are neutral, neither satisfied nor dissatisfied.
- **A Polarized Pattern:** Management shows the highest Extremely Dissatisfied rate (6.3%) of the four satisfaction dimensions measured (job/role 2.2%, benefits 2.5%, salary 4.0%) while also receiving 23.4% Extremely Satisfied.

Satisfaction With Job/Role Responsibilities vs Management

(2026, n=2333)



Analysis

Case managers rate the work itself more favorably than the leadership around it, a 12-point gap, and dissatisfaction with management runs roughly double that reported for job and role responsibilities. For a meaningful segment of the workforce, the challenge is not the work but the management of it.

This two-tailed pattern may reflect the nature of leadership itself. Unlike salary or benefits, which tend to be experienced uniformly within an organization, leadership experience can vary sharply by manager, team, and department. Strong leaders are associated with strong advocates, and weak leaders with strong detractors. As a result, the nearly 1 in 5 respondents who rate their management a 1 or 2 may be concentrated under specific managers rather than distributed evenly.

Actionable Insights for Employers and Industry Leaders

Case managers who move into management are typically promoted on tenure and past performance rather than demonstrated ability to lead, the same pattern found across industries. Gallup's research across millions of employees found that managers account for at least 70% of the variance in team engagement, and that engagement is in turn linked to turnover (Beck and Harter, 2015). Developing and supporting frontline managers, and giving particular attention to those whose teams consistently report dissatisfaction, is generally a more economical investment than absorbing the recruitment and training costs of replacing experienced case managers. The following actions respond to what the data shows:

- **Invest in Frontline Manager Development:** Structured leadership training for mid-level managers responds directly to the variation this data shows.
- **Analyze Satisfaction at the Manager Level:** Aggregate figures can mask wide variation. Analyze satisfaction by manager or unit and focus attention where scores lag.
- **Give Case Managers a Voice:** Structured feedback channels, such as 360-degree reviews, give case managers a safe way to provide input on their direct managers and give organizations the visibility to act.

Conclusion

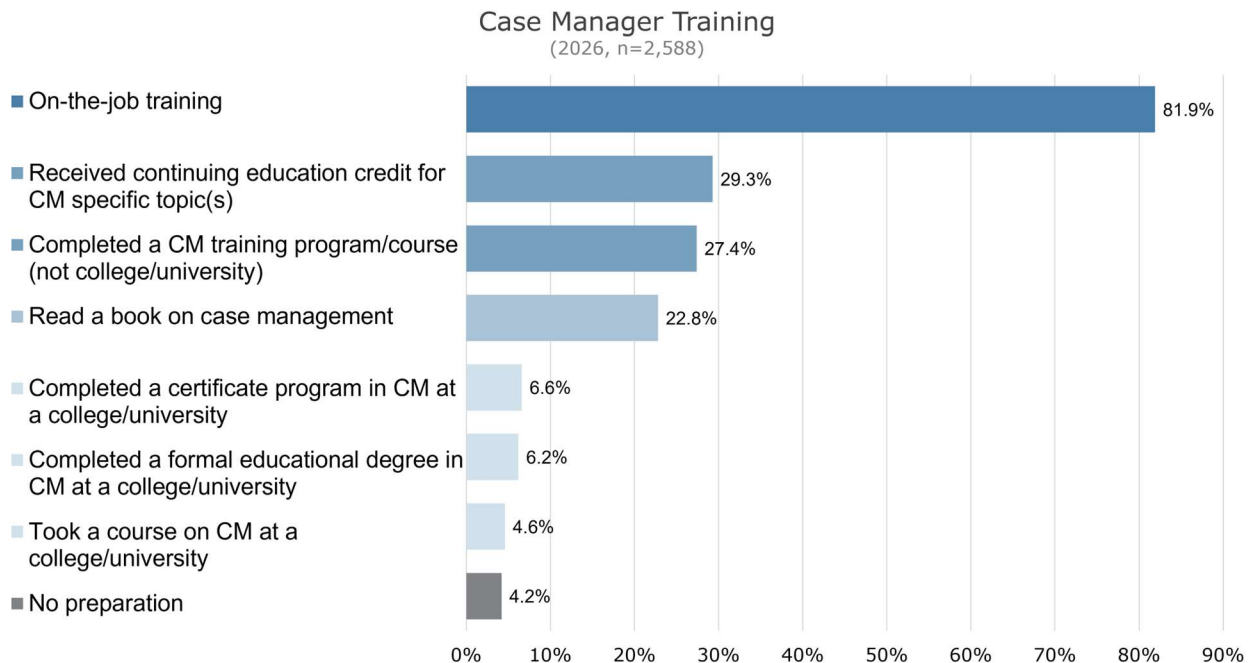
Case managers continue to report strong satisfaction with their job/role responsibilities in 2026 (72.1%), underscoring the value case managers find in the work itself. The gap between job/role and management satisfaction has remained stable since 2024. Management satisfaction has not declined, but it has not closed the gap either. The overall picture is encouraging, with meaningful room to improve management practices. By addressing the dissatisfied segment, especially the 6.3% who are extremely dissatisfied, the profession can maintain its traditionally high satisfaction levels.

Beck, R., and Harter, J. (2015, April 21). Managers account for 70% of variance in employee engagement. Gallup Business Journal. <https://news.gallup.com/businessjournal/182792/managers-account-variance-employee-engagement.aspx>

Training and Professional Development

Case Management Preparation and Training

The survey asked how case managers learned case management and asked respondents to select all that apply. The question was last asked in 2022, and comparisons in this section are to that year.



Key Findings

- On-the-job training remains the most common way case managers learn the role.** More than 8 in 10 case managers (81.9%) learned case management through on-the-job training.
- More than half took at least one deliberate preparation step.** More than half of case managers (56.9%) took at least one deliberate step to learn case management beyond on-the-job training, whether through a training program, continuing education, coursework, or independent reading.¹
- Formal academic preparation has more than doubled since 2022.** Combining the three college and university options, 13.7% of respondents completed a degree, certificate, or course in case management, up from 6.6% in 2022, a statistically significant increase.²
- Non-academic routes are more common than academic ones.** Nearly 3 in 10 case managers earned continuing education credit on case management topics (29.3%),

27.4% completed a training program or course outside a college or university, and 22.8% read a book on case management.

- **Reliance on on-the-job training alone is easing.** On-the-job training declined from 91.0% in 2022 to 81.9% in 2026, and respondents reporting no preparation fell from 6.1% to 4.2%. Both declines are statistically significant.

Insights

The dominance of on-the-job training is consistent with the profession's mid-career entry pattern: most case managers enter case management from other healthcare roles, and many learn the specialty after they are hired. But the trend data suggests this pattern is loosening. With on-the-job training declining and no-preparation falling since 2022, more case managers now appear to enter the field with case management knowledge already in hand.

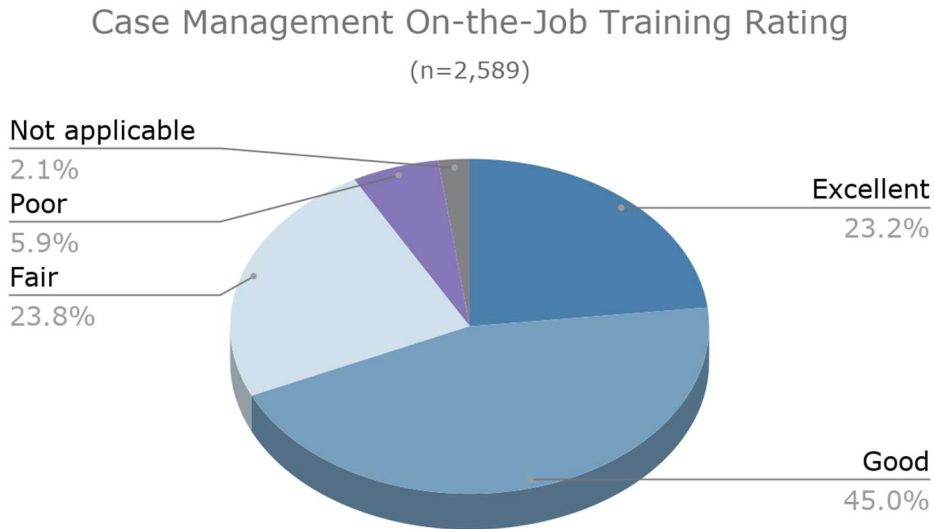
Preparation is becoming the differentiator for professionals seeking to enter the field. Healthcare experience is the starting point, not what sets a candidate apart. Candidates who invest in learning case management before applying stand out for the most competitive roles. That investment does not require a return to the classroom: the prevalence of non-academic training, continuing education, and independent reading indicates that accessible, flexible learning options are how most case managers build case management knowledge.

¹ *Deliberate preparation includes any selection other than on-the-job training or no preparation: a training program, continuing education credit, a college or university degree, certificate, or course, or a book on case management.*

² *The 2022 questionnaire offered five preparation options; the 2026 questionnaire offered eight. The 2022 option "Completed formal training at a college/university" is compared here to the three combined 2026 college/university options (degree, certificate, and course), with each respondent counted once. The 2022 questionnaire also included a standalone "Took a course on case management" option that did not distinguish academic from non-academic settings, so the 2022 figure may modestly understate academic preparation. Other options are not directly comparable across survey years.*

On-the-Job Training Rating

Respondents rated the on-the-job training they received as a new hire.



Note: This question was last asked in 2022. The 2022 questionnaire offered four rating options (Excellent, Good, Poor, Not applicable); the 2026 questionnaire added Fair as a middle option, so results are not directly comparable to 2022.

Key Findings

- **Most case managers rate their on-the-job training positively.** More than two-thirds of respondents (68.2%) rate the on-the-job training they received as Excellent or Good, with 45.0% selecting Good as the single most common response.
- **Nearly 3 in 10 rate their on-the-job training as needing improvement.** A combined 29.7% of case managers rate their on-the-job training as Fair (23.8%) or Poor (5.9%).

Insights

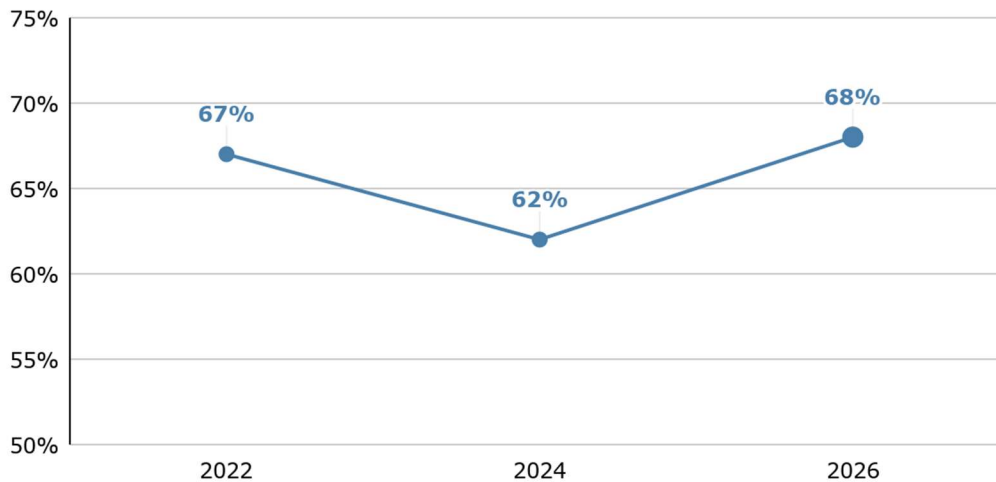
On-the-job training is the most common way case managers learn the role at 81.9%, which makes the quality of that training consequential. For roughly 3 in 10 case managers, the primary way they learned case management did not fully meet their needs.

This reinforces the case for deliberate preparation. Candidates who invest in case management education before applying are not only differentiating themselves in a competitive hiring market; they are also insulating themselves against the real possibility of being hired by a company whose on-the-job training falls short. For employers, strong on-the-job training is a genuine recruiting advantage.

Current Certification Status

The survey asked whether respondents hold a professional certification in case management (2026, n=2,572). Results are compared to the 2022 and 2024 surveys.

Case Managers Holding a Professional Certification
(2022 to 2026)



Key Findings

- **More than two-thirds of case managers hold a professional certification.** In 2026, 68.4% of case managers hold a professional certification in case management, a statistically significant increase from 62.0% in 2024 and consistent with the 2022 level of 66.6%.
- **The 2024 dip has fully reversed.** Certification has returned to its pre-2024 level.

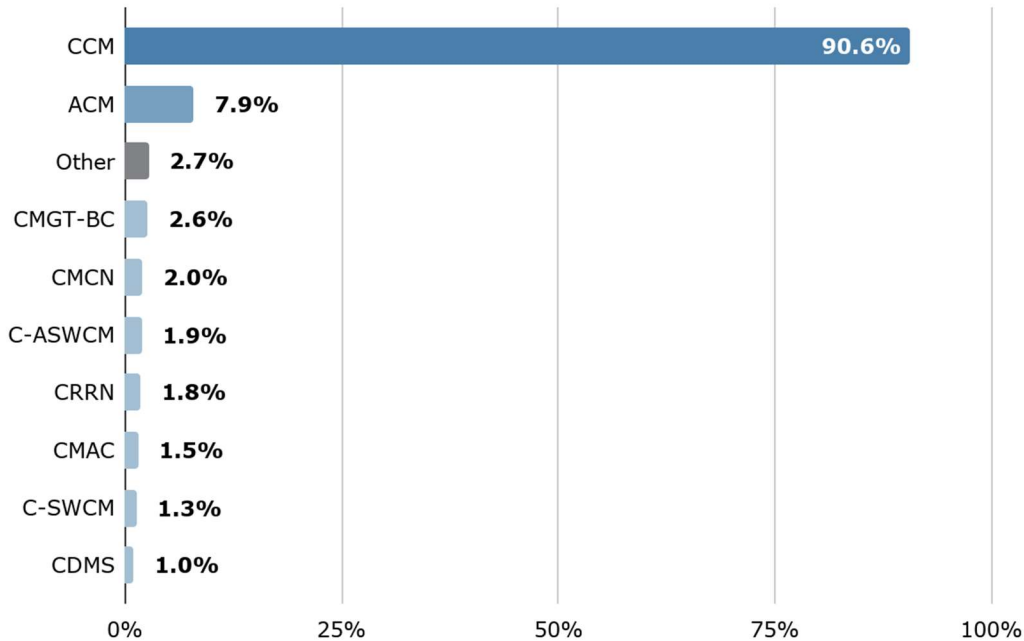
Insights

Our 2024 report noted a 4.6 percentage point decline in certification and suggested it was not cause for alarm, pointing to an influx of new professionals who had not yet obtained certification as one possible factor. The 2026 data supports that interpretation, suggesting that many of the professionals who entered the field uncertified have since earned their credentials. With nearly 7 in 10 case managers certified, formal credentials continue to signal the profession's commitment to demonstrated expertise and professional standards.

Types of Certifications Held By Case Managers

Certifications Held by Certified Case Managers

(2026, n=1,743)

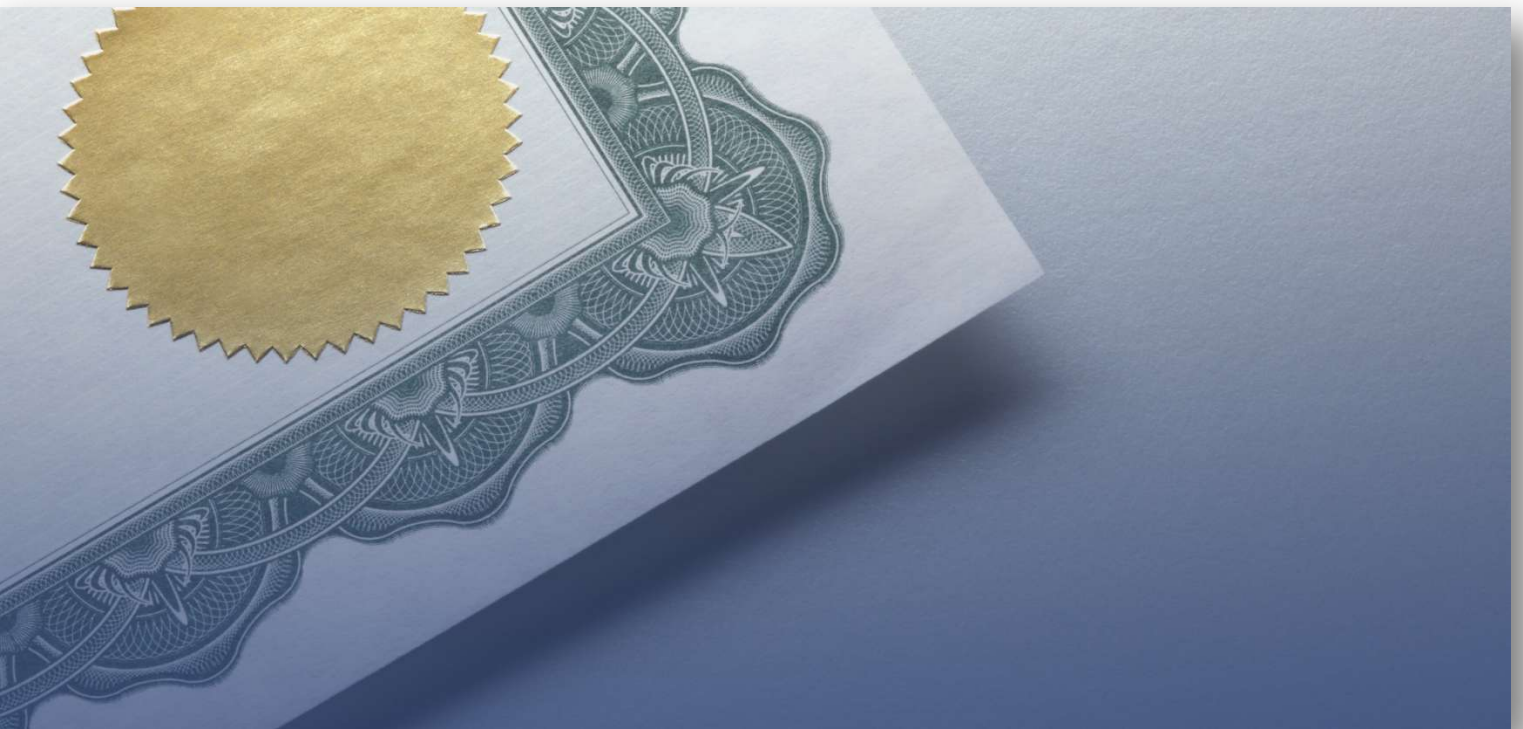


Note: Percentages are calculated from the 1,743 respondents who named at least one specific certification and sum to more than 100% because respondents could select all that apply.

The CCM remains the gold standard. More than 9 in 10 case managers holding a certification (90.6%) hold the Certified Case Manager credential, administered by The Commission, formerly known as the Commission for Case Manager Certification. No other certification comes close, indicating that the CCM continues to be the credential employers recognize and case managers pursue.

The certification landscape is broadening at the margins. CCM prevalence is essentially unchanged from 2024 (90.6% compared with 91.8%), a difference that is not statistically significant. Other certifications gained ground, with the ACM rising from 5.4% to 7.9% and the C-ASWCM more than doubling from 0.8% to 1.9%, both statistically significant increases. These gains suggest that case managers are increasingly selecting credentials matched to their discipline and practice setting rather than defaulting to a single credential. These are movements at the margins, not a challenge to the CCM's dominance.

Nearly 1 in 10 certified case managers holds multiple credentials. Among certified respondents, 9.8% hold two or more case management certifications, further evidence of a workforce that continues to invest in professional credentials beyond the minimum.

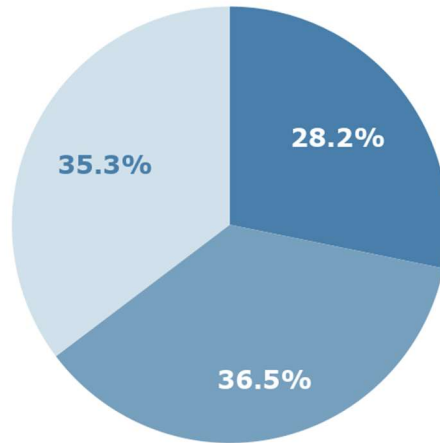


Employer Certification Requirements

Employer Certification Requirement (2026)

(2026, n=2,561)

● Required ● Encouraged ● Not Required

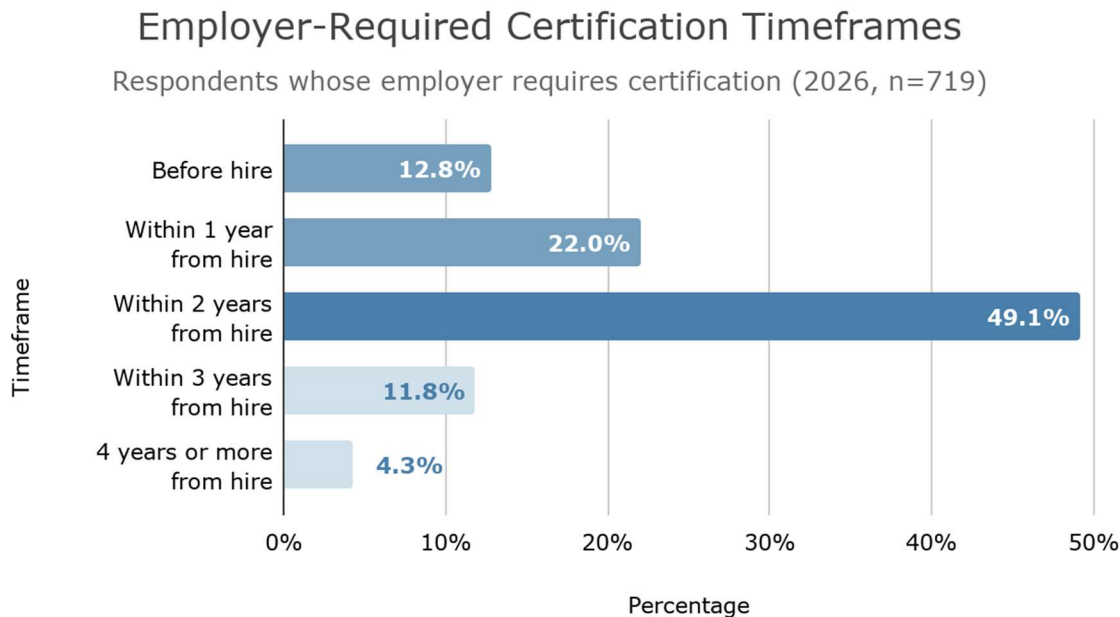


Employer attitudes toward certification have settled into a stable three-way split. The most common employer stance is encouragement without requirement (36.5%), followed closely by no requirement or encouragement (35.3%), with 28.2% of case managers reporting that certification is required. After the share of employers requiring certification declined between 2022 and 2024, the 2026 results held steady across all three responses, suggesting this distribution now reflects a settled pattern rather than a transition.

Case managers are certifying by choice. Fewer than 3 in 10 case managers work for an employer that requires certification, yet 68.4% hold one. As detailed in the Compensation section, 8 in 10 of the profession's top earners hold a case management certification. Certification is not a condition of employment for most case managers. It is an investment professionals are making on their own, and one associated with access to the field's highest-paying roles.

Certification Timeframe Requirements

Case managers whose employers require certification were asked how quickly they must obtain it (n=719).

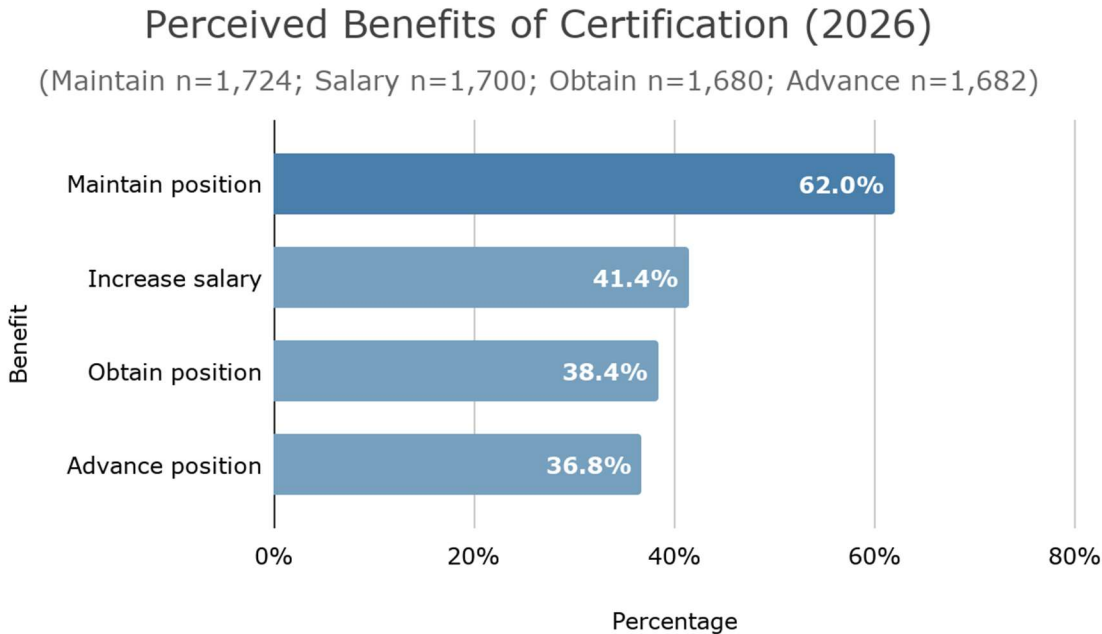


When certification is required, employers expect it quickly. Nearly half of case managers with a certification requirement (49.1%) must certify within two years of hire, the most common timeframe by a wide margin. Combined, 83.9% must be certified within two years, whether before hire, within the first year, or by the end of the second.

The two-year expectation aligns with credential eligibility. As noted in our 2024 report, this concentration matches the eligibility criteria for the CCM, which allows candidates to sit for the exam after two years of experience (one year if supervised by a certified case manager). Employers requiring certification appear to set timeframes that track the earliest point their case managers are eligible to obtain it.

Perceived Benefits of Certification

Certified case managers were asked whether the credential had helped them obtain a position, maintain their position, advance their position, or increase their salary.



Certification's most recognized benefit is job security. More than 6 in 10 certified case managers (62.0%) report that certification has helped them maintain their position, well ahead of any other benefit. Roughly 4 in 10 report that it has helped them increase their salary (41.4%), obtain their position (38.4%), or advance their position (36.8%).

These perceptions held steady from 2024. The benefit hierarchy is unchanged from the prior survey, with slight upticks across most items that do not reach statistical significance. Certified case managers see certification's value the same way they did two years ago.

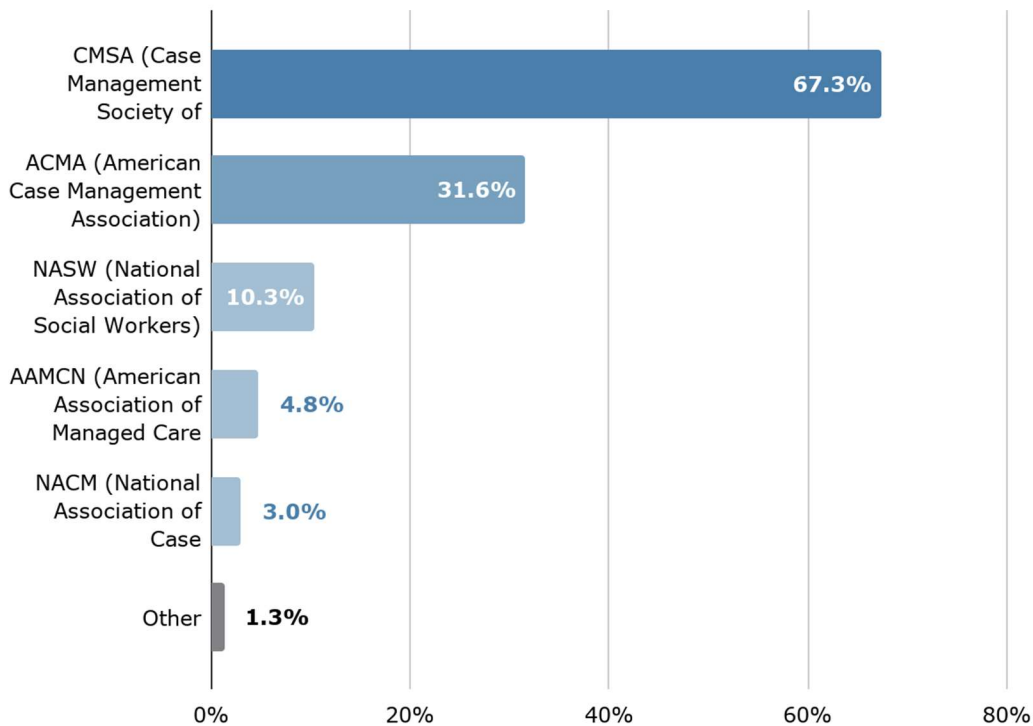
The salary association is stronger than case managers perceive. While 41.4% of certified case managers report that certification helped increase their salary, the compensation data shows certified case managers averaging approximately \$9,500 more than their non-certified peers. Among case managers with 11 or more years of case management experience, where certification is most common, certified professionals average approximately \$16,000 more. One plausible explanation is that certification opens access to higher-paying positions and employers. The association between certification and higher pay is clear among experienced case managers.

Case Management Professional Organization Membership

The survey asked whether respondents belong to any case management professional associations or membership societies and asked them to select all that apply.

Case Management Professional Association Membership

(2026, n=2,532)



Key Findings

- **More than 4 in 10 case managers belong to a professional association.** In 2026, 40.2% of respondents belong to at least one case management professional association or membership society.
- **CMSA is the largest association.** Among association members, 67.3% belong to CMSA, followed by ACMA at 31.6%.
- **Some members belong to more than one association.** Among members, 16.4% belong to two or more.
- **Association members report higher salaries.** Full-time case managers who belong to a professional association report a median salary of \$105,000, compared to \$95,000 for non-members.³

- **Association members report higher satisfaction.** Members rate their current job as satisfied or extremely satisfied at 75.1% compared to 70.1% of non-members, and their salary at 61.2% compared to 54.7%.⁴

Insights

The data shows an association, not a cause. Membership may open doors to higher-paying roles, since networking and professional connections are among the benefits associations offer. Alternatively, case managers in higher-paying roles may be more likely to join. Certification does not account for the difference, since certified members still out-earn certified non-members. Either way, the pattern is consistent with this section's larger finding: the case managers who invest in their professional development are the ones earning more and reporting greater satisfaction. With nearly 6 in 10 case managers belonging to no association, the pattern is worth their attention.

³ Salary comparison includes full-time respondents only and is calculated from salary range midpoints. The difference is statistically significant.

⁴ Satisfaction differences are statistically significant and reflect the two dimensions measured: current job and salary/compensation. All respondents are included.

Summary

The 2026 data tells one story from two directions: case managers are investing in their own professional development, and that investment is paying off. On-the-job training remains the most common way case managers learn the role at 81.9%, but reliance on it is easing. More than half of case managers (56.9%) took at least one deliberate step to learn case management beyond what their employer provided; formal academic preparation has more than doubled since 2022, and the share entering the field with no preparation at all continues to shrink. With nearly 3 in 10 case managers rating their on-the-job training as Fair or Poor, those who prepare before they are hired are not just setting themselves apart in a competitive market; they are protecting themselves against inadequate training.

The same pattern holds after hire. Certification reached its highest level in three survey cycles (68.4%), and it is not because employers demand it. Fewer than 3 in 10 case managers work under a certification requirement; the rest who certify do so by choice. More than 4 in 10 also belong to a professional association. The market is rewarding that investment: certified case managers average approximately \$9,500 more than their non-certified peers, 8 in 10 of the field's top earners hold a certification, and association members report a median salary \$10,000

above non-members. Certified case managers most often credit the credential with helping them keep the positions they hold.

Together, these findings describe a workforce that treats case management as a profession to be studied, credentialed, and continually developed, not a role to be absorbed on the job. For case managers, the path is clear at every stage: healthcare experience opens the door, deliberate preparation distinguishes the candidate, and certification sustains the career. For employers, the opportunity is equally clear. In a field where professionals are investing in themselves, organizations that match that investment with strong onboarding and support for certification will be the ones that attract them.

Case Management Team and Department Structure

New in 2026

For the first time, the 2026 survey asked supervisors, managers, and directors about the structure of their case management teams. This new section looks beyond the individual case manager role to examine leadership span of control, support staffing, team composition, job description alignment, and the functions housed within case management departments. These findings establish a baseline for tracking how case management teams are organized and led in future survey cycles.

Among respondents who answered whether they manage or supervise staff, 469 answered yes. The findings in this section are based on those respondents and exclude blank responses from each individual question.

Number of CM Direct Reports

Key Findings

- **Most case management leaders supervise small to mid-sized teams.** Among respondents who reported the number of case management staff they directly supervise or manage, the most common span of control was 1 to 5 direct reports, reported by 31.4% of respondents.
- **Nearly 3 in 10 supervise 16 or more staff.** A meaningful share of respondents oversee larger teams: 11.5% supervise 16 to 20 direct reports, and 17.4% supervise 21 or more. Combined, 28.9% supervise 16 or more case management staff.
- **The leadership structure is not uniform across the field.** The distribution shows that case management leadership ranges from small-team frontline supervision to larger departmental or multi-functional management roles.

Number of CM Direct Reports	n	%
1 to 5	144	31.4%
6 to 10	91	19.8%
11 to 15	91	19.8%
16 to 20	53	11.5%
21 or more	80	17.4%
Total answered	459	100.0%

Insights

Case management leadership roles vary widely in scope. Some leaders supervise small, focused teams, while others oversee large departments with 16 or more direct reports. This variation matters because the expectations placed on a supervisor managing five staff are very different from those placed on a director managing 20 or more. Future survey cycles can help determine whether these leadership spans remain stable or shift as case management departments continue to evolve.

Number of Unlicensed/Support Staff in CM Department

Key Findings

- **Support staffing is common, but not universal.** The most common support staffing model was 1 to 5 unlicensed or support staff, reported by 46.2% of respondents.
- **One-quarter report no unlicensed or support staff.** Among leaders who answered this question, 25.4% reported having no unlicensed or support staff in their case management department.
- **Large support teams are less common.** Only 7.4% reported having 16 or more unlicensed or support staff, suggesting that large support-staff infrastructures exist but are not the norm.

Number of Unlicensed/Support Staff	n	%
None	118	25.4%
1 to 5	215	46.2%
6 to 10	67	14.4%
11 to 15	31	6.7%
16 to 20	10	2.2%
21 or more	24	5.2%
Total answered	465	100.0%

Insights

The data show uneven access to support staffing across case management departments. Nearly half of leaders report a small support team, but one in four report none at all. This distinction is important. Departments without support staff may rely more heavily on licensed case managers to complete administrative, scheduling, coordination, follow-up, referral, and documentation-related tasks. Departments with support staff may be better positioned to separate licensed practice from operational support work, allowing case managers to focus more fully on clinical judgment, care coordination, discharge planning, and complex decision-making.

Disciplines Making Up the CM Team/Department

Key Findings

- **Nursing remains the dominant discipline in case management teams.** Among leaders who answered the discipline question, 87.7% reported nursing as part of the case management team or department.
- **Social work remains a major part of the team structure.** Social work was reported by 56.3% of respondents, reinforcing its continued importance in addressing psychosocial needs, resource connection, and barriers to care.
- **Multidisciplinary models are present, but vary.** Physician Advisor roles were reported by 17.0% of respondents, pharmacy by 13.5%, and other disciplines by 23.0%. Because respondents could select more than one discipline, percentages do not sum to 100%.

Discipline	n Selecting	% of Respondents
Nursing	408	87.7%
Social Work	262	56.3%
Physician Advisor	79	17.0%
Pharmacy	63	13.5%
Other discipline specified	107	23.0%
Total respondents with at least one discipline selected	465	—

Note: Respondents could select more than one option, so percentages may not sum to 100%.

Insights

The supervisor, manager, and director data mirror the broader professional composition of the field: nursing and social work are the core disciplines, while pharmacy, physician advisor roles, and other contributors appear in smaller but meaningful proportions. Write-in responses show that “other” team members may include support staff, care coordinators, medical assistants, community health workers, resource coordinators, rehabilitation professionals, dietitians, behavioral health roles, authorization specialists, referral coordinators, and administrative staff. This confirms that many case management departments operate as multidisciplinary teams, but the exact composition depends heavily on setting, patient population, and departmental function.

Whether CM Staff Share the Same Job Description Across Disciplines

Key Findings

- **Most leaders report shared job descriptions across disciplines.** Among respondents who answered this question, 72.4% reported that case managers share the same job description across disciplines.
- **More than one-quarter report discipline-specific job descriptions.** A substantial minority, 27.6%, reported that case managers do not share the same job description across disciplines.

Same Job Description Across Disciplines?	n	%
Yes	335	72.4%
No	128	27.6%
Total answered	463	100.0%

Insights

Most organizations appear to use a common case management job description across disciplines. At the same time, the open-ended responses show that shared job descriptions do not always mean identical day-to-day work. Leaders frequently described role differences based on licensure, clinical scope, workflow, and patient need. The most common distinctions were between RN-focused responsibilities and social work-focused responsibilities. RN roles were often described as centered on clinical assessment, medical needs, education, care coordination, discharge planning, utilization review, disease management, and patient safety. Social work roles were often described as focused on psychosocial needs, SDOH, behavioral health, crisis intervention, housing, guardianship, family support, and community resources. This finding is important for employers. A shared job description may support consistency, but departments still need clarity about how responsibilities differ by license, discipline, and workflow.

Functions Making Up the CM Team/Department

Key Findings

- **Clinical care management and coordination is the most common department function.** Among respondents who answered the function question, 82.4% reported Clinical Care Management/Coordination as part of their case management team or department.
- **Transitions of care and discharge planning are central functions.** Transitions of Care Management was reported by 68.0% of respondents, and Discharge Planning was reported by 58.7%.
- **Many departments also carry utilization, quality, patient flow, and physician advisor functions.** Utilization Management — Concurrent reviews, denials, and appeals was reported by 38.7%; Quality Improvement/Management by 36.1%; Utilization Management — Retrospective denials and appeals by 27.8%; Capacity Management and Patient Flow by 21.1%; and Physician Advisor function by 20.9%.

Function	n Selecting	% of Respondents
Clinical Care Management/Coordination	379	82.4%
Transitions of Care Management	313	68.0%
Discharge Planning	270	58.7%
Utilization Management — Concurrent reviews, denials, and appeals	178	38.7%
Quality Improvement/Management	166	36.1%
Utilization Management — Retrospective denials and appeals	128	27.8%
Capacity Management and Patient Flow	97	21.1%
Physician Advisor function	96	20.9%
Other function specified	24	5.2%
Total respondents with at least one function selected	460	—

Note: Respondents could select more than one option, so percentages may not sum to 100%.

Insights

The data show that case management departments are rarely single-function departments. Most are built around clinical care management, transitions of care, and discharge planning, but many also carry utilization management, quality, capacity management, patient flow, and physician advisor-related responsibilities. This aligns with the broader theme in the report that case management is a multifaceted role extending beyond core assessment, planning, and care coordination into documentation, utilization review, quality, regulatory compliance, and other operational responsibilities. For supervisors, managers, and directors, this means leadership responsibilities often extend across clinical, operational, payer-facing, and system-flow priorities. The leader of a case management department is not only managing people; they may also be managing the intersection of patient progression, discharge readiness, utilization review, quality performance, and interdisciplinary coordination.

Summary

The new supervisor, manager, and director questions provide an important first look at how case management departments are structured and led. The findings show that leadership span of control varies widely, with some leaders supervising small teams and others overseeing 16 or more direct reports. Support staffing is present in many departments, but not consistently; one in four leaders report having no unlicensed or support staff.

Team composition remains anchored in nursing and social work, while pharmacy, physician advisor roles, support staff, community health workers, care coordinators, therapists, administrative staff, and other disciplines also appear across departments. Most leaders report that case managers share the same job description across disciplines, but the open-ended responses show that actual responsibilities often differ by license, discipline, setting, and workflow.

Functionally, case management departments are broad operational hubs. Clinical care management, transitions of care, and discharge planning are the most common functions, while many departments also include utilization management, quality improvement, capacity management, patient flow, and physician advisor-related work.

Together, these findings reinforce that case management leadership is complex. Supervisors, managers, and directors are not simply overseeing staff assignments; they are leading multidisciplinary teams across clinical, operational, utilization, transition, and quality functions. As this section is repeated in future survey cycles, it will provide valuable insight into how team structures, support models, and leadership expectations are changing across the profession.



Closing the Case, Not the Impact

By Anne Llewellyn, MS, BHSA, RN, CMGT-BC, CRRN, BCPA, FCM

Do you ever wonder what happens to the patients you provided case management services to over the years? As nurse case managers, we work with many people, but once a case closes, we often lose contact.

Last week, I heard from a gentleman I had worked with over the past four years. I'll call him Troy. He sustained a catastrophic injury while living in North Dakota that left him a quadriplegic. Unable to care for himself, he was discharged home to his family, who agreed to care for him.

After returning to Florida, one of his friends contacted me and asked if I could help. The family was overwhelmed and needed help. Troy was only nine months post-injury and was completely dependent on his family for every aspect of his daily care. I agreed to help, and that conversation marked the beginning of a long professional relationship as his nurse case manager. Because he had no financial resources, I provided my services on a pro bono basis.

Together, we developed a plan of care and prioritized his immediate needs. The first priority was healthcare coverage. Although he had private insurance while he was working, he now needed to apply for Florida Medicaid after becoming permanently disabled and relocating to another state.

Getting him to medical appointments was extremely difficult, so I searched for a nurse practitioner who could serve as his primary care provider through home visits. This proactive approach helped identify problems before they became crises. I also arranged for a durable medical equipment supplier to deliver his medical supplies each month. Those were only the first of many needs we addressed together.

Throughout this journey, I worked closely with his sister, his first caregiver, helping her learn how to care for him by coordinating home health services whenever additional support was needed. She taught herself how to successfully treat the Stage 4 pressure injury he came home with, learned to manage his suprapubic catheter to reduce urinary tract infections, and developed a bowel program that significantly improved his quality of life.

Eventually, Troy moved into the home of a friend who became his primary caregiver. She seamlessly assumed his care, building on everything his sister had learned. I was continually impressed by these two women, neither of whom had any healthcare training, yet both provided exceptional care through dedication, determination, and a willingness to learn.

We also explored community resources that could improve his independence. Through local organizations, we obtained home modifications and equipment that were not covered by his Medicaid or Medicare Advantage plans. Looking beyond traditional insurance benefits and identifying community resources became an important part of helping him build a better life.

As we continued working together, Troy gradually learned to advocate for himself. I encouraged him to speak up, ask questions, and not be intimidated by healthcare professionals or insurance representatives. Using the two functional fingers on his good hand, he became remarkably skilled at researching information on his phone and learning about his condition.

Whenever possible, I included him in phone calls I made on his behalf. He listened as I spoke with vendors, insurance representatives, physicians, and other healthcare professionals. Over time, he learned not only what questions to ask but also how to clearly explain his needs. Eventually, he became an effective advocate for himself and successfully navigated many challenges independently.

As the years passed, I intentionally stepped back and encouraged him to resolve issues on his own whenever appropriate. He was ready. Although he often said he wished he didn't have to rely on Medicaid, he accepted that it was his reality. Like many people with chronic disabilities, he found the healthcare system confusing and fragmented. Together, we worked through those challenges, and he learned that persistence, preparation, and self-advocacy often lead to better outcomes.

He would have given anything to return to work and leave this chapter of his life behind. He understood that wasn't possible, so instead he focused on building the best life he could with the circumstances he had.

When Troy called me last week, I was genuinely happy to hear from him. He updated me on everything that had happened over the previous several months. He shared that he had recently been hospitalized with a severe urinary tract infection but was recovering well. As we talked, I realized how confidently he is able to manage his health and healthcare. Years ago, many of these challenges would have overwhelmed him. Today, he knows how to navigate the system, ask the right questions, and seek the resources he needs.

That conversation reminded me that effective case management is about much more than solving today's problems. It is about equipping people with the knowledge, confidence, and skills they need to navigate tomorrow's challenges.

The lesson this experience reinforced for me is that regardless of your practice setting, include your patients and their caregivers in every conversation and every decision whenever possible. Explain what you are doing and why. Model effective communication. Teach them how to ask questions, solve problems, and advocate for themselves instead of doing everything for them.

One closing thought: Throughout my career, I've often told case managers that our job is to “work ourselves out of a job.” Every case will eventually close, but the impact of what we teach should continue long after we're gone. If we've helped someone become a confident self-advocate who knows how to navigate the healthcare system, then we've achieved one of the greatest outcomes our profession can offer.



Anne Llewellyn, MS, BHSA, RN, CMGT-BC, CRRN, BCPA, FCM, is a catastrophic case manager and nurse advocate who lives in South Florida. Her passion is helping patients and family caregivers successfully navigate today's complex healthcare system so they can become confident advocates for themselves. She can be reached at anne@nursesadvocates.com.

**Thank you for reviewing the 2026 Case Management Salary and Trends
Survey Special Report.**

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